Bupa Care Homes (ANS) Limited

Warren Lodge Care Home

Inspection report

Warren Lane
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10 April 2019
11 April 2019

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Warren Lodge Care Home is a residential care home with nursing for 64 older people, people who live with dementia and people who need support to maintain their mental health. At the time of this inspection 53 people were living in the service.
For more details, please read the full report which is on the CQC website at www.cwc.org.uk

People's experience of using the service:
• All of the people living in the service and most of the relatives were positive about the service. A person said, "I'm okay here as the staff are kind and I have pretty much everything I need." A relative summarised the views of most relatives when they said, "The care here is first class and the staff are excellent." However, one relative said, "Sometimes I need to ask for things to be done and it shouldn't be up to me to point out what care my family member needs."
• People received safe care and treatment from nurses and care staff who had the knowledge and skills they needed.
• People were safeguarded from the risk of abuse, received person-centred care and were supported to safely take medicines.
• People and their relatives were consulted about the care provided and their consent had been obtained.
• There were robust arrangements to manage complaints and quality checks had been completed.
• Good team work was promoted and regulatory requirements had been met.

Rating at last inspection:
The service was rated as 'Requires Improvement' at the inspection on 13 March 2018 (the inspection report was published on 24 April 2018). At the inspection in March 2018 there was a breach of regulations. This was because the registered provider was not operating a safe recruitment and selection procedure. At this inspection in April 2019 the recruitment and selection procedure had been strengthened and the breach of regulations had been resolved. At this inspection in April 2019 the overall rating of the service has improved to 'Good'.

Why we inspected:
This was a planned inspection based on the rating we gave the service at the inspection in March 2018.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-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 safe. Details are in our Safe findings below.	**Good**
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 consistently well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Warren Lodge Care 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 registered persons are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
• We visited the service on 10 April 2019 and 11 April 2019.

Inspection team:
Two inspectors, a specialist professional advisor and an expert by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type:
Warren Lodge Care Home is a care home that provides accommodation, nursing and personal care for 64 older people, people living with dementia and people who need support to maintain their mental health.

A registered manager was not 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.

Notice of inspection:
This inspection was unannounced.

What we did:
• We used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• Reviewed other information we held about the service. This included notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that

the registered provider is required to tell us about.
• Invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.
• Spoke with 15 people living in the service and seven relatives.
• Spoke with three nurses, six care staff, two housekeepers, an activities coordinator, the finance administrator and the maintenance manager.
• Met with the training manager, dementia care lead, resident experience manager, clinical services manager, regional support manager who was overseeing the day to day running of the service and the regional director.
• Reviewed documents and records that described how care had been provided.
• Reviewed documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and the delivery of training.
• Reviewed the systems and processes used by the registered provider to assess, monitor and evaluate the service.
• Used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Safe: People received safe care and treatment.

Staffing and recruitment:
• At our inspection in March 2018 there were shortfalls in the recruitment checks that had been completed. We told the registered provider to make improvements in the systems and processes they followed when appointing new nurses and care staff. After the inspection the registered provider told us that they had put right the shortfalls we had found. At this inspection in April 2019 the necessary improvements had been made and safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. The changes made had resulted in the breach of regulations being met.
• The regional director said that they had calculated how many nurses and care staff needed to be on duty. When doing this they had considered the nursing and care needs of the people living in the service. Records showed that the number of nurses and care staff deployed in the service regularly met the level the regional director considered to be necessary.
• On both days of our inspection visit there were enough nurses and care staff on duty. We saw people promptly being assisted to do a range of everyday activities. These included using the bathroom, going to and from their bedroom and enjoying the garden. A relative said, "The staff are busy for sure and some days they appear to be short staffed but even then the care is very good and so I suppose it must be staffed okay."
• Six of the seven care staff said that they felt more care staff needed to be on duty. One of them said, "Even when we're fully staffed it's a rush and we need at least one extra care staff on each of the two floors. Yes people get the care they need but only at the expense of staff burning out. I'm seriously thinking of leaving."
• We told the regional director that we had received this negative feedback. They assured us they would consult with nurses and care staff and review the deployment of care staff.

Supporting staff to keep people safe from harm and abuse, systems and processes:
• People were safeguarded from situations in which they may experience abuse. Nurses and care staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk.
• A person who lived with dementia smiled and waved to a nearby member of care staff when we used sign-assisted language to ask them if they felt safe in the company of care staff. Another person said, "I am far safer here than I was at home but more than that, I am also happy, content and well looked after here."
• The registered provider had an electronic audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission.

