Durland Care Limited

Durland House Residential Home

Inspection report

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Gillingham
Kent
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was carried out on 07 August 2018, and was unannounced.

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

Durland House is listed building. This means that the building may not be demolished, extended, or altered without special permission from the local authority. People's bedrooms were provided over three floors, with a stair lift in-between. There were two sitting rooms and a dining room, with an enclosed garden to the rear. Durland House is situated in a residential road in Gillingham area of Kent. Both men and women lived in the home.

This was the first comprehensive inspection following registration with The Commission on 29 August 2017. Durland House is registered to provide accommodation and personal care for up to 12 people. At the time of our inspection, six older people lived in the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run.

People were safe at Durland House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

There was a pro-active approach to promoting people's safety and independence which was reflected in people's risk assessments and care plans. People were supported by staff that had been recruited safely and had checks undertaken to ensure they were suitable for their role.

Medicines were managed safely and people received them as prescribed.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to ensure there were always enough staff on shift.

Each person had an up to date, person centred care plan, which set out how their care and support needs should be met by staff.

Staff received regular training and supervision to help them meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

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 home supported this practice.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the home were made to ensure people experienced good quality safe care and support.

People and staff were encouraged to provide feedback about how the home could be improved. This was used to make changes and improvements that people wanted.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

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.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Staff knew how to recognise any potential abuse and so help keep people safe.

The registered manager followed safe recruitment practices.

Medicines were managed and recorded in a safe way.

There were enough staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

Staff received on-going training in areas identified by the provider as key areas. Supervisions and appraisals were carried out by the registered manager.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had knowledge of Deprivation of Liberty Safeguards and the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them

well.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were encouraged and supported to engage in activities that met their needs in the service and community.

The management team responded to changes in people's needs quickly and appropriately.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

There was a quality assurance system and this was effective in rectifying shortfalls identified.

There was an open and positive culture which focused on people.

The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Durland House Residential 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 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.

This was a comprehensive inspection, which took place on 07 August 2018 and was unannounced.

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 similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with eight people who used the service. We also spoke with four visiting relatives.

We spoke with four care staff and the registered manager.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training

records and activity plans.

The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt very safe and secure living in the home. One person said, "I am glad they organise all my medicines for me. It makes me feel safe." A visiting relative said, "My dad is 100% safe here. Nothing is too much trouble for them."

A healthcare professional said, "On the occasions I have visited, I have had no reason to be concerned regarding safety of the residents I have seen."

The risk of abuse was minimised because staff were aware of safeguarding policies and procedures. All staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the local authority safeguarding policy, protocol and procedure. These are in place for all care providers within the Kent and Medway area. They provide guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required and report any suspicion of abuse immediately. A member of staff said, "If I suspect anything, I will report to my line manager. If the manager failed to look into it, I would contact CQC or contact Kent & Medway council." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I suspect bad practice, I will report it to my manager. I would have no qualms about speaking up." There was information about whistleblowing on a notice board for people who lived in the home and staff.

People were supported in accordance with their risk management plans. Risk assessments were specific to each person and had been reviewed when circumstances had changed. The risk assessments promoted and protected people's safety in a positive way. These included moving and handling, medicines, care plans and daily routines. Staff told us these were to support people with identified needs that could put them at risk. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the information they needed to help people to remain safe. For example, we saw detailed diabetes guidance for staff to follow in the day to day management of one person's diabetes.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. The registered manager told us there were two care staff in the morning, two in the afternoon and two at night. In addition, there was a housekeeper who worked three to four days a week, a cook, a deputy manager and the registered manager. Records confirmed this level of staffing. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the home and staff were not rushed.

We checked recruitment records to ensure the registered manager was following safe practice. The registered manager had carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with vulnerable people. Gaps in education and employment histories had been fully explored. Two references had been received before staff started work. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were

kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines. These were stored safely in medicine cabinets in the care office. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained that when they gave medicine to people they observed them to make sure they took their medicines.

Some people required topical creams for their skin and eye drops, which care staff administered. We noted the topical creams and eye drops were recorded on MARs and there were no gaps in staff signatures. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager had an effective system in place for the administration of medicines safely.

