

HC-One Limited

Lothian House Care Home

Inspection report





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13 December 2018

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 4 December and was unannounced. Subsequent days of inspection took place on 11 and 13 December 2018 and were announced.

Lothian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lothian House provides personal care for up to 48 people. At the time of our inspection there were 47 people living at the home who received personal care, some of whom were living with a dementia.

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

At our last inspection in March 2016 we awarded an overall rating of good and rated the key question 'is this service caring?' outstanding. At this inspection we rated the key questions 'is this service responsive?' and 'is this service well led?' outstanding. Therefore, the overall rating has now improved to outstanding.

The service was extremely person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. People received personalised care that was extremely responsive to their individual needs. Without exception, people told us staff went 'above and beyond' to make sure people's full range of needs were provided for.

People's spiritual needs were actively promoted and supported. The service had excellent links with the local community; people told us how much they valued this. Feedback from professionals on the quality of care provided was excellent.

People, relatives, staff and external health and social care professionals consistently gave us exceptional feedback about the visibility and skills of the registered manager. Staff we spoke with were clearly proud of the service and how they contributed to supporting people with their needs in an holistic way. Staff were highly motivated to develop the service and said they were actively encouraged in this by the registered manager.

There were excellent quality improvement systems in place to ensure constant monitoring of and improvements to the care provision at this service.

Staff had received training in safeguarding and knew how to respond to any concerns. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service.

Staff training in key areas was up to date. Staff received regular supervision sessions and appraisals and told us they felt supported.

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 were supported to have enough to eat and drink and attend appointments with healthcare professionals.

People and relatives told us staff were kind, caring and respectful. People's independence was promoted without risks to their safety.

Care plans were detailed and person-centred and contained important information about people's life stories so staff could get to know people well.

People and relatives knew how to make a complaint and were happy approaching staff or the registered manager if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe and were happy living there.

Staff recruitment and selection procedures were thorough.

Risks to people's safety and welfare were assessed and monitored.

Is the service effective?

Good ●

The service was effective.

Staff training in a range of key areas was up to date.

People were supported to have enough to eat and drink.

Staff adhered to the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and independence was promoted.

People told us staff were kind and caring.

We observed staff speaking with people in a polite and respectful manner.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff went the extra mile to find out what people had done in the past and what aspirations they had for the future.

Staff were extremely person-centred in their approach.

The service had excellent community links and was an integral

part of the local area.

The provider had an effective complaints procedure in place.

Is the service well-led?

The service was exceptionally well-led.

The registered manager knew people's needs exceptionally well.

People, relatives, staff and external professionals felt the home was extremely well managed.

Staff were highly motivated to develop the service and were actively encouraged in this by the registered manager.

There were excellent quality assurance systems in place.

Outstanding 

Lothian House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 4, 11 and 13 December 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second and third days of inspection were announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided at Lothian House.

During the inspection we spent time with people living at the service. We spoke with 10 people and four relatives or visitors. We also spoke with the registered manager, the deputy manager, two senior care assistants, four care assistants, the administrator, the head housekeeper, the assistant chef and two members of housekeeping staff. We spoke with one advanced nurse practitioner and three social workers.

We reviewed four people's care records and four staff recruitment files. We reviewed medicine administration records for 12 people as well as records relating to staff training, supervisions and the management of the service.

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.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service remained safe.

People told us they felt safe living at Lothian House. One person told us, "I have absolutely no worries about my safety here as the staff are constantly looking over to see that I'm okay. I love living here." Another person said, "I feel very safe here."

Relatives we spoke with said they felt people were safe and they were very happy with the standard of care provided. A relative told us, "I can see [family member] is happy and content here and loves the staff."

Some people who lived at the service had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw how their body language indicated they were comfortable in staff's presence.

Staff had completed training in how to protect people from abuse and they were frequently reminded of their responsibilities to keep people safe and how to report any concerns during staff meetings. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years.

There were enough staff on duty to meet people's needs quickly and keep them safe. People and relatives said there were enough staff on duty. We saw staff taking the time to talk with and reassure people which people said they appreciated. One person told us, "I love having a conversation with staff."

Risk assessments were tailored to people's needs and covered issues such as emotional distress, mobility and nutrition. These assessments had been regularly reviewed. Staff had a good understanding of the strategies to be used to support people with their anxieties, and we saw this in practice.

Staff told us how they supported people with positive risk taking. For example, staff told us how one person liked to spend time in their room in the evening, but this person was at risk of falls so a motion sensor was used to alert staff. This meant the person's wishes were respected and their safety was promoted.