Assessing risk, safety monitoring and management:

• Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
• Before people had moved into the service an assessment had been completed to make sure the service could reliably provide the care they needed. The assessments had considered if people needed to use special equipment such as hoists and easy-access baths. They also noted if a person had a healthcare condition requiring items such as special dressings. A relative said, "There was quite a detailed assessment done before my mother moved in as the service wanted to know what care she needed and what if any additional equipment the staff might need to be provided with."
• When risks to a person's health and safety had been identified steps had been taken to reduce them. An example of this was people being provided with low-rise beds that made it easier and safer for them to get up and go to bed.
• People received safe care. This included people who needed extra help due to having reduced mobility. We saw two care staff using a hoist in the correct way to help a person change position. Nurses and care staff supported people in the right way to keep their skin healthy. This included making sure people did not develop sore areas and quickly seeking medical advice if they did. Nurses and care staff also assisted people in the right way to promote their continence including correctly using aids prescribed by their doctor.
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were fitted with guards to reduce the risk of scalds and burns.
• The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so people could be moved to safety.

Safe use of medicines:
• People had been helped to manage medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines. A person said, "I get my tablets brought to me by the nurses three times a day and they always give me a drink so I can get them down."
• Nurses had received training and had been assessed by the clinical services manager to be competent to safely support people to take medicines. There were guidelines for nurses to follow that said when and how each person needed to take medicines. Nurses followed these guidelines and supported people to take medicines in the right way.
• There were additional guidelines for nurses to follow when dispensing variable-dose medicines. These are medicines that a doctor had said could be used when necessary. An example of this was medicines used for pain relief.
• Nurses completed a record of each occasion on which they assisted a person to take medicines. The clinical services manager regularly audited these records and checked the medicines held in stock to make sure medicines were being managed in the right way.

Preventing and controlling infection:
• There were suitable measures to prevent and control infection. There was written guidance for nurses and care staff to follow in how to reduce the risk of infection. They had received training about the importance of good hygiene and knew how to put this into practice. Nurses and care staff correctly described to us the importance of regular hand washing.
• Nurses and care staff had been provided with antibacterial soap and with disposable gloves and aprons.
• A relative said, "The service is absolutely spotlessly clean. I've even checked the cutlery and it's shiny clean."
• There was an adequate supply of cleaning materials. Housekeepers followed a plan to ensure that all areas of the service were regularly cleaned. Fixtures, fittings, furnishing, beds and bed linen were clean. People wore clean and presentable clothes. They had also been supported to maintain a normal standard of personal hygiene.

Learning lessons when things go wrong:
• Accidents and near misses were managed in the right way so that lessons could be learned. The regional support manager and regional director analysed each incident to establish what had happened and why. They also looked for trends and patterns to see if this contributed to understanding how things could be done better in the future.
• When things had gone wrong practical steps had been taken to reduce the likelihood of the same thing happening again. This included installing a discreet alarm in a person's bedroom. This was so that care staff could quickly go to the bedroom when the person was getting out of bed and needed assistance to safely walk to their private bathroom. When necessary, the regional support manager had requested assistance from healthcare professionals. These included occupational therapists when people had been at risk of falling from chairs.

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 experienced positive outcomes from care delivered in line with national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The clinical services manager and regional support manager had assessed people's wishes and choices before they moved into the service. This was so care achieved effective outcomes in line with national guidance and met each person's expectations.
• The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of nurses and care staff who provided their close personal care. A person said, "Moving into the service from my home was a big wrench but I was reassured because from the start the staff told me how the service would fit around me and not the other way around."

Staff skills, knowledge and experience:
• New nurses and care staff had received introductory training before they provided people with care. Care staff had completed training that was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way.
• New nurses and care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
• Care staff had also received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely assist people who experienced reduced mobility, promoting people's continence and emergency first aid. Nurses had completed additional training in how to manage healthcare conditions such as epilepsy, diabetes and pressure ulcers.
• Nurses and care staff had regularly met with a senior colleague to review their performance and promote their professional development.
• Nurses knew how to care for the people in the right way. Examples of this was nurses knowing how to correctly use medical appliances and special dressings. Examples relating to care staff included them knowing how to support people to maintain good oral hygiene, use hearing aids correctly and put shoes and slippers on securely. A person said, "The nurses and the care staff know what they're doing because I get the help I need. It doesn't really matter which staff happen to be on duty as they all know what help I need so I don't have to tell them all the time."

Supporting people to eat and drink enough with choice in a balanced diet:
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "Actually, the food is very good here and I always get enough." A relative said, "I always think that the meals are nicely presented. When the staff take meals to people's bedrooms the plates are covered like in a hotel. Little touches make a big difference because they show respect."

