

R.J. Homes Limited

The Lodge

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 Lodge is registered to provide personal care and accommodation for up to 12 people who may have a learning disability, autistic spectrum disorder, mental health diagnoses accompanied by physical health needs. The service is made up of a large house offering accommodation for up to 10 people and two semi-independent flats in the grounds opposite the house for up to two people.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 6 August 2014 where we found it was meeting the requirements in the areas we looked at.

This inspection took place on 12 December 2016 and was unannounced. At the time of our inspection there were 11 people being supported at The Lodge. People had a range of needs, with some people having highly complex needs. Some people were living with learning disabilities, autistic spectrum disorders, mental health diagnoses and physical health conditions.

People and their relatives spoke highly of the staff at the service and the quality of care provided. Comments from people included "It's very nice" and "I like all the staff. It's good here, I like it." Comments from a relative included "They meet (my relative)'s needs 1001%. It's a beacon of light in terms of social care" and "It is exemplary by every single measurable parameter in the extreme."

Staff treated people with kindness and respect. People enjoyed pleasant interactions with staff which demonstrated people felt comfortable in their presence. Staff knew people's preferences and communicated with people using their preferred methods of communication. For example, staff used pictures in order to enable one person to better express their wishes and enable them to make choices.

The provider and the registered manager placed high importance on people receiving caring support from kind and caring staff. Staff were reminded of the importance and the value of being caring, supportive and kind in the form of various 'staff appreciation' awards.

Staff knew people well and engaged people in conversations about their interests and preferences. Staff skilfully distracted people when they became upset or anxious by talking to them about their favourite topics and encouraging them to focus on positive thinking. Staff found inventive and personalised ways to meet people's needs.

People were protected from risks relating to their health, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to minimise these risks. Where accidents and

incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence.

Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Staff knew how to recognise possible signs of abuse which helped protect people. Staff knew the correct procedures to follow should they need to report concerns. Safeguarding information and relevant contact numbers were accessible to staff and people who lived in the service. People and staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staffing numbers at the service were sufficient to meet people's complex care needs. Care was provided by skilled staff who had been trained in the competencies they required in order to meet people's needs. Staff received ongoing training as well as regular supervision and appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and used this to inform their practice and ensure people's rights were protected. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety, the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were encouraged to help prepare their meals and could choose what they wanted to eat. People's mealtimes were relaxed and flexible to meet people's individual commitments and routines.

There was open and effective management at The Lodge. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived at the service

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff with a caring and warm attitude

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a service that had a strong leadership through the registered manager and a staff team who were open and approachable.

People's views were sought and taken into account in how the service was run.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

The Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place on 12 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

Some people who lived in The Lodge were able to talk to us about their experience of the home but some were less able to do so because they had communication difficulties. We were unable to conduct a short observational framework for inspection (SOFI) during our inspection as people were in and out of the home going about their day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Although we were unable to conduct a SOFI, we used the principles of SOFI when carrying out our observations in the service.

We looked around The Lodge, spent time with people in the lounges, the dining room and the kitchen. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime and evening meal periods. We met and spent some time with almost all the people who lived in The Lodge, spoke with four members of staff and the registered manager. Following our inspection we spoke with one person's relative.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to five people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

The people who lived in The Lodge had specific needs relating to their learning disability, their autism, their mental health and their physical health. Staff recognised the need for people to receive structured support which met their need for routine and consistency. People and relatives told us people were safe at the home. Comments from one relative included "The safety and protection of (my relative) is exemplary".

People were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Safeguarding information and contact numbers were displayed in the service for staff and people to use. People and staff were encouraged to speak about safeguarding and this was a regular topic of discussion at staff meetings.

There were sufficient staff available to meet people's needs. Where people required one to one care this was provided. Staff shift had been individually designed to meet the needs of the person they were providing individual care for. This ensured people were fully able to benefit from their one to one hours. Staff and people confirmed staffing levels at the service were adequate. Staff responded to people's needs and requests in good time and there were sufficient staff to ensure people could take part in activities of their choice. Staff told us they were confident there were sufficient staff to meet people's needs and said "If we felt there were not enough staff they (the provider) would just get more".

