Care Management Group Limited

Care Management Group - Winston Lodge

Inspection report

362 London Road
Waterlooville
Hampshire
PO7 7SR

Tel: 02392647895
Website: www.cmg.co.uk

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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

Winston Lodge is a residential care home for 11 people with learning disabilities or autistic spectrum disorders. At the time of the inspection 10 people were living at the home. Accommodation is provided within a large detached house with communal areas, lounge, dining room and kitchen with a secure garden to the rear of the property and is located close to the town centre of Waterlooville. The service is not registered to provide nursing care.

There was 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

There was 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.

The service had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

Consent was sought, where possible. The service followed the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed and care plans in place. People received appropriate care and support because care plans were detailed and responsive to their needs.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People received their medicines safely. People's medicines were reviewed regularly by their GP and specialist health care providers.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

Staff received induction, training and supervision that helped them to deliver good levels of care and support. Staff were trained in principles of care in relation to people living with a learning disability.

Systems continued to be in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

People were supported to eat and drink according to their likes and dislikes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Care Management Group - Winston 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 February 2018 and was unannounced.

Winston Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winston Lodge accommodates11people in one adapted building. At the time of the inspection, 10 people were living there. The inspection was carried out by one inspector 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, in this case learning disabilities and or autistic spectrum disorder.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. Providers are required to send us a PIR at least once annually to give us some key information about the service, what the service does well and improvements that plan to make. We also sought feedback from three health and social care professional in relation to the care and support being provided

at Cambria House however we did not receive any responses to our requests.

During the inspection we spoke with the registered manager, the deputy manager, four care staff and five people living at the home. We looked at the provider's records. These included four people's care records, four staff files, staff attendance rotas, audits, staff training and supervision records, accident and incident records, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Following our inspection we spoke with the family members of two people living at the home to seek their feedback / observations in relation to the care being provided to their relatives.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 last inspected the home in December 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. We asked people if they felt safe and they indicated positively, both verbally and through gestures. One person said, "I like living here, staff help me to do stuff". Another said, "I like the manager, staff and the other residents. I like everything about living here". A relative told us, "I feel my son is in the best place, he is safe and well supported by staff who understand him very well".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff told us and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member told us, "If I have any concerns I would tell my manager and she would report it further on". Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. The contact details of the local authority safeguarding team and the Care Quality Commission were displayed on the staff notice board which meant that staff could easily access these and take appropriate action to keep people safe. There was also a whistleblowing policy that staff could access. This gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. Staff knew how to raise whistleblowing concerns and one member of staff told us, "If I see something wrong happening, I will report it".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. People living in the service continued to be involved in the recruitment process. One person told us, "We ask questions at their interview show them around the house and chat with them".

There continued to be enough staff deployed to support people safely. A relative told us, "Staff are always there to help" and another relative said, "There are always enough staff present when we are visiting". Staff said they felt there were sufficient staff to meet people's needs and the registered manager commented, "We use agency staff on extremely rare occasions". During the inspection, we saw that there were sufficient numbers of staff to support people and rotas showed that staffing level were consistent. Staff had time to support people in the way they preferred.

People told us they received the support they needed to take their medicines as prescribed. One person told us, "The staff give it to me with water" whilst a relative told us, "I am happy with how the staff manage my daughter's medicines. I trust them". We saw records of medicine profiles in people's files, which had details of their medicines, allergies, any side effects and the times they were to be given. People continued to have regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us

and records confirmed they were trained to administer medicines safely. Staff competency checks continued to be assessed yearly by the registered manager.

There continued to be safe systems in place for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and were kept at the correct temperature to ensure they were safe to use. Some people had expressed a wish to keep medicines in their rooms. These were stored in locked cabinets, secured to the wall and staff held the security keys Medication administration records (MAR) were clearly and accurately completed which meant that people received their medicines as prescribed by their GP. There were body charts in place to direct staff to the correct part of a person's body for applying prescribed creams. Medicine stock checks were carried out daily by staff to ensure that medicines were secure and accounted for and the registered manager checked these as part of their monthly audits.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Accident and incident reports recorded, in detail, what had happened and the action taken. Post incident analysis was carried out to identify what had happened and why and whether the situation could have been dealt with in another way.
All follow up actions were noted and where necessary care plan or health and safety reviews took place.