Each person had an up to date personal emergency evacuation plan (PEEP) which contained information about their individual needs, should they need to be evacuated from the building in an emergency. These contained clear information about people's communication needs and whether they needed mobility

equipment. Staff we spoke with knew what support people needed should such an event occur. Accidents and incidents were monitored and reviewed to check for trends. We saw learning from incidents was reflected upon, analysed and shared with the staff team.

Medicines were managed safely. They were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective. Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly.

Where people had been prescribed medicines on a 'when required' basis, such as painkillers, detailed guidelines were in place to advise staff when a person may require these medicines. For example, what signs or symptoms a person may display if they were in pain and not always able to communicate their needs. Staff described in detail when they would administer 'when required' medicines, which meant they knew people's needs in this area well.

Staff had received training in medicine administration and their competency was checked to ensure their practice remained safe. Staff knew what people's medicines were for and if they needed to take any particular precautions, such as leaving enough time between doses. Staff understood the importance of gaining people's consent before offering them their medicines.

Appropriate infection control practices were in place. The laundry room had systems in place for dirty and clean clothing. Staff had all received training in infection control. Day and night cleaning schedules were in place and checks were completed to ensure the home was cleaned regularly. Staff wore appropriate protective equipment such as gloves and aprons, where appropriate. One person told us, "The home is always kept very clean and there is a pleasant atmosphere."

The service was clean and decorated to a good standard, although we noticed the carpet in communal areas was worn in places and needed replacing. Audits carried out by the registered manager had already identified this as an area for improvement. During our inspection we received assurances from the provider that a refurbishment was planned for the home early 2019.

Is the service effective?

Our findings

People and relatives we spoke with said staff had the right skills to provide the care needed and were effective at doing so.

Staff training in key areas was up to date. Staff had completed training on topics such as infection control, safeguarding vulnerable adults and equality and diversity. Staff we spoke with said they had completed training appropriate for their role. One staff member said, "We get plenty of training and you can always ask for more."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training. A staff member told us, "Supervisions are always up to date. I find these useful as I know what I've improved on."

Comprehensive assessments of each person occurred before a care placement was agreed or put in place. This meant the provider was able to check whether the care needs of the person could be met and managed at the home. Following the assessment, all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

People were supported to have enough to eat and drink and to maintain a balanced diet. There was enough staff to support people to eat. Tables were nicely set with napkins, cutlery and condiments. Meals were hot, cooked with fresh ingredients and looked appetising. Menu choices were from the provider's four weekly menu planner, with vegetarian options and other alternatives available. Hot and cold drinks, including alcoholic drinks, were readily available depending on people's preferences. One person told how us they liked an alcoholic drink with their meal as this was something they'd always done. Staff regularly asked people if they wanted more, if they were enjoying their meal and if they wanted another drink. The meal time experience was relaxed and pleasant. People and relatives told us the food was of a good standard and there was plenty of choice.

Kitchen staff we spoke with were enthusiastic about their role and it was clear people who used the service liked them. Kitchen staff had a good knowledge of people's dietary needs and how to fortify foods for people at risk of malnutrition (that is increasing the calorie content).

People were supported to maintain their health and wellbeing. The service had close links with health and social care professionals such as advanced nurse practitioners, GPs and social workers. Professionals we spoke with during our visit spoke positively about the care provided and how staff at Lothian House worked closely with them. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

We found that DoLS applications had been made appropriately to the relevant local authorities. Mental capacity assessments had been carried out for people as required. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

There were visual and tactile items to engage people living with dementia. These can help engage people living with dementia and help reduce their anxiety levels. Colourful written and pictorial signs helped people orientate themselves around the home. Contrasting colours were used to support people to distinguish items in bathrooms and corridors. Memory boxes filled with items important to individuals were in place to help people find their room, where appropriate.

Is the service caring?

Our findings

At our last inspection we found the service was outstanding in this area partly due to the exceptional end of life care provided. The topic area of end of life care was under this key question in the previous assessment framework, but was moved to the key question responsive when the framework was reviewed and refined. During this inspection we found the service was good in this area.

People and relatives spoke positively about the care provided. People's comments included, "Staff are very caring here," "I would give the staff 10 out of 10" and "I have everything I need in here." A relative told us, "Staff are kind, they treat residents like their own family. Staff always treat people with dignity and respect."