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories; this protected people from the risks associated with employing unsuitable staff.

All the people who lived in The Lodge required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as prescribed by their doctor. Staff and the registered manager carried out medicine audits monthly to ensure people had received their medicines. Checks were also carried out daily to ensure any errors were picked up without delay. Records showed that staff had been trained to administer medicines safely and had their competencies checked prior to administering medicines on their own.

Risks to people were well managed. People who lived in The Lodge had a variety of needs relating to their physical health, their mental health, their eating and drinking and their behaviours. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used guidance to ensure these risks were minimised. For example, one person displayed behaviours which could cause harm to themselves or others. Staff had identified potential triggers to these behaviours, had put in place early intervention strategies. Staff had guidance relating to the actions they should take in order to de-escalate the person's behaviours and the actions they should take to protect

themselves, others and the person should the behaviours present risks.

People's care plans and risk assessments covered a large range of eventualities. For example, where some people had mental health diagnoses and behaved very differently when they were mentally well to when they were mentally unwell, their care plans contained two separate plans for staff to follow. Staff understood that people's behaviours could change dramatically when they were unwell and how to respond to each person depending on their current mental health.

Where accidents and incidents had taken place, staff had taken immediate action to protect people. For example, two days prior to our inspection an incident happened where one person was put at risk by another. Staff took immediate action to contact the emergency services to ensure both parties were safe. Action was taken to immediately increase staffing levels in order to provide additional support people. The registered manager undertook an investigation to understand the circumstances around the incident in order to ensure any future risks of reoccurrence were minimised. Accidents and incidents were recorded and regularly reviewed by the registered manager in order to learn from these, look for patterns and take any action required.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan. This detailed how people needed to be supported in the event of an emergency evacuation from the home. The premises and equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment. Good infection control practices were in use and there were specific infection control measures used in the kitchen and in the delivery of people's personal care.

Is the service effective?

Our findings

People and their relatives told us staff knew people's needs well and how best to meet these needs. Comments from one person's relatives included "They are all aware of the residents and their needs" and "They meet (my relative)'s needs 1001%. It's a beacon of light in terms of social care."

People were supported by staff who had the skills to meet their needs. Staff had undertaken training in areas which included first aid, fire safety, food safety, moving and handling, health and safety, infection control and medicines management. Staff had also undertaken training which was specific to the needs of the people who lived in The Lodge. This included learning disability awareness, autism awareness, Asperger's syndrome awareness, managing challenging behaviour and managing violence and aggression. All staff also attended a course on positive behavioural skills which included lessons on de-escalation techniques. The registered manager was one of the trainers for this course and told us they ensured all staff at The Lodge put the learning from this course into practice. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff said "We are given the opportunity to do so many courses".

Staff were encouraged to work towards further qualifications. One staff member said "They encourage career progression." Where staff came to the service with no previous background in care and no care qualifications, the registered manager tasked them with completing the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager. Staff had regular supervision every six to eight weeks and appraisals once a year with the registered manager. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. One member of staff told us further training on the MCA was going to be taking place. They said "Next week we have a Mental Capacity Act 2005 workshop. Someone comes in and we use scenarios. It makes you think about it." Staff sought consent from people before supporting them and encouraged people to make as many decisions about their care as possible. People had been involved in the creation of their support plans and each had a person centred decision making plan in place which detailed how people should be encouraged and supported to make decisions.

Where people had been assessed as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. This ensured this person's rights were respected where they were unable to make decisions for themselves.

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). The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. Some applications had been approved and others were awaiting approval.