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required.

Environmental and health and safety checks took place which promoted a safe environment for people. risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with moving and handling, medicine administration, driving the company vehicle, cooking and cleaning. However during our inspection we noted that the height of the balcony rail on the first floor was low and put people at risk of a fall from height posing a risk to the safety and wellbeing of people living at the home, staff and visitors. We brought this to the attention of the registered manager who immediately called their building maintenance department. Following our inspection the registered manager sent us photographic evidence that showed us that the area had been made safe, together with a risk assessment and proposals to raise the balcony rail to minimise the risk of injury from a fall from height.

There were arrangements in place to deal with foreseeable emergencies. There was an up to date fire risk assessment and business continuity plan. Records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Fire safety instruction and drills for all staff were recorded. People living at the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

Good

Is the service effective?

Our findings

People continued to receive care from staff who had the knowledge and skills to meet their needs. People and their relatives spoke positively about the staff. Staff had a good rapport with people and seemed confident in their abilities to support them. One person said "The staff are good, they help me do things". Another person told us, "The staff are great", whilst another added, "The staff are very nice and help me every day". A relative told us, "The staff are marvellous. It is better than I could wish for". Another relative added, "The staff are properly trained and they know what they are doing. We trust them completely".

People's care continued to be effectively assessed to identify the support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I would like to wake up with a cup of tea" and "I like my music to play when I am getting up."

People's care plans outlined the support they required with their health needs. People had a health file in place which showed people had access to other health professionals. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals together with the reason for the visit, the outcome and any follow up action required. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used by people to take to hospital or healthcare appointments to explain to healthcare professionals how they liked to be looked after. Relatives told us they were informed of any changes in individual's health, well-being, accidents and incidents.

Staff were aware of their roles and responsibilities. They felt they had the required training to do their job. Training included food hygiene, first aid, fire safety, health and safety, infection control, first aid, safeguarding, medicine management, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Appropriate arrangements were in place for refresher training so that staff skills and knowledge was kept up-to-date.

Staff were positive about the induction they received and on-going training and support which embraced the 15 standards that are set out in the Care Certificate. . The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Records confirmed staff had completed an appropriate induction when they commenced their employment and received training to refresh their knowledge and skills. Staff training records demonstrated staff had received appropriate training for the needs of people who used the service, this included mental health awareness, autism awareness and diversity and human rights.

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and

useful in measuring their own development. One member of staff told us, "I enjoy my supervisions. They are always positive and it's good to give and get feedback". Supervision sessions were planned in advance to give staff the time needed to prepare.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The home had submitted further applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were involved in decisions about their food and supported to have enough to eat and drink. The dining room had enough tables and chairs for everyone to eat together if they wanted to. We did not observe lunchtime at the service. On the morning of our inspection people were away from the service and had taken packed lunches. During the afternoon we observed drinks and snacks being made available. Fruit was available and easily accessible. People were encouraged to make or help make their drinks. Independence was promoted at every opportunity. People told us they were all involved in planning evening meals on a weekly basis. This was done through presenting a selection of pictures depicting different meals and people were encouraged to make their choices. People's likes and dislikes were recorded in their care records along with any special dietary needs. If a person did not want what was on offer that day or had changed their mind they were able to choose an alternative. One person told us, ""I like the food, it is good".

People's views were sought about the design and decoration of the premises, people's rooms were individualised with different colours and decoration. People had arranged their rooms as they wanted them with their photos, pictures and possessions. The layout of the communal areas downstairs meant people were able to socialise, watch television or listen to music if they wanted to or could choose to relax in a quieter space if they wished. People allowed us access to their rooms and were very proud of them. We found all rooms to be clean, well decorated with furniture arranged as people wanted it.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring and supportive. One person told us "The staff are caring; they help me whenever I ask". Another person told us, "The staff here are all lovely people. They are my family. I have been here for years and staff have always cared for me well". One relative described it as a very caring home and told us, "The staff work well with people. They know all of them well and the care has always been top notch".

