Cliffdale Limited

Cliffdale Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

What life is like for people using this service: The property was comfortable and spacious with plenty of room for people to live. Everyone had their own room with en-suite facilities. The service had a garden area where people could spend time in good weather.

People told us they felt safe and happy and the service was their home.

There were ineffective measures in place at the home to ensure the risk of infection and cross contamination was prevented and/or minimised. The building, furniture and environment was not always clean and well maintained. Although these risks were mitigated following our inspection, this meant the provider had not always managed the risks associated with people living at the home. There were quality assurance systems in place to assist the provider to monitor and improve its care and treatment of people. However, the provider did not always take the immediate and appropriate action to implement changes at the home, when improvements were identified.

There were safeguarding systems and processes in places that sought to protect people from harm. Staff knew the signs of abuse and what to do if they suspected it. There were sufficient staff in place, all of whom had passed safe recruitment procedures to ensure they were suitable for the role. There were systems in place to monitor people's safety and promote their health and wellbeing, these included personal risk assessments and care plans. The provider ensured that when things went wrong, incidents and accidents were recorded and lesson were learned.

People needs were assessed before moving to the home so the provider knew whether they could meet the person's needs. Staff were sufficiently skilled and experienced to fulfil their roles, received training and were supported through regular performance reviews. People were prompted to eat and drink healthily and could choose what foods they wanted to eat. People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible.
People were treated kindly and compassionately by staff. People and their relatives were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity.

People received personalised care, having their support needs and preferences detailed in their care plans. People were supported to lead fulfilled lives through activities of their choice. The provider had a complaints policy and process in place; people and their relatives told us they would feel comfortable raising complaints. When people were at the end of their life, the provider worked with them to meet their wishes and preferences.

People and staff thought highly of the registered manager and that the service was well managed. Staff knew their roles and understood what was expected of them. The registered manager knew their responsibilities in ensuring people received a safe, high quality service. People and staff were engaged in the

service and their opinions were sought.

At this inspection we found the evidence did not continue to support a rating of 'Good' in all areas, we have rated the service 'Requires Improvement' in Safe and Well Led. More information is available in our 'Detailed Findings' below.

Rating at last inspection: At our last inspection in March 2016 we rated the service as 'Good' overall. However, this rating was awarded to the previous provider. A new provider had taken over the service in July 2018.

About the service: Cliffdale Rest Home is a residential care home that provides personal care for up to 27 people. At the time of the inspection 21 people lived at the home.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 was not always Safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always Well Led. Details are in our Well Led findings below.	**Requires Improvement**

Cliffdale Rest Home

Detailed findings

Background to this inspection

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

Inspection team: 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 service.

Service and service type: Cliffdale Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection visit was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we reviewed three people's care records and other records relating to people's care, such as medicine records, to ensure they were reflective of their needs. We looked at documents relating to the management of the service such as quality audits, people's feedback, and meeting minutes.

During our inspection visit we spoke with five people who lived at the home and four visitors or relatives of people who lived there. We also spoke with the registered manager, the provider, a member of the housekeeping team and three members of care staff.

Some people were not able to tell us what they thought of living at the home; therefore we used different methods to gather experiences of what it was like to live there. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Safe: this means people were protected from abuse and avoidable harm.

Requires Improvement - People were not always safe and protected from avoidable harm.

Preventing and controlling infection
•There were ineffective measures in places at the home to ensure the risk of infection and cross contamination was prevented and/or minimised. The building and environment was not always clean. Several places around the home required deep cleaning of furniture, carpets, walls, windows and curtains. The home was visibly dirty in places such as the dining area and where people sat to socialise. Some bathrooms required repair to tiling to ensure they could be cleaned adequately to prevent the spread of infection. The provider had identified these areas needed to be addressed in a recent infection control audit, and had plans in place to conduct a deep clean of the home and to repair and decorate the home. The provider also planned to replace furniture that was damaged or unable to be cleaned adequately. Following our inspection visit the provider could evidence some of the immediate tasks on their action plan had been completed to increase the safety of the home.
•Staff wore personal protective equipment, such as gloves and aprons, when necessary and understood the principles of infection control. The home had recently been awarded a five-star food hygiene rating for the improved kitchen area.