People were supported to have enough to eat and drink. At breakfast time and lunchtime each person ate a different meal depending on their choices and preferences. People ate at different times to meet their routines. A number of people purchased and helped cook their own meals. Staff encouraged and supported people to remain as independent as possible in relation to their food and cooking. A weekly menu was created with people sharing their views and suggestions for potential meals. If people did not want the meal on offer, they could choose an alternative and staff would help them cook it. On the evening of our inspection staff involved people in preparing an evening meal of spaghetti bolognaise which looked and smelled appetizing. People told us they were looking forward to this meal and told us the food staff prepared was good. One person said "I make my own food from the fridge and I eat what they make. It's usually nice."

Where people had specific needs relating to their nutrition or hydration, these were met. For example, one person had been assessed by the speech and language therapists as being at risk of choking and needing their food to be pureed. This person had been assessed as having the capacity to make their own decisions and they regularly refused to have their food pureed. Staff had clear guidance to follow which instructed them to offer to puree this person's food for every meal and explain the risks to them in a way that would not upset them. This person had been made aware of the risks they were exposing themselves to and had signed their care plan and risk assessment to this effect.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, occupational health practitioners, psychiatrists, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care.

Is the service caring?

Our findings

People who could share their views with us spoke highly of the service and the staff. Comments from people included "It's very nice" and "I like all the staff. It's good here, I like it." One person's relative told us how much they valued the caring nature of the staff at the home. Their comments included "They are professional and they care" and "I am in awe of the staff."

The atmosphere in the home was warm and welcoming. One relative said "There is always a very cohesive, calm, supportive and friendly atmosphere." During our inspection we saw and heard people chatting pleasantly with people and sharing jokes with them.

Staff and the registered manager spoke about people in a way that demonstrated genuine care for the people who lived at the service. Their comments included "She's lovely", "All the residents are lovely, it makes it really nice to work here" and "They're a really special bunch of guys."

Staff treated people with kindness and respect. Staff cared about people's wellbeing and went out of their way to make people feel happy and offer them the freedom of choice. For example, people were asked what activities they wanted to take part in and where they would like to go on trips out or on holiday. Where one person had made a decision about where they wanted to go on holiday, staff had identified this person's need for structure and routine and realised that them going away could cause them some distress. In order to minimise the person's potential distress they created a plan which detailed exactly what they would be doing on every day of their holiday and broke it down into individual activities which included travelling and eating breakfast in the hotel. This person was unable to read so staff had created this diary out of pictures for them. This had been a great comfort to this person who talked to us about their holiday with enthusiasm.

People were involved in all aspects of their care and the running of the service. People were asked for their opinions and had been involved in the planning of their care. Each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and specific routines were included in their care plans. People's bedrooms had been decorated in ways that represented their personalities and preferences and people had been involved in the decoration of a number of communal rooms that were in the process of being renovated.

Staff knew people well and engaged people in conversations about their interests and preferences. For example, one person started showing signs of becoming distressed and agitated. Staff identified this immediately and skilfully distracted this person by talking to them about their favourite author and the recent films they had seen at the cinema. This calmed the person quickly and they started smiling and enjoying the conversation.

People's dignity and privacy were respected. Where people were able and wanted to, they were provided with a key to their bedroom. Staff did not enter people's bedrooms without first knocking and waiting for a response. During our inspection we saw staff never spoke about people in front of others and always ensured people were in private before talking to them about anything personal. We saw staff were calm and

respectful in all their interactions with everyone living in the home.

People were supported and encouraged to maintain their independence and learn new skills. For example, one person enjoyed knowing the football results and regularly asked staff to check the results for them. Staff recognised this was an interest of this person and therefore spent a significant amount of time patiently showing them how to search for the football results on the computer themselves. This gave this person pride every time they found the results themselves and demonstrated that staff understood people should be supported to achieve their own goals with as much independence as possible.

