

Mrs S Dell

Wentworth Lodge Residential Care Home

Inspection report

Wentworth Road
Bushbury
Wolverhampton
West Midlands
WV10 8EH

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Tel: 01902570208

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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

About the service:

Wentworth Lodge is a residential care home that was providing personal care for up to 44 people aged 65 and over. At the time of the inspection there were 43 people living in the home.

People's experience of using this service:

People who lived at the home continued to receive good care and some aspects of the support they received to establish their own routines and their activities of interest were exceptionally well managed.

Staff knew people well and were motivated to provide support that met people's needs and enabled them to take part in activities within the home and community in line with their wishes. People were supported with kindness and consideration. Staff knew how to keep people safe and had received training in safeguarding and how to reduce the risks of harm from occurring.

People received medications safely and risks to people had been assessed and managed to identify and reduce or address the impact of any known risks. People were supported to access healthcare services as needed and staff responded promptly to changes in people's health. Other aspects of safety, including fire safety and issues of personal safety, were well managed in the home. Routine checks and audits were conducted to ensure that all aspects of the service were being delivered safely as planned.

People's rights were upheld and protected and people received kind support and assistance to have choice and control over their day to day lives. People's preferences and experiences were known and staff provided personalised encouragement and enabled people to do as much as possible for themselves.

Effective monitoring systems were in place that checked if the home was well managed and delivered care that was supportive enabling people to have a good quality of life. People and staff were encouraged to provide feedback about the home and the management team were keen to consider and identify other improvements that could be made to support people and further improve their well-being.

The registered manager was aware of their responsibility to report events that occurred within the home to the CQC and other external agencies, complying with the regulations.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The service was rated Good at the last inspection (report published in January 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 exceptionally responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Wentworth Lodge Residential 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection along with an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this visit the expert's area of expertise was as a family carer of an older person who uses this type of care service.

Service and service type:

Wentworth Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we had received about the home since the last inspection in December 2015. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the home does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met and spoke with six the people living at Wentworth Lodge, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with three relatives. We spoke with two care staff, the deputy manager and the registered manager.

We reviewed a range of records in paper form and computer held records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas and one staff file. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe in the home; one person said, "The staff come in [to the person's bedroom] just to check that I'm alright. That's alright that is." Another person said, "Everything has been good, I've got no worries about anything."
- Staff had been clear about issues that could be indicative of abuse and referred to action they would take to report any concerns and keep people safe. Staff were clear about what action they would take to whistle blow if they had any concerns that issues brought to the attention of senior staff were not being responded to or acted on to keep people safe.
- Staff had received training about safeguarding and supporting people. Records detailed when staff had received training and they were provided with updates/refresher training regularly.

Assessing risk, safety monitoring and management

- People's care and support needs were known to staff who were clear about actions they would take to keep people safe, recognising that each person had different support needs. One relative spoke about support that is provided for people and said, "There is always someone in here [the lounge area] either sitting over there at the table or doing something with the residents. There is supervision."
- People's care and support needs had been used to help inform risk assessments that were comprehensive and up to date.
- When people's needs change or when additional risks had been identified the computer held records were updated and printed off so that staff had easy access to the most up to date information. Staff were informed of changes in care needs or risk at handovers between shift to ensure that ongoing safety of people was afforded priority.
- One relative spoke about support provided and advised, "They tell me what is going on... I went with [relative] to the hospital twice, once at 2am. They arranged a taxi for me which I really appreciated."

Staffing and recruitment

- People expressed different views about staffing levels in the home. One person said, "There's enough of them for what I need." Another person said, "The staff are very busy; they could do with more staff. They are always rushing around."
- Each shift was led by a senior care staff who organised allocation of duties for all staff. The deputy manager and registered manager provided on-call support to the home.
- We found that there were enough staff rostered to be on duty to meet people's needs. In addition to care staff there were ancillary support staff undertaking cleaning and laundry duties as well as staff undertaking catering tasks. A visiting professional advised that there were always enough staff around when they called to the home, and commented that planned care was always undertaken.

- The provider had processes in place for the safe recruitment of staff with references and criminal record checks carried out before staff commenced working in the home. These steps helped to ensure that staff were of good character. Records and checks for staff were well documented from recruitment through to all aspects of training.
- The registered manager advised that all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

Using medicines safely

- People received their medicines on time and in a safe way. Staff had been specifically trained to administer medication followed the provider's processes. Audits were undertaken regularly of all medication held in the home and the administration records were also checked by a named senior staff member. Any issues identified were then reported and acted on, which included additional training for staff if this was deemed to be an issue.
- The administration of medication was undertaken in an orderly and safe manner. The storage of medication was safely and securely managed by staff who were clear and confident about what they were doing. Records were maintained appropriately and administration was signed for when people had received their medication.
- People receiving medication were familiar with the routine in place. One person said, "The young man does my medicine. I am happy with that." Another person said, "I have some medicines, a little bit. They are spot on about that sort of thing."
- Some people had been prescribed medication to be taken 'as required' and there were written protocols in place so that staff would be consistent following the agreements and indicators about when people would receive such medication.

Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms. One visitor said, "The home is clean and tidy. [Relative name] is always dressed nicely." Another visitor said, "It's always clean."
- Staff told us that they had received training in how to reduce the risk of the spread of infection.
- The kitchen was very clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place in June 2017 and the rating awarded was the very good (with highest level 5 awarded).
- The main entrance into the home had a hand gel dispenser which all people were invited to use to help manage infection. The use of the hand get sanitiser was monitored each month and figures were displayed about what percentage of people entering the home had used the hand gel. The information about usage was used to demonstrate both adherence to the homes policy and to encourage people to comply and play a part in controlling infection within the home.