We found the management of controlled drugs, which are medicines requiring additional measures to ensure they are managed securely, was safe. Records showed two staff always signed when a person was administered a controlled medicine, as is required, including if these were administered during the night shift and these records were audited daily. Staff told us and records confirmed that only the senior care staff administered medicines and they had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

We found that each care plan folder contained a Personal Emergency Evacuation Plan (PEEP), which was reviewed in 2018. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place and actioned. Fire equipment was checked according to recommended guidance. The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. Staff had received training in how to deal with emergencies and demonstrated they had the necessary knowledge and skills in this area.

A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

When required, detailed accident and incident records were kept. These included details of the action taken in response to the incident and measures to prevent a future occurrence. The provider reviewed all accidents and incidents to ensure that relevant action had taken place. Records evidenced that the provider had referred people on to the community physiotherapist if they had frequently fallen and this had been done through the GP. Copies of people's accidents and incidents were kept in their care file which helped staff understand why care plans or risk assessments had been amended. The service did have an accident and incident policy in place, which made clear any such occurrences had to be recorded, reported and investigated.

The environment and equipment used by people was safely maintained. There were regular checks on health and safety, cleanliness and whether equipment was in good working order. We saw that these had

been recorded and action had been taken when concerns were identified. There were regular checks on, gas and electrical safety, water supplies and window restricting devices. The home was well lit, with plenty of room to move around. There were rails along the corridor walls as adaptations for people, which enabled safe movement.

There were systems designed to prevent and control the spread of infection. The domestic staff were aware of their protocols for work, responsibilities and schedules of cleaning. We observed that the environment was clean and odour free during our inspection. The registered manager carried out infection control audits monthly where any concerns were identified. These had been acted on. All staff wore personal protective equipment, such as gloves and aprons. These were disposed of after use. This helped to minimise the spread of any infection.

Good

Is the service effective?

Our findings

Our observation showed that people were happy with the staff who provided their care and support. There were positive interactions between people and staff. One person said, "The staff are very effective. They will find out what you like and get it for you." A visiting relative said, "They are always on the case...and always let us know immediately if dad has a water infection for example."

The registered manager undertook an initial holistic assessment with people before they moved into the home. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

Staff undertook mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The in-house induction also included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. The provider's mandatory training included first aid, infection control, medicines administration, food hygiene, health and safety, equality and diversity and palliative care. Staff were supported and encouraged to complete work based qualifications.

Staff were regularly supervised and had an annual appraisal with a member of the management team. Staff had their competency to provide care and support assessed by a member of the management team in a range of topics. This ensured the care and support people received was of a good quality and reflective of staff training and the policies and procedures of the provider.

The dining room had a menu board, which detailed the menu options for the day. Tables were set at mealtimes with condiments and cutlery. People ate their lunchtime meal in the main dining room. People who required assistance with eating, were supported in a sensitive and caring manner. There was a meat and vegetarian option for people to choose from. Desserts and ice creams were available. Carers went around with fruit juices and gravy. There was a buzz of conversation, making it a positive social occasion.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local authority falls prevention team demonstrating that the provider promoted people's health and well-being. Information from health and social care professionals about each person was included in their care plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required.

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 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 home was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. No one in the home had been deprived of their liberty. People who lived in the home had been assessed as having capacity to consent.

The design and layout of the service met people's needs. The garden was secure and flat which made it easily accessible. People's rooms had been personalised with their own belongings, people had their own bedding, television and internet connection. One person expressed a wish for their bedroom to be decorated in more neutral tones as the wallpaper was very busy for their liking.

Good

Is the service caring?

Our findings

We observed that people were supported by caring staff who were sensitive in manner and approach to their needs. People looked relaxed, comfortable and at ease in the company of staff. There were positive interactions between people and staff. People commented as follows, "We are allowed to get up when we want and go to bed when we want. The staff are caring", "No one has to do what they don't want" and "I have got a nice life here."

Visiting relatives said, "Everyone is so friendly and helpful" and "It is like an extended family."