We observed staff spoke with people in a kind, caring and respectful way, taking time to listen to people and understand what they were communicating. Staff were attentive to people's needs and reassured people if they were upset or distressed. During this visit we saw lots of pleasant interactions between staff and people, such as sharing a joke or spontaneously singing Christmas carols. This contributed to the homely atmosphere. Staff were appropriately affectionate towards people by putting a reassuring hand on a person's shoulder or holding a person's hand when the person wanted this.

All the people we spoke with felt staff acknowledged their privacy and demonstrated respect. For example, people told us how staff ensured curtains were pulled across and doors closed to ensure privacy was maintained when people were supported with personal care.

Staff provided physical assistance at meal times to people who needed it in a dignified way. When people requested assistance to go to the toilet they were supported immediately. We saw this was done in a discreet way that maintained the person's dignity and without others knowing.

Staff were kind and polite when supporting people, and clearly knew people well. Staff spoke about people with affection and described Lothian House as 'one big family.'

People said staff supported their rights to make decisions and choices for themselves. We saw residents choosing where they wanted to sit in dining rooms and lounges and how they spent their day.

Staff we spoke with were knowledgeable about people's needs and circumstances. They told us in detail about people's health and care needs and preferences.

People told us they were encouraged to be as independent as possible, but staff were always on hand to provide support. One person told us, "The staff have a good understanding of what independence means to me." A relative said, "I've seen staff promoting people to walk with support."

Relatives and friends were encouraged to visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner. One person said, "The staff are very friendly to my son who often comes to visit me."

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Is the service responsive?

Our findings

Without exception, people told us staff went 'above and beyond' to make sure people's full range of needs were provided for. One person said, "This home is like a breath of fresh air for me now. It's like life after death; death meaning my last years before I came into this home." Another person told us, "Over the time I've been here I've needed various physical and mental requirements and staff have more than met these needs for me. I think the staff here are devoted to the work they do." A third person said, "I feel staff do their utmost to keep me happy by talking to me and learning about my likes and dislikes. They are very quick to resolve any problems."

People told us how the exceptional approach of staff in responding to and meeting their needs had had a profound impact on them. One person said, "I've been here for three years and I think this home has kept me alive." Another person told us, "It's a pleasure being part of a big family. It has boosted my confidence in feeling you're not left alone and forgotten about."

A relative told us, "Everything is great here. I would score the home 20 out of 10." Another relative said, "Every member of staff from the manager down is most pleasant, friendly and willing to please at any time and to give any help they can. It is my pleasure to give the home and staff my highest recommendation as no praise is too high." A third relative commented, "All the staff are brilliant. I've nominated several of the staff for care awards, that's how impressed I've been. I would rate this home as outstanding because staff can't do enough for people and their families."

A healthcare professional we spoke with during our visit told us, "Staff here go over and beyond what is expected. They are so good with the residents and have an excellent knowledge." A social care professional we spoke with during our visit told us, "I would rate this home as outstanding as they meet everyone's needs so well. They look at people's needs holistically and how they can support that person to have a better quality of life."

Staff exceeded expectations by finding out what people had done in the past and what three wishes they had for the future. For example, it was one person's wish to visit 'a proper barbers' for a shave and haircut. A staff member arranged this through a local charity and barbers and made the person's wish come true. Staff reported this person was "absolutely over the moon" and the story featured in the local press. This meant people were supported to achieve their individual aspirations and reduce the risk of social isolation.

Staff had organised a 'pimp my walking aid' Christmas competition. One staff member supported a person to decorate their walking aid. This person usually preferred to stay in their room, but we saw how the staff member supported them to go to one of the lounges and made a real occasion of it. We saw how engaged this person was while they were participating in the activity. Their relative told us how lovely it was to see their family member enjoying themselves.

Over four days in October 2018 20 people were supported to go on holiday to a local caravan park. People enjoyed being at the seaside, having a meal in the restaurant and playing bingo in the clubhouse. One

person said, 'We laughed from morning until night. It was fantastic!'

People had access to items essential for their wellbeing if they had to go to hospital for a short time. The deputy manager had devised an innovative idea to support people who needed to be admitted to hospital suddenly, for example if they needed to attend A&E or if they were attending an outpatient appointment. They had put together 'wellbeing bags' for people to take with them. These were paper picnic bags which contained useful items such as a bottle of water, chocolate, biscuits, tissues, pen and paper, hand wipes and a card with the home's contact details on.