Assessing risk, safety monitoring and management
• The monitoring of critical risks to people from their environment needed improvement. The registered manager and provider both conducted daily and weekly checks of the home environment, where areas for improvement were identified. The provider had taken over the home in July 2018, and since that time had made significant environmental improvements, such as a refurbished and re-fitted kitchen and conservatory area. However, some further improvements were still required. For example, exposed pipework which was hot to the touch, and posed a burn risk to people had not yet been covered in the lounge area. The provider explained this work was due to be completed by the end of March 2019. The provider had employed a new maintenance worker, who was due to start at the home within two weeks of our inspection visit. They explained this work was a priority, and in the mean-time they planned to cover the pipework with padding to make it safe. Following our inspection visit they confirmed this had been completed.
•Staff knew people well. People told us they felt safe at the home. One person said, "Oh yes, I don't think there's much to worry about. They [staff] do keep an eye on you here, especially at night."
•Staff had developed a good understanding of individual risks to people's health and wellbeing, and the steps they needed to take to reduce those risks. For example, people had risk mitigation plans on how to move safely, what equipment they needed and how to use equipment. Staff followed these plans.
•Staff knew how to comfort people and reduce people's anxiety to reduce the risk of people displaying challenging behaviours or aggression to staff and each other. The home was calm and people were content during our visit.

Systems and processes to safeguard people from the risk of abuse

•There were policies and procedures in place for staff to follow to keep people from harm and staff received training in how to safeguard people from abuse as part of their induction and training. Staff told us they would have no hesitation in raising concerns with a manager if they suspected abuse. This meant staff knew how to keep people safe from potential harm or abuse.
•Records were kept of safeguarding concerns and alerts and, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). Previous concerns had been investigated fairly and in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
•There were easy read posters and leaflets located around the home so that people and their relatives knew how to raise concerns with staff. This showed that the provider thought about how to communicate with people about keeping them safe.

Staffing and recruitment
•The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references, assuring their identities and right to work in the UK, as well as completing checks on their character. This meant the provider recruited employees suitable for working with vulnerable people.
•People and relatives told us, and we saw, there were enough staff at the home to keep people safe. One person told us, "There's always someone to help you." We saw when an emergency bell sounded, staff responded immediately to ensure people were safe. The provider maintained a rota and ensured there were enough staff on shift at all times. This meant people received support in a timely manner and felt they could rely on staff to meet their needs.

Using medicines safely
•We checked people's medicines and their medication administration record (MAR) folders and found that staff were recording and logging people's medicines correctly and in accordance with best practice guidance. Where people required medicines on an 'as required' basis, there were instructions for staff to follow to ensure people were given their medicines when they needed them. One person commented, "You tell staff if you are not well. They will help you. They will give you pain killers."
•Senior staff were trained to administer medicines and they were competency checked to ensure their understanding of processes and procedures. Staff knew what to do if medicines errors occurred, and how these should be investigated and learnt from.
•The provider acted to ensure medicines were stored safely. This meant people were supported to receive their medicines in a safe way.

Learning lessons when things go wrong
•Lessons were learnt when things went wrong. There was an accident and incident procedure and these events were recorded and investigated. The provider and registered manager analysed incidents and shared learning with staff teams through lines of management. For example, learning from medicines errors following an analysis of what went wrong.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience
•People told us the staff knew their roles. One person said, "They [staff] know what they are doing." Staff received an induction upon starting work at Cliffdale Rest Home. Inductions included meeting people, learning about the role, and staff were offered training on a recognised qualification in health and social care. We saw staff supported people to move safely, utilising their manual handling skills and experience. This meant staff knew how to provide effective care and support to people.
•Staff received relevant, ongoing training for their roles. There were development opportunities in place for staff; some staff had completed, or were enrolled on, national vocational qualifications in health and social care. This demonstrated staff were given the right guidance and knowledge to support people.
•Staff received regular meetings with their manager, and other staff, in line with the provider's policies. The provider explained they had recently introduced regular supervision meetings and staff meetings following their purchase of the home. Staff told us they felt supported by the provider and registered manager, with a registered manager who was approachable. The registered manager operated an 'open door' policy which meant staff could speak to them whenever they needed to. •Additional management support was available to support staff each day in the form of senior care staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs continued to be assessed before admission to the home. These assessments included input from people and their family members, were comprehensive and covered people's physical and mental health needs as well as their background. Staff had ample information to provide effective care to people.
•People's needs were regularly reviewed to ensure the home continued to be right for them.