Staff demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff told us they had sufficient time to listen to people and spend time with them. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. One member of staff told us, "I do everything in the way they prefer, I take care of their preferences and choices" and another member of staff told us, "This is their home, we have to respect how they wish to be supported and give them choices". Staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. For example, one person fluctuated from being happy and relaxed to sad and tearful. Staff members were very sensitive to their need but maintained appropriate boundaries. When the person spoke about previous incidents where they had shown behaviours that may challenge others, staff reminded the person that the incident had been dealt with and everything was now good.

The staff approach and values of the service was focused on people's strengths and abilities. People were treated as individuals and had outcome focused care plans in which, they and people important to them, were involved in completing and reviewing on a regular basis. They included information about people's areas of strength, interests and choices. We saw that people's goals had been agreed with them and their choices respected. This was recorded in a format that could be easily understood by people using the service. People were supported in making decisions by care managers and relatives, who acted as advocates when important decisions were required.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the inspection. They were able to explain to us about the care and support people needed. Staff actively involved people and their relatives in making decisions and asked them what they would like.

There was a calm and homely atmosphere at the service. Staff were patient and spoke with people in a calm, respectful manner. Staff were proactive in engaging with people and involving people in conversation before decisions were made. This ensured people's views were taken into account. Staff recognised some people responded better when offered a limited number of choices and said there was no problem in anyone changing their minds about what they wanted to do at any time.

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. We observed good

communication between staff and people living at the home, and found staff to be friendly and caring.

Care plans described how people communicated and what different gestures or facial expressions meant. The information had been developed over time with key staff and in conjunction with people's families. Staff also asked families for information about people's backgrounds and interests to try and build as good understanding as possible of people's choices and preferences to enable them to provide care and support for people in line with their wishes and choices.

Staff were able to describe ways in which people's dignity was preserved, such as making sure people's doors were closed when they provided care. Staff enabled people to have the personal space they required. Positive relationships had developed between people and staff. Staff knew people well and there was laughter and conversation. Staff were calm, reassuring and individually responsive to people at all times. Staff communicated with people using eye contact and appropriate language.

Staff told us that all information held about the people who lived at the service was confidential and would not be discussed to protect people's privacy. Information about people was kept securely in the office and the access was restricted to staff. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and support. They said they had been involved in planning their care so the support provided could meet their needs. They told us they were not worried and could talk to staff if they had any concerns. Comments from people and their relatives included, "I get on with all staff", "They know and understand (person) so well", "I am very reassured by the staff working there" and "The communication is very good. They always call if there are any changes".

People's needs were fully assessed prior to admission so that a comprehensive care and support plan could be developed to meet their diverse needs. The registered manager told us that as part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised plan of care and support could be put together ensuring the person was at the centre of their care.

Care plans were person centred and contained good detail for staff to follow; such as the action they should take to support people, whether in the home or out in the community. Care plans were reviewed on a regular basis, involving people in this review. Daily records were also recorded against each care area, detailing matters such as people's moods, personal care received, their dietary intake and what activities they had participated in.

Staff felt the care plans were informative and provided clear guidance in how to support people. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health conditions, such as behaviours that challenged and how to support them if they became unwell. Records showed people's changing needs were promptly identified and kept under review. Staff were aware of people's needs and worked hard to meet them in a comfortable, relaxed atmosphere that people enjoyed, as demonstrated by people continually laughing and smiling throughout our visit

People were protected from the risk of social isolation. People told us staff recognised the importance of friendship and maintaining relationships with their families. People told us they were able to and were encouraged to keep in contact with families and friends. Staff were actively involved in supporting people to engage, promote and build key relationships with family and friends outside of the service. A relative told us, "There are no restrictions to us visiting. We are always offered a drink when we visit. I've been involved with Winston Lodge for many years and really feel part of it".

People living at the service continued to be supported to participate in a range of activities both in and away from the home. The registered manager told us and activity plans confirmed that most mornings during the week people were involved in attending day centres, friendship clubs and other community based activities such as swimming, shopping or eating out. People were supported to follow their interests and take part in social activities. Several people living at Winston Lodge told us they were supported to go to church each

week. One person told us, "I like Sundays when we go to church. It's good and staff come with us too". Residents meeting records confirmed discussions took place with people regarding activities they wished to organise, holidays and places they wished to visit. Relatives told us they felt there was access to a range of events and activities. A relative told us, "The staff support my daughter to go out almost every day, she is kept busy and I am very happy with this".