The provider and the registered manager placed high importance on people receiving caring support from kind staff. Staff could be nominated by people living in the home for various awards. Provider wide awards comprised of the yearly 'pride awards' and the 'monthly making a difference awards'. These awards were given to staff in recognition of caring practices which went above and beyond usual expectations. A staff member from The Lodge had received a provider wide nomination in October 2016 after a person living in the home had sent in their praise. This person had said "[Name of staff member] is understanding towards me. [Name of staff member] has helped me on the computer to look at Star Wars things that I wouldn't have been able to do on my own. [Name of staff member] talks through things in a way I can understand. [Name of staff member] really cares a lot and makes sure that when I'm feeling 'edgy' I can be calm and happy again. He spends lots of time with me when I need support. I'm always happy to see him on shift." As well as the provider wide awards, the registered manager had created their own 'staff appreciation awards' in order to ensure staff were further reminded of the importance and the value of being caring, supportive and kind.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care that was delivered at The Lodge. One person said "They're good" and a relative said "I could never have imagined somewhere so perfect for [name of person] as The Lodge."

People who lived in The Lodge had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, with input from people and their relatives, care plans had been created for each person. Each person's care plan was updated to reflect their changing needs. For example, one person's mental health had declined in the months prior to our inspection. This had caused this person's appetite to reduce. Staff had sought guidance from the person's GP and had started offering them food supplements. An action plan had been put in place. This included staff having access to information about this person's favourite foods, how staff should encourage this person to eat more and introducing in-depth monitoring of how much had been eaten. These actions had helped this person maintain their weight and minimise the risk of weight loss.

We looked at the care and support plans for five people receiving care and support. People's plans contained highly detailed information about their specific needs, personal preferences, routines, histories and how staff should minimise risks. Support plans evidence that all areas of people's needs were being considered and planned for. For example, one person had expressed the desire to be in an intimate romantic relationship. Staff had identified this person's need was not being met so they organised for a relationship councillor to visit regularly with this person in order to better understand their feelings and how to meet their needs. This supported this person to meet their emotional needs and also understand any potential areas of risk.

People's care was responsive to their needs. Staff had good understanding of people's individual needs and how they could best support them. People had varying levels of communication. Some people were able to express themselves verbally and were able to read and write, but other people found verbal communication difficult. Staff communicated with people in the ways most appropriate for them. For example, one person used pictures and photographs to communicate their needs and understand choices. Staff had created an activity box for this person which contained a wide range of pictures and photographs of this person taking part in specific activities. They were able to pick the pictures of the activity they wanted to take part in and place it on the box to indicate what time they wanted to take part in. Picture cards include activities such as eating breakfast, posting a letter, riding a horse and cooking. Staff were then able to respond to this person's wishes and meet their needs in the order they preferred. This demonstrated staff communicated with this person in a way which understood their needs and enabled them to make choices.

Staff found inventive and personalised ways to meet people's needs. For example, one person expressed the desire to lose weight but did not enjoy exercising and did not want to change their diet. Staff identified this person highly enjoyed searching for things and therefore created an elaborate five mile treasure hunt for them to take part in. The person greatly enjoyed their treasure hunt and the registered manager told us they "came back buzzing and loved it." The person successfully lost some weight and staff were planning further

treasure hunts for them to take part in.

Where people had specific needs relating to their behaviours staff had thorough training and clear guidance on how to de-escalate situations and reduce people's anxiety or distress. During our inspection we observed staff skilfully diffuse situations and encourage people to focus on positive thoughts rather than negative ones. There was detailed guidance for staff in people's care plans about how their mental health needs could affect all their other needs. For example, one person was highly independent when their mental health was good. When this deteriorated, they lost a lot of their confidence and independence and required very different levels of support to meet their needs. This person's care plan contained specific information about every one of their needs and how these were affected by their mental health and how staff should respond. This ensured people's needs were always appropriately responded to by staff.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Each person had a staff key worker who spent time looking for ways to develop meaningful activities for the person and develop their skills. People enjoyed a variety of activities organised for them by staff. For example, horse riding, swimming, bowling, going to the pub, going to groups and clubs, going to the cinema and going out to meet friends. During the day of our inspection a number of people went out to do some shopping, one person went out for a coffee and some people went out in the evening. Where people were able to they also attended college and had volunteer jobs. One person told us how much they enjoyed dog walking as they volunteered for the RSPCA.