Ensuring consent to care and treatment in line with law and guidance
•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 found the provider did not always have up to date care records of the assessment of people's capacity, where they lacked the capacity to make all their own decisions. Some people had evidence of a capacity assessment in their care records for the application of a DoLS. The provider was introducing new care record formats at the time of our inspection visit. These included new formats of mental capacity assessment documents and best interests' decisions records, which were being updated. The registered manager and provider understood their requirements under the MCA.
•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). 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 and found the service to be compliant. •Staff had received training during their induction and understood their responsibilities around consent and mental capacity. We witnessed staff seeking consent from people as they went about their daily duties.
•Where people had assigned professional advocates or family members involved in making decisions about their care, the appropriate people were consulted when decisions needed to be made in people's best interests.

Staff working with other agencies to provide consistent, effective, timely care
•People told us they were supported with their healthcare and saw the doctor and other health professionals such as opticians, district nurses and dentists regularly. Care records provided an overview of the health care appointments people attended, and showed where external healthcare professionals had made any recommended or actions for staff to follow. One person commented on how staff responded when people became ill saying, "[Name] was coughing rather a lot and they got the doctor in to see him."
•Staff communicated effectively with other staff in the service. There were systems in place, such as daily notes on care records, handover meetings and through daily recording systems, to share information among staff. This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat and drink enough and maintain a balanced diet. During mealtimes people were offered a choice of different meals, through a menu and a visual choice. Those that required it were given assistance by staff to eat. Kitchen staff kept a record of each person's dietary requirements and where people required a specialist diet, for example, when a person required foods of a softer texture due to swallowing difficulties, these were prepared separately. People told us they enjoyed the food on offer. Comments from people included; "The food is very good and there is plenty of it", "You can't fault the food" and, "Staff encourage [Name] to eat, if there is any meal they particularly would like, the staff will prepare it for them."
•Lunchtimes were a social experience for people, tables were laid with cutlery, napkins and condiments. Music was playing in the background. People were offered a choice of where they sat and who they sat with.
•The service promoted healthy eating and monitored people's weight where appropriate. Staff coordinated care with nutritionists and dieticians to ensure people's individual needs were met. This ensured that people received the right support to manage their health and wellbeing.

Adapting service, design, decoration to meet people's needs
•The premises and environment met the needs of people who used the home. Corridors and doorways had been widened, and people could use their wheelchairs and mobility aids to access areas around the home. There were signs around the home in pictures and words to help people find their way around.
•People were involved in decisions about the premises and environment; they could decorate their room how they liked with ornaments, pictures and furniture from their previous home. The provider asked people's opinion around how the home was developed and decorated as they worked on their improvement plans. This encouraged people to feel comfortable and take ownership of where they lived.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
•We observed staff being kind to people. People showed confidence in approaching staff and asking for their support, which showed people felt comfortable with staff. One person told us, "You ring the bell and staff are with you in about two minutes, you're not kept waiting." Another person said, "Everybody is really kind, they [staff] will always help you. They are always interested in you."
•Staff communicated with people in a warm and friendly manner, and gave people the time they required to answer. Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they needed a drink or if they were in pain.
•Staff responded quickly when people needed assistance, and they provided emotional support to people if they became anxious or needed reassurance. This showed that people were supported in a compassionate manner.
•People could not always use verbal communication to express their feelings but staff were skilled in looking out for other signs and body language which people used to communicate. Care files had communication information which detailed how each person communicated, for example, if they spoke clearly and whether they wore hearing aids or glasses to see clearly. This meant staff had a consistent understanding of how they should speak with people.
•People's wellbeing was considered. The service used various systems to monitor people's wellbeing. Records indicated that where people's wellbeing appeared to decrease the service sought to provide them with more support. People were encouraged to maintain relationships with family members and friends, to provide support and companionship.