On the first day of our visit a Christmas party had been arranged at a local pub, which we were invited to join. The cost of this had been met by a staff member doing a sponsored sky dive. People thought this was 'fabulous' and spoke fondly about this staff member. People told us how this staff member was proactive in arranging activities when the wellbeing co-ordinator was not on duty.

We saw people had a fantastic Christmas lunch with Santa delivering presents to everyone. People were clearly overwhelmed with the exceptional effort staff had gone to and clearly enjoyed the occasion. People's comments included, "Wow I feel like the queen sitting here, I'm being spoilt. This is amazing," "I've never had anything like this before. I never had this kind of reception when I lived at home" and "They don't do anything by half in here and I really appreciate the hard work and commitment from staff."

The service had excellent community links with local churches and schools and was an integral part of the local community. People told us how much they valued this and how staff had exceeded expectations in March 2018, when there had been extensive snowfall. The wellbeing co-ordinator had delivered food parcels of sandwiches and scones to local residents and invited them to join people at the service for Sunday lunch. People who used the service said they thought this was 'marvellous.'

Various celebrations had been held with guests of honour visiting the home such as the local mayor and footballers from Spennymoor Town FC. This was particularly significant for one person who had played for the club in the 1970s. The players presented the person with a signed football shirt which they appreciated very much.

People were supported with their religious beliefs. During our visit we spoke with the local priest who conducted a weekly service and was a regular visitor at Lothian House. They told us, "I always get a great welcome here. All the staff are friendly and welcoming to everyone. People's religious beliefs are actively encouraged and supported here. Staff are very good at alerting me when people or their families need pastoral support." We saw how one person attended humanist meetings as this was important to them.

People and relatives told us how a wealth of activities were arranged for the Christmas period such as a joint carol concert by local churches, entertainment from local school children and Christmas parties. One relative said, "Staff make sure people have a great Christmas." The home was decorated with Christmas decorations and there was a homely and welcoming atmosphere.

People were supported to access a wide range of meaningful activities. The provider employed a wellbeing co-ordinator who arranged activities and events such as singing puppets, quizzes, animal therapy, planting a sensory garden and summer and Christmas fairs. A family member commented, "[Wellbeing co-ordinator] deserves commending as they're always thinking of things for people to do; they're amazing."

Communal areas contained Echo Dot devices for people to use. For example, we saw how people 'asked Alexa' to play Ella Fitzgerald songs, tell them a joke or what the weather forecast was. One person regularly

used the home's computer, which was located in the main dining room, to play games and read online newspapers. Another person used Skype on the home's tablet to stay in touch with their relative who lived overseas. This meant the service had an innovative approach to technology.

People spoke positively about the activities available. One person said, "We get to go out and about in the minibus, often to the coast which I look forward to." Another person told us, "We have baking sessions which I get fully involved in making scones. I find this very productive and rewarding."

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Records included important information about the person, such as what was important to them, who was important to them and how best to support them. We saw these had been written in consultation with the person who used the service and their family members.

People's individual support needs were recorded and covered key areas such as mobility, personal care, nutrition, medicines and emotional needs. These provided information and guidance for staff on people's individual needs and preferences, such as what a person's bedtime routine was like. Daily records were maintained for each person who used the service and an effective staff handover process was in place.

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. People's records contained information about their social history, likes and dislikes. It is important staff have access to this information so they can get to know people as individuals.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

People were supported with end of life care needs and were able to remain at the service whenever possible. Nobody was receiving end of life care during our visit. Where people felt able to discuss this sensitive issue, records were specific to individuals. For example, one person's end of life care plan stated they did not want flowers at their funeral. This meant staff had specific information about a person's wishes to refer to if people were no longer able to make their needs known.

The provider had a complaints policy and procedure in place. The registered manager carried out regular audits of complaints to ensure appropriate action had been taken. Each complaint record we viewed included details of the complaint, records of investigations and meetings, the outcome of the complaint, and whether any additional actions were required. Learning from complaints was evident. For example, when a concern had been raised about someone's personal care this led to the registered manager arranging for staff to complete further training with the community nursing team. We saw this had led to improvements and no further concerns of this nature had been raised. People and relatives we spoke with knew how to report any concerns, but none we spoke with had any.

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years. They spoke enthusiastically about their passion to deliver 'high quality care.' They were extremely well informed about each person who used the service. The provider had selected the registered manager to facilitate induction training to new home managers due to their experience and skills. People, relatives, staff and external professionals felt the home was extremely well managed.