• When necessary, people who needed help to eat and drink enough were assisted in the right way. We saw care staff sitting beside people at lunchtime gently encouraging them to eat and drink.
• People's weights were being monitored and nurses had liaised with doctors and dietitians when they had concern that a person might not be eating enough. When necessary people were being offered food supplements to help maintain their weight. Nurses had also contacted speech and language therapists when people were at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way. Nurses and care staff were following the advice they had been given. This included some people having their food blended and drinks thickened so that they were easier to swallow.
• Nurses were correctly following written guidance to assist a person who took nutrition, hydration and medicines through a tube that went directly into their stomach.

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live healthier lives, access healthcare services and support:
• Nurses and care staff supported people to receive coordinated care when they used or moved between different services. An example of this was nurses liaising with hospital staff when a person had been admitted to hospital. They had passed on important information about the person's learning and sensory adaptive needs so that their treatment could be provided in an effective way.
• Nurses had also promptly arranged for people to see their doctor if they became unwell.

Ensuring consent to care and treatment in line with law and guidance:
• The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in hospitals and care homes are called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
• When people lacked mental capacity the regional support manager and regional director had ensured that decisions were made in their best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example of this was the regional support manager liaising with a person's relatives when it was necessary for bed rails to be fitted to reduce the risk of the person rolling onto the floor. A relative said, "The staff do keep in touch with me which is right because I know my mum best."
• The regional support manager had contacted the appropriate supervisory body to request DoLS authorisations to ensure that people only received care that respected their legal rights. Suitable provision had been made to comply with the conditions placed on the authorisations that had been granted.

Adapting service, design, decoration to meet people's needs.
• The accommodation was designed and adapted to meet people's needs and expectations. There was a passenger lift that gave step-free access to all parts of the accommodation. The corridors were wide and there were bannister rails.

• There was enough communal space and each person occupied a large bedroom that had a private bathroom.
• People who lived with dementia had been helped to find their way around their home. There were picture-based signs on the doors of communal bathrooms and toilets. There were display cabinets recessed into the wall beside bedroom doors in which people had placed keepsakes and photographs that were significant to them. This helped people locate which bedroom they occupied.
• The accommodation was well decorated, light and airy. A person said, "The accommodation is very good really and was one of the reasons I chose this home in the first place. There's plenty of space and the decoration is pleasant."
• During the inspection the central heating was on and the accommodation was comfortably warm throughout.
• The garden was well maintained and had level paths. There was a patio area with seating.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with 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:
• People were positive about the care they received. A person smiled and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "The staff are very careful with my belongings too as they are very precious to me and they know it." A relative said, "The care staff are very caring indeed – I just can't fault them."

Respecting and promoting people's privacy, dignity and independence:
• People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care nurses and care staff closed the door and covered up people as much as possible.
• People had been assisted to wear clean clothes of their own choice. A person said, "The carer helps me get clothes out each morning and we have a chat about what goes with what because I like my clothes to be coordinated."
• Nurses and care staff assisted people to use everyday objects in the right way. An example of this was an occasion on which a person attempted to use a slipper as a glove. A member of care staff gently helped the person put the slipper back on their foot. After this, the care staff held the person's hand while assisting them to go to a nearby window that looked out over the garden.
• Care staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply.
• Communal bathrooms and toilets had a working lock on the door.
• Care staff only discussed people's individual care needs in a discreet way that was unlikely to be overheard by anyone else.

Supporting people to express their views and be involved in making decisions about their care:
• People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. An example of this was a member of care staff quietly asking a person if they wanted to participate in a social activity that was about to start in one of the lounges. When they declined the care staff assisted them to sit by their bedroom window and chatted with them about the birds they could see in the garden.
• Most people had family, friends or solicitors who could support them to express their preferences. For other people the regional support manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
• Private information was kept confidential. Nurses and care staff had been provided with training and

guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Nurses and care staff knew about the importance of not using public social media platforms when speaking about their work.

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.
• Nurses and care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed by nurses so they accurately reflected people's changing needs and wishes. A relative said, "I have been asked about my mum's care and I think that the staff are genuinely interested in hearing what I think."
• People told us that nurses and care staff provided them with all the practical assistance they needed as described in their care plan. A person said, "The care staff help me a lot from morning until night. They're nice about it so I don't feel I'm being a nuisance."
• People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. When necessary nurses and care staff used pictures and photographs to describe parts of the care each person had agreed to receive. They also used everyday objects. An example of this was a member of care staff taking a knife and fork to a person's bedroom to show then that it was lunchtime. The member of staff then accompanied the person to the dining room.
• We saw care staff quietly sitting with people asking them about the care they wanted to receive. An example of this was a care worker sitting with a person in their bedroom and motioning as if they were brushing their teeth. The person recognised that they had forgotten to put in one of their dentures. After this they were pleased to be assisted by the care staff to find and wear the denture.
• People spent their day as they wished. People were free to relax in their bedroom if they wished. They were also supported to pursue their hobbies and interests. There were activities coordinators who invited people to participate in small group activities such as gentle exercises, baking and crafts. The activities coordinators also provided people with individual support to enjoy activities such as reading the newspaper, puzzles and nail care. In addition to this, there were entertainers who called to the service to play music and to support people to enjoy singing.
• Nurses and care staff recognised the need to provide care that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.