A complaints policy was in place at the home. People told us they knew who they could raise complaints to and felt comfortable they would be dealt with appropriately. Staff supported people to make complaints where appropriate and the registered manager had organised for people to be able to see advocates where they wanted to. There was an easy read version of the complaints procedure for people to use in the entrance to the home as well as advocacy and complaints information on the notice board in the dining room. The registered manager told us they had not received any complaints in the past year and said they worked hard to resolve issues informally as soon as any concerns were raised. One relative we spoke with told us they had no reason to make any complaints but believed that if they did these would be dealt with properly.

Is the service well-led?

Our findings

One relative spoke highly of the home and stated "It is exemplary by every single measurable parameter in the extreme." People, relatives and staff spoke highly of the registered manager and told us they found them to be open and approachable.

There was a strong and supportive leadership team at The Lodge. The leadership of the home comprised of the registered manager, a deputy manager and two senior care staff. Staff told us the registered manager led by example to ensure staff provided people with a high standard of care. Senior staff told us they mirrored the registered manager's high standards and ensured they conducted regular staff observations and picked them up, where needed, on poor performance. This ensured staff worked to deliver the best possible standard of care and support. One senior care staff said "It is expected of me and is pivotal to my role to pick up on poor practice."

Staff spoke highly of the support they received from the leadership team and one staff member said "We can go to them 24/7 and they are never too busy." In addition to the leadership team on duty at the home, there was an on-call duty system which ensured staff could get support at any time should they need it. There was also a regional on call manager available at all times who had access to people's information and could provide staff with support when needed.

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. During our inspection we saw people freely going in and out of the registered manager's office and discussing all kinds of topics with them. This demonstrated people felt comfortable talking with the manager who took the time to listen to them and take action to help people where this was required.

People were encouraged to give their feedback and their views were sought in a number of ways in order to improve on the service provided. Monthly 'resident meetings' took place at the home in which people were asked for their views and these were acted on. For example, during the previous month's meeting one person had expressed the wish to visit Cadbury World. This was organised quickly and when they returned they told their keyworker, in their monthly review, that it was 'incredible' and they wanted to go back every year. In addition to in house meetings, the provider held quarterly regional meetings and annual national meetings. One person had volunteered to be The Lodge's representative at these meetings and during these they were asked to share any concerns, ideas or feedback for this to be acted on. People were also asked to complete a yearly survey in order to gain their views. In the most recent survey one person had stated they wanted the walls painted a different colour. An action plan had been created and this person's key worker was having discussions with them about what colours they would like the walls in their bedroom painted.

People's relatives and healthcare professionals were asked for their feedback in order to improve the service. Feedback requests were sent encouraging relatives and professionals to raise any concerns they may have. The results from the most recent requests had been positive and one relative had commented "The Lodge provides exemplary care and professionalism to the welfare of all its residents. It is outstanding

in this respect and without doubt is one of the finest care homes of its kind in England. A role model home!"

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, a recent audit had identified that one person's mattress was looking tired and needed replacing. This was actioned and a new mattress was purchased for this person.

Once a quarter a regional manager conducted a compliance visit which consisted of an unannounced inspection which modelled it's criteria on CQC inspection methodology and fundamental standards. They checked whether the service was safe, effective, caring, responsive and well led. The provider's quality and compliance team also conducted a yearly inspection to review health and safety and financial audits. The registered manager regularly updated the information held in the service's computer system. This information was reviewed by senior management from the provider's management team. The registered manager told us this included information about accidents and incidents, safeguarding, any usage of PRN (when required) medicines, staff training and complaints. This ensured senior management had an overview of the management of the home and the care people were receiving.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.