The registered manager ensured people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed numerous pleasant interactions between people and staff during our visit. In the morning, we observed staff sitting with one person in the lounge. Staff were holding hands with the person and singing as the person smiled and nodded along to the tune. Later, staff noticed a person walking without their shoes on. The staff member gently encouraged the person to put some slippers on and when they refused, the staff member respected their decision and checked their socks were a good fit to avoid a slip or fall. The staff member then accompanied the person safely to their room. Staff were committed to their roles and this was reflected in their feedback to us.

Staff knew the people that they were supporting. They [Staff] knew people's names and spoke to people in a caring and affectionate way. People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to care plans. They understood the importance of respecting people's individual rights and choices.

People were involved in their care. We observed that people were supported to have as much choice and control over their lives as they wished. For example, we observed one person who decided that a particular member of staff should support them with their lunch. The member of staff respected the person's choice and supported them. People were offered choices of hot and cold drinks throughout the day. In the afternoon, staff informed people of activities taking place in another part of the home and offering people the chance to attend. People's preferences were recorded and staff were knowledgeable about these when we spoke with them. For example, one person liked to stay in their room until late morning. We found that staff knew about this and respected their wish.

People's independence was encouraged by staff. People's care plans recorded their strengths and what they were able to do so that staff could support them in a way that encouraged them to retain independence. One person was able to wash their face and attend to their oral care and another person liked to do their own make up each day. We met one person who told us that they liked setting the table and the registered manager and staff enabled them to be inclusive. The person said, "I love setting the table for lunch. It helps

me focus."

People's right to privacy and to be treated with dignity was respected. People's individuality and diversity were celebrated, respected and recognised by staff who made every effort to provide people with opportunities to celebrate and take part in a lifestyle of their choosing. People's individual needs relating to their cultural diversity were understood and met by staff. The registered manager said, "The local Vicar comes in every 4th Wednesday. Some join in and some do not and we respected that." People's care plans reflected the importance of their privacy and dignity and how this was to be supported by staff.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

Staff also helped people to stay in touch with their family and friends. For example, we observed people being visited by their relatives during the inspection. People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. A healthcare professional commented, 'Not only did Durland House staff know the residents likes and dislikes but showed care, compassion and professionalism'.

Good

Is the service responsive?

Our findings

One person said, "If something arose, I would go to the office and they [Staff] would sort it." A visiting relative said, "There are very responsive and worked well with us. When we wanted a new bed for our Mum, they sorted it out quickly."

People's initial assessment led to the development of their care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, dignity and independence. The care plans reflected people's diverse needs. For example, in one person's plan it stated that they like to attend church on Sundays. We found that this person was supported by staff to attend the church whenever they wish to and the local vicar also visited the home. Information such as whether people were able to communicate if they were experiencing pain was detailed. Care plan reviews were thorough, capturing any changes since the last review or if there had been interventions such as with health care professionals and were reviewed with people who used the service. We observed support being delivered as planned in people's care plans.

People were supported to be involved in the care and support they needed. Staff worked with people's wishes and preferences on a daily basis. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.

The registered manager had started to gather information in people's support plans about their end of life wishes. People were asked about the type of funeral they would like to have, their preferred place to be, who they would want to be with them and any other wish they may have while they still had the mental capacity to make these choices.

Staff planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the home's notice board such as music for health, a jazz singer visiting and a monthly Church service in the home. We saw staff encouraging people to take part in activities on the day of our inspection. People were offered individual support according to their needs and choices. There were activities such as cards, dominos, board games, mindful colouring and knitting in the home.

The provider had a comprehensive complaints policy that informed people how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the home. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any complaint received since Durland House registered with the commission. A guide to resolving complaints was given to relatives and people when they first moved to the home. The compliments log showed that the home had received several thank you cards/letters from relatives in the last 12 months. A visiting healthcare professional commented, 'I would just like to pass on our sincere gratitude to your care staff who were brilliant.'

Good

Is the service well-led?

Our findings

We observed people engaging with the staff and the registered manager in a relaxed and comfortable manner. One person said, "The manager is always approachable." A visiting relative comment included, "They made us feel very welcome...funny thing to say but there was lots of laughter" and, "I did not look anywhere else after I had seen Durland House even though I had appointments elsewhere."