People and relatives told us the registered manager was highly visible in the service, and spoke very positively about the registered manager and the management team in general. A person said, "Our manager is very nice, she comes out of her office and is visible a lot of the time and always has a smile." Another person told us, "The manager makes you feel so important. She's busy but that doesn't stop her making time to chat and listening to what you have to say. You can't put a price on that." A relative said, "The manager is very helpful and good at their job. I know I can go to her about absolutely anything."

Staff told us they felt confident in approaching the registered manager if they had any concerns, as they felt these would be dealt with thoroughly. Staff said the registered manager was extremely supportive and approachable. A staff member said, "[Registered manager] is very approachable. Any problems you have you know she's there for you." Another staff member told us, "The manager is the best I've ever had, without a doubt."

A healthcare professional we spoke with during our visit said, "The home is very well run. Staff have an extremely positive attitude. Most of the staff have worked here for years and they regard residents as family. It's like a tight knit community here, it's one of the best homes in the area by far. I would recommend this home to a loved one." A social care professional we spoke with during our visit told us, "The manager and deputy do a fantastic job. They know each resident really well and put people at the absolute centre of everything." Another social care professional we spoke with during our visit told us, "The manager has very high standards indeed and that clearly rubs off on the staff. The home is outstanding as it's run so well. I think it's good enough for one of my family."

During the inspection staff members consistently sought out the inspector as they were so eager to give their feedback. Without exception, staff we spoke with were clearly proud of the service and how they contributed to supporting people with their needs in a holistic way. Staff were highly motivated to develop the service and said they were actively encouraged in this by the registered manager. One staff member said, "Our aim is to give people an excellent quality of life, which is exactly what they deserve. We look at everything that person needs and what is important to them. As a team we're always looking at how we can improve things."

Staff told us there was an open and positive culture at the home and they enjoyed working there. Staff meetings were held monthly. Issues covered included staff training, activities and care records. Minutes of staff meetings were taken so staff not on duty could read them later. Staff felt included in the running of the service and told us they felt able to voice their opinions and raise any concerns at these meetings or at any

time.

There was a clear focus on quality monitoring which was firmly embedded in all aspects of the service. Audits were completed regularly and were up to date when we visited for areas such as medicines, care documents, infection control and health and safety. If any trends or themes were identified, plans were in place to reduce risk. Actions arising from audits were captured on action plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. The area director carried out monthly monitoring visits and used this information to inform their visits, focusing on areas which required action. This meant the area director had an oversight of the service and provided support to improve the quality of the service by meeting regularly with the registered manager and the staff team. This meant the provider's oversight supported the registered manager's vision and practice of delivering high quality care.

The provider used clinical indicators as part of their monthly quality assurance process to monitor the quality of care provided. The registered manager submitted information relating to pressure damage, falls and weight loss to the area director on a weekly basis for analysis. We found this was effective in identifying where outcomes for people had improved, such as a decrease in the number of falls, a reduction in hospital admissions and people's weight loss being reduced or maintained as appropriate. There was clear learning from events to drive improvements. For example, team leaders allocated care staff to designated areas to promote accountability. This meant there was a strong emphasis on continuous improvement.

People who used the service were actively involved in the management and development of the service through 'champion' roles. Five residents had agreed to attend regular meetings with staff where people's views and needs could be discussed. There was a resident champion, two dining champions, a housekeeping champion and a gardening champion.

The service had a 'resident of the day' system in place. This focussed on the specific review of one person's care and support needs, in addition to existing reviews. This involved asking for the person's feedback on activities, menus and the home in general. It also involved liaising with health care professionals and staff at the home to ensure care and support was being delivered in line with people's needs and wishes. We noted feedback forms were available in easy read format and other formats if people needed them, which meant these were accessible for people.

People, relatives and visitors were provided with several ways of providing feedback on the quality of the service. 'Residents and family meetings' took place regularly. Feedback was also sought via an electronic device and an annual survey was sent out to people and relatives. The most recent survey had been conducted in April 2018; 20 people who used the service and 13 relatives responded. Feedback was extremely positive with 89% of people who responded rating the home as excellent and 90% rating the home management as excellent. 84% of relatives who responded rated the home as good or excellent. An analysis was carried out of all the survey results and fed back to people and family members via the 'You said, we did' process. For example, staffing levels had been increased during the late afternoon/early evening in response to feedback.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

We were assisted throughout the inspection by the registered manager and deputy manager. All records we

requested to view were produced promptly.