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The home used a variety of methods to provide information and communicate to people and this included photographs, symbols and easy read documents. The provider also had two 'information stations push buttons' located in the main dining area. When pressed these gave a spoken message with information such as the day and date, the various activities planned for the day and menu options. The registered manager told us, "Most people living here understand spoken words. We use this as a way of promoting independence and letting people know what's going on during the day by encouraging them to use this. It is up dated each morning and people living here use it regularly".

On the day of our inspection the registered manager told us the home had recently lost access to a local sensory room and with no alternative being available, the home had decided to create a sensory room in the lounge. They added sensory environments are very important and can provide comfort and calm for distressed people. This improves focus and can minimise and diffuse risk to people when they are anxious. Blackout curtains had been purchased, and various lights placed around the room. Soft relaxing music was being played providing a calm relaxing atmosphere. As people returned from their morning activity they were able to experience the new room. Everyone either indicated or said that they liked the new sensory room. One person said, "I really like the new room, it is great". Another person said, "I like it a lot. I can go in there when I come back each day and chill out. Yes I love it".

People we spoke with knew how to report any concerns. There was a complaints procedure on display and a notice encouraging relatives or other visitors to raise any concerns with the registered manager. This was available in pictorial form if required. The home had received no formal complaints since our last inspection. One person told us, "I have no complaints here." A relative told us, "When I have needed to bring something to the manager's attention in the past, this was resolved quickly". The registered manager told us, "When we receive any complaints, we like to get things sorted as soon as possible so that it is resolved quickly."

We saw that people's privacy and dignity continued to be actively supported, with people having access to their own personal rooms as well as communal areas. One person told us, "The staff members do let me relax if I want to be on my own." People were also supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their rooms and the communal areas and participate in meal preparations. One person told us, "I feel supported to be independent". Care plans identified that people should be encouraged to do as much as possible for themselves, in relation to their personal care.

Good

Is the service well-led?

Our findings

People and their relatives described the management of the home as open and approachable. One person told us, "I get on with everyone here and they get on with me. It's good". Another person told us, "I enjoy living here. The staff are great and the manager is really nice". One relative told us, "It's a good home. The staff work extremely hard and that must come from the manager". Another told us, "Staff and management are very approachable. Nothing appears too much trouble and the people living there are always happy and smiling, as are the staff".

People received support from staff that understood and shared the provider's values. The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) and local GP's who provided support and advice so staff could support people safely at the service.

The registered manager and staff had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The registered manager demonstrated her commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. The staff team demonstrated these values in the way they provided support to people.

There was a culture of learning and improvement. The registered manager had reviewed incidents in order to identify if adverse events could be prevented from happening again. Staff were regularly encouraged to give their views of the service and how it could be improved.

There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The registered manager completed a monthly report on areas of care such as complaints and accidents and incidents. Additionally they completed more frequent random audits on all aspects of the service such as medicines and care plans. The provider had a quality team which completed random audits throughout the year. Senior management visited the service regularly and checked various aspects of the care provided. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. These were checked at the next audit to ensure progress had been/was being made.

The registered manager told us they felt supported by the provider and had regular phone contact and visits. The provider understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager ensured that notifications of such events had been submitted to CQC appropriately.

Staff were positive about the registered manager. There were regular team meetings and staff told us they felt listened to and valued. One of the staff we spoke with said, "The communication is good and I am always informed of any changes." Staff described management as "flexible, supportive, open, approachable and caring." Staff told us they enjoyed working at the home and found supporting the people who lived

there very rewarding.

Residents meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last two meetings in November, December 2017 and January 2018. Topics discussed for example were, food menus holidays, activities and fire safety. Meetings were generally well attended. One person told us, "We plan things like what we want to eat and where to go on holiday. This year some of us are hoping to go to Cornwall".

People's care records were kept securely and confidentially, in line with the legal requirements. People's records were of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

The latest inspection ratings were displayed appropriately and the manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour. Staff described an open culture and felt confident they could raise concerns if necessary. The provider had a clear vision and set of values.