People's concerns and complaints:
• People and their relatives had been given a copy of the service's complaints procedure. Nurses and care staff told us that they had also explained to people their right to raise concerns.
• Nurses and care staff recognised that most of the people living in the service had special communication needs and might not be able to speak about any concerns they may have. Consequently, nurses and care staff looked out for indirect signs that a person was dissatisfied with their care. These signs included a person declining to accept support or becoming anxious during its delivery. Nurses and care staff said that when this occurred they discussed the matter with the regional support manager so that any necessary

further enquiries could be made.
• The registered provider had a procedure for staff to follow when managing complaints. This required the regional support manager to clarify what had gone wrong and what the complainant wanted to be done about it. The procedure also required the regional director to confirm that suitable steps had been taken to resolve each complaint. The regional director told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
• Records showed that the regional support manager and regional director had correctly followed their guidance and had concluded the small number of complaints that had been received since our inspection in March 2018.

End of life care and support:
• Suitable arrangements had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
• Nurses and care staff had consulted with people and their relatives to establish how best to support a person when they approached the end of their life. This included clarifying each person's wishes about the medical care they wanted to receive. A relative said, "It's a difficult subject but the nurse was tactful when they asked me and my mother about the arrangements we wanted at the end. Actually, before then I hadn't really spoken much to my mother about the funeral arrangements she wanted."
• Arrangements had been made to enable the service to hold 'anticipatory medicines'. This was so the medicines were available for nurses to quickly dispense if a person needed pain relief.

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: The service was not consistently managed and well-led. Leaders and the culture they created had not fully promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• A registered manager was not 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 former registered manager had left the service on 31 January 2019. Since that time the service had been overseen by the regional support manager who was present in the service for three days each week. The regional director recognised that it is a legal requirement to have a manager for the service who is registered with the Care Quality Commission. They said that a person already registered with the Care Quality Commission as a manager in another service was due to start in the service on 14 May 2019. The regional director also assured us that until the new manager started their post the regional support manager would work in the service on a full time basis.
A relative said, "There hasn't been a manager here for a while and I think it makes a difference. A service this size needs someone here, present and in charge". Another relative remarked, "It is difficult not having one point of contact with a manager if I want to ring and see how my family member is doing." A third relative said, "There have been quite a few changes of manager and I think it makes staff feel unsettled and quite a few have left recently which isn't good for continuity. BUPA needs to get it sorted."
• Nurses and care staff were supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to deliver safe care and treatment. Nurses and care staff were told about updated advice from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a senior member of staff on call during out of office hours to give advice and assistance to nurses and care staff.
• Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as the need to keep accurate and comprehensive records of the care they were providing for each person.
• Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Nurses and care staff were confident they could speak to the regional support manager and regional director if they had any concerns about people not receiving safe care. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Continuous learning and improving care:
• At the inspection in March 2018 the registered provider had not made suitable provision to operate, monitor and evaluate the running of the service. This had resulted in the shortfalls we found in the recruitment and selection procedure. At this inspection in April 2019 the registered provider had strengthened the systems and processes used to oversee the running of the service.
• The regional support manager and regional director had completed detailed and well-recorded quality checks to ensure that people reliably received safe care and treatment that met their needs and expectations. These checks included the provision already described in this report concerning the management of medicines, learning lessons from incidents and health and safety.
• The clinical services manager also audited each person's care records to make sure they were consistently receiving the support they needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People had been supported to comment on their experience of living in the service. There were regular meetings at which people living in the service and their relatives could suggest improvements to the service. People and their relatives had also been invited to complete questionnaires to give feedback.
• Suggested improvements had been acted upon. An example of this was the installation of raised flower beds that were easier to reach by people who enjoyed gardening.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• The registered provider had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "Warren Lodge is a big building but somehow the staff have made it feel homely. I like to see clocks showing the right time, spills cleaned up quickly and bedrooms being aired. These domestic things add up to it feeling like being someone's home."
• The registered provider understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered provider had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:
• The service worked in partnership with other agencies to enable people to receive 'joined-up' care. The regional support manager was a nurse and subscribed to a number of professional clinical publications relating to best practice initiatives in nursing care.
• The regional support manager informed local commissioners when a vacancy arose in the service. This helped commissioners to know whether there were enough residential care places available in the area to enable people to promptly receive the assistance they needed.