A healthcare professional said, 'The service is well managed as far as I am aware'. We asked healthcare professionals to tell us what the service did well. One healthcare professional said, 'They provide what seems to be a clean caring and safe environment for the residents. The residents we visit seem well cared for and happy'.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run.

The management team at Durland House included the deputy manager, the registered manager and owners. The registered manager was an experienced manager who had been working in the care sector for several years and had a very proactive and enthusiastic approach to service development and improvement. Support was provided to the registered manager by the owners. There was a strong emphasis on continually striving to improve. For example, we suggested developing a user friendly personalised care plan for people to have in their rooms. This was developed and copy sent to us within 72 hours of our inspection.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy, which meant that staff could speak to them if they wished to do so, and worked as part of the team. A member of staff said, "I have learnt a lot from the manager especially about the importance of recording everything." Other staff said, "The door is always open...seems relaxed but I do notice she's always keeping an eye on us" and "Staff here are like a professional family." We observed this practice during our inspection.

The open approach by the registered manager ensured staff were kept informed about any changes to practices to enable staff to work collaboratively. Regular staff meetings took place and the minutes of these showed a range of topics were discussed to ensure the people received good quality care. Minutes of meetings had recorded where people's needs had changed. They showed staff reflected upon any changes in the level of support a person required along with the involvement of health care professionals where concerns had been identified. Meetings were also used as an opportunity to comment and influence the day to day running of the home. Changes to policies and procedures were discussed to ensure staff had up to date information. Staff were provided with feedback from visits by external stakeholders who monitored the home, and this information was used to discuss improvements required and to celebrate good practice.

The registered manager had the skills and experience to carry out their role. They kept up-to-date with changes to legislation and followed good practice guidance. They were a member of 'Diabetes UK'. This enabled Durland House to keep up to date with diabetes care. The registered manager kept staff up to date with new developments in social care. For example, the implementation of the 'Red Bag' scheme in Medway Clinical Commissioning Group (CCG). The innovative 'Red Bag' scheme is helping to provide a better hospital experience for care home residents by improving communication between care homes and hospitals. The bag contains key paperwork, medication and personal items like glasses, slippers and dentures. It is handed to the ambulance crews by carers and travels with the person to the hospital where it is then handed to the doctor. The provider worked closely with social workers, referral officers, district nurses and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

We found that the registered manager had a comprehensive quality assurance system and used these principles to critically review the home. Regular checks were carried out on the quality of the care delivered at the home. Records showed that the registered manager carried out a range of audits in areas such as medicines, risk assessments, incidents and accidents, health and safety, documentation and staff practice. They also carried out a series of audits either monthly, quarterly or as and when required to ensure that the home ran smoothly, for example relating to infection control and call bells. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission. All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents.

Where accidents or incidents occurred, staff responded appropriately. The registered manager analysed accidents and incidents as well as risks as part of the registered manager's audit. Where patterns or trends were identified, appropriate actions to reduce risks were identified and implemented by staff. The accidents and incidents records showed that staff acted appropriately to minimise the risk of the same incident occurring again. This helped to reduce a repeat of accidents and incidents. In an example, the registered manager noted that one person had fallen at least three times in one month and their risk assessment was reviewed after each fall. The registered manager met with staff and a plan was developed. Staff noted changes to the person's behaviour that increased the risk of them falling, so specialist advice from a falls practitioner was sought. Staff increased their supervision of this person to reduce the risk of further falls and recording any changes in behaviour on a behaviour chart. This showed that the registered manager had systems in place to learn lessons from, and respond to, repeated risks.

The registered manager had systems in place to receive people's feedback about the home. The registered manager had recently asked people using the service and other stakeholders to complete surveys about their experiences. The response from these showed that people were happy with the service. People said they felt safe, were happy and well cared for. Some of the comments people made in the surveys and in cards to the registered manager included, 'Thank you for caring for [X]' and 'We will always be grateful for the help and support you gave us'.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the home can be informed of our judgments. As this was Durland House first rated inspection following registration, they understood their responsibility in displaying their rating once it has been made.