Supporting people to express their views and be involved in making decisions about their care
•People and their relatives were involved in making decisions about care and support. Care plans were regularly reviewed and changes were made when required.
• Where people needed assistance to take part in discussions, easy read, large print and picture documents and cards were available to assist people. There were also writing implements and white communication boards around the home, to help people express their wishes through writing. Staff knew people should be involved, as much as possible, in making decisions about their care and treatment.
•Resident meetings were organised and held regularly. Minutes from those meetings showed a range of information was discussed, which included planned changes around the home, activities planning and food choices. This showed people were involved with decisions about how to spend their time and supported to express their views.
•Activities were offered that sought to promote people's independence as much as possible. For example, people were encouraged to take part in exercise to maintain their mobility. Staff encouraged people to sit where they liked, and helped them make everyday decisions to maintain their choices and independence.

People could spend time how they wanted to.
•People were supported to receive care and support from others. When and where people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought that support. For example, people were supported to meet with legal, clinical and welfare professionals. This meant that people's human rights were upheld.

Respecting and promoting people's privacy, dignity and independence
•People had their own space and told us their privacy was respected. Staff could describe how they protected people's privacy during personal care, by covering them, and people confirmed staff respected their dignity during personal care.
•People told us they could have visitors and family members visit the home whenever they wished, which maintained their relationships with people. One person commented, "Visitors always get welcomed with a cup of tea or coffee."
•Where some people wanted to share their lives with their spouse or partner, the provider made sure people could stay together. One couple at the home stayed in a shared room, where they could spend private time together.
•The provider followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Each person using the service had care plans that identified and recorded their needs and highlighted personal risks to their health and well-being. At the time of our inspection visit the provider and registered manager were introducing a new format of care records, which included more detailed communication plans and a one-page profile for each person which showed 'at a glance' their care needs and their healthcare. Care plans were checked, and kept up to date regarding any changes in people's care needs.
•Staff recognised the importance of up to date care records to show people's current needs. Staff updated records of the care people received daily. People's preferences had been gathered and support was delivered in line with their wishes. Staff and management had a good knowledge of people's personalities, and personal history, and could tell us the specific things that certain people enjoyed doing.
•People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them. One relative told us, "The vicar comes to visit [Name] here."
•People were encouraged to take part in organised group activities and events around the home. Activities and events were advertised and supplied by contracted entertainers and external providers. These included exercise sessions, craft sessions, games, seasonal and religious events, and trips out and about. One person told us, "Someone's coming around this afternoon with the entertainment." They added, "Local children come on a Thursday morning." Some people explained they would like more things to do to stimulate them. We spoke with the provider about this who explained they were currently expanding their activities and events programmes, based on feedback about what people would like to do. This included personalised hobbies and interests for people.
•We saw people were engaged activities and games on the day of our visit. People were encouraged to join in. In addition to activities, the home also had regular visitors come in to see people, such as local school groups, hairdressers, and volunteers with animals.

End of Life care and support
•In a circumstance where people needed end of life support, the provider had policies and procedures in place to meet people's health needs and their wishes. People's choices for their end of life were recorded in their care plan, when they wished to share this with the provider.

Improving care quality in response to complaints or concerns
•People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the registered manager and staff if they had any issues.
•The provider had a complaints and compliments policy staff were aware of. It had been provided to people in an 'easy to read' format and was displayed around the home. The information told them how to keep themselves safe and how to report any issues of concern or raise a complaint. Organisations that provide

NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included hearing aids, visual aids, pictures and large print documents.

•The provider had a complaint logging system showing how many complaints they had received. This demonstrated the provider listened if people had concerns. However, at our inspection the registered manager told us they had not received any complaints.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: At our last inspection we found the service was rated 'Good.' At this inspection we found the service was not always consistently managed and well-led. Actions identified for improvement were not always completed to make improvements straight away.

Continuous learning and improving care
•The provider and registered manager completed various audits to assess the quality of care and support to people using their internal auditing process. The provider also conducted regular visits and checks of their service. However, actions were not always taken in response to identified areas of improvement, in a timely way. For example, some actions had not been taken to ensure the environment was safe. For example, exposed pipework needed to be covered to protect people from the risk of burns. The provider explained they had needed to prioritise some improvements since they took over the home, which included changes in the environment. More improvements were planned to include the lagging of all pipework, but they would act immediately following our inspection visit to make the home safe. The provider later confirmed they had made changes following our inspection visit to ensure people were kept safe.
• Recent improvements at the home included the refurbishment of the kitchen, the updating of the conservatory, the replacement of some furniture and the decoration of some areas of the home.
• Further improvements included the refurbishment of an apartment at the home where staff and the provider could stay overnight. This change had been made by the provider to increase their involvement in the home, and their availability to conduct spot checks on the service. In addition, it offered additional accommodation in emergencies.
•The provider planned to introduce further audits at their service. Every month each person was to have a personalised audit conducted on their care, which was called 'Resident of the day'. Staff would speak with the person, about their experiences of the home during the previous month, including whether thy liked the food on offer and whether they enjoyed the activities, interests and hobbies on offer at the home.

Plan to promote person-centred, high-quality care and good outcomes for people
•People and staff told us they thought highly of the registered manager. They described them as being approachable. One person said, "Their door is always open."
•The registered manager told us they felt the provider was very supportive, and committed to making improvements at the home. One member of staff told us, "They [the provider] are new to the home but have been amazing in taking action to improve things." The registered manager explained they were now beginning a programme of complete re-decoration and the replacement of furniture, beds and some mattresses.
•The provider invested in the recruitment, development and training of staff to ensure people were cared for by skilled staff with the right attitudes. Staff recruitment had been undertaken to increase the numbers of staff at the home, including extra senior staff at night. The registered manager worked alongside staff at the home to offer them coaching and support.

•The registered manager and provider conveyed their commitment to providing person centred care in discussions with us, and it was evident from documentation and systems in place, people were at the centre of the work the service provided.

Leaders created a culture of responsive and person-centred care.
•The provider promoted the values and culture of the service through posters and displays around the home.
•They recruited new staff to the service based on staff values, rather than their previous experience and training. The values of the home were demonstrated by staff, which included respect, dignity, privacy, choice and independence. Staff encouraged people to mobilise independently using walking frames and trolleys, with staff supporting them and preventing them from falling, whilst encouraging them to do as much as possible for themselves.

Engaging and involving people using the service, the public and staff
•People, their relatives, staff and visiting professionals were encouraged to provide feedback on their experiences of Cliffdale Rest Home. The provider sought people's views through a range of techniques including comments forms, regular reviews and satisfaction surveys. The most recent survey showed people were happy with their lives at the home. However, some people had suggested they would like more activities. The provider had responded by introducing monthly discussions with people about what activities they would like to see at the home. Plans were in place to increase the range of activities through the provider's improvement plan.
•Resident meetings were held and discussed topics such as what was planned at the home, and what changes people would like to see. The provider showed people how they had taken on board their feedback, and made changes, through displays and notices and a newly designed monthly newsletter.
•Staff meetings were held each month to gain staff feedback and keep staff up to date with any changes, such as policies and procedures. Staff had an opportunity under 'Any other Business' to raise items for discussion. Staff told us they felt they would be listened to by the registered manager and the provider. Recent meeting minutes showed the provider had listened to staff feedback and purchased new towels and linen for the home. The provider had also responded to staff feedback regarding the deployment of staff around the home. This showed staff were involved in shaping and understanding the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The service was well run by an enthusiastic registered manager, and a provider who was taking action to improve the quality of the service people received. The registered manager understood their role and could share information with us about the quality performance of the service, the risks people and the service faced and knew their responsibilities regarding regulatory requirements. This demonstrated the manager was clear about their role and in being so, provided people with a better service.
•Staff were clear about their roles and understood what the provider expected from them as these expectations were outlined at induction, training and through the supervision and management. This meant people received good treatment from staff who knew what they were doing.
•The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others
•The provider and registered manager worked with others, such as health professionals and local organisations to support people. For example, the registered manager gained advice and support in how the home could improve through their local authority, training organisations, local charities that supported people with advocacy services, and experts in dementia care.

We saw on one occasion a local elderly person had been locked out of their home. The provider had stepped in to assist the person, and provided them with a place to stay until they could access their home. Age UK [a local charity] had expressed their thanks to the provider for making this gesture.

•The registered manager attended regular leadership and management meetings with other registered managers locally. The registered manager and provider also attended conferences and learning events to keep their skills up to date and learn about best practice. The provider was developing leadership training and development for the registered manager so they could keep up to date with changes in the care sector. The service had links with the wider community, such as local school groups. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support.