Learning lessons when things go wrong

- The registered manager had a detailed system in place to capture and reflect on issues or events in the home. They undertook analysis after any incident or near miss to identify if there was any improvement or change that needed to be made to reduce the risk of the incident happening again.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed prior to admission into the home and was ongoing after admission.
- People were involved and consulted with in agreeing and reviewing care plans commensurate with their abilities. The plans had been reviewed regularly and updated as needs to ensure that people received consistent care from all staff. Some relatives were involved in agreeing care plans when people using the service were unable to be involved. The care plans were in written format and were explained verbally to people who were unable to read.
- A designated staff member was involved in undertaking the assessments with the deputy manager drafted all the initial care plans. Care plans were based on people's known needs and the lead staff member then ensured that the computer held plan was also made available for staff in a paper form too so that it was easy for all staff to be knowledgeable about any new person living in the home, or when a person had changed support needs.
- Reviews were undertaken regularly to see whether the identified care and support provided was suitable and meeting each person's needs.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Staff spoke positively about the training they received to equip them to deliver good care. Staff commented favourably about the training; one staff member said, "Good training is provided here, often in person not just on computer. . . At least once a month there is some training."
- Many of the care staff had worked at the home for a long time and were experienced in supporting people. A professional commented that they had found staff to be experienced in how they responded to people's needs.
- The system in place to monitor and check that staff undertook updates and refresher training was structured and well organised ensuring that no training was missed by staff. The registered manager was provided with up-to-date information on a regular basis about the training profile of the care staff team as well as the specific details. Staff received regular supervision sessions and had opportunities to attend regular staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- We received a number of positive comments from people about the meals they were served which they

enjoyed. One person said, "The food is always lovely. It makes my mouth water." Another person said, "The food is nice ... you can't please everybody but I'm happy."

- When the lunch time meal was being served, two different meals were being served; the food looked appetising and portions were good sized and varied according to the wishes of people receiving their meals. One person advised, "I get choices, it's smashing." Another person said, "You get a choice of food, our dinner is just coming up. I have just gone for the one [choice] I like. I cannot fault it. I like all the puddings."
- Some people chose to have their meal whilst seated at the dining tables and other people had their meals served to them whilst they remained seated in easy chairs in the lounge. Staff knew people's dietary likes and preferences about where they ate their meals.
- Some people were supported to eat their meal and that this was well managed so that people ate their full meal.
- Some people needed the consistency of their food altered so that they could eat it without the risk of choking. Referrals were made by staff to appropriate healthcare professionals when such risks were suspected or known. Some people were provided with aids such as plate guards to help them maintain independence when eating.
- Staff demonstrated skill and respect when they assisted some people who were confused enabling them to fully enjoy their meal with the minimum of assistance.
- People were supported to drink often throughout the day. Hot drinks were provided regularly and in addition there were always cold drinks available. We received several positive comments from people about the availability and timeliness of drinks being served to them. One person said, "I am up at 7am and have a cup of tea, then I eat at 8am." Another person said, "I get a cup of tea straight away for me. I get plenty to drink. I get choices it's smashing."
- There was a set menu used in the home with alternatives always available. Whilst most people ate well, when people were not eating and drinking enough to maintain good health additional records were maintained to help monitor the person's food and drink. Encouragement was provided to people in respect of food and drink consumed.
- People who were at risk from not eating enough to maintain good health were provided with additional support from staff who checked their weight and made referrals as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by the staff to receive consistent support through good communication with external agencies and professionals. One relative said, "The doctor has been in lots of times. [Relative] has lots of chest infections... They [the staff] have not neglected [name] and they check on everything."
- People's healthcare needs were known and well supported, with clear records and care plans in place. Plans were agreed with other agencies, when appropriate, to ensure that long term issues or plans were fully considered. A visiting healthcare professional advised that staff responded well to people's needs and said, "They do keep a watch on people who are unwell." They further advised that treatment plans were followed by staff and that staff alerted them if they were concerned about anyone. The healthcare professional added that they could raise issues directly with the care staff if they were concerned as well as with the management.
- People said they saw their doctors when they needed to. Staff advised that they had a good working relationship with people's GPs. One person said, "I have seen the dentist once and the optician. I will probably need to see him again." Another person spoke about their healthcare needs and said, "The mental health team come in to see me."
- All aspects of people's healthcare needs were considered and responded to, with plans in place for regular check-ups. One relative advised, "They are getting the dentists in to get [name] new teeth. They lost so much weight in the hospital that their dentures no longer fit." Another visitor said, "[Relative] has her hair done and

the chiropodist comes in to do her feet."

Adapting service, design, decoration to meet people's needs

- Some people's rooms had been personalised with their own belongings, some people had items which reflected their personal interests or hobbies. One person said, "I've got my own furniture here, but the telly isn't mine. That was here already." Eighteen of the bedrooms had en-suite facilities with shared toilet and bathing facilities located close to the other rooms that did not have their own facilities. Some people commented positively about the premises. One person said, "The room [their bedroom] is ample for me. I am over the moon with the furniture." Another person said, "It's lovely here. I like everything."
- The communal lounge/dining rooms were tidy and homely. People made full use of the five lounge areas and toilets were located close to the communal areas of the home. Each lounge/dining area had a small open plan kitchenette where drinks were readily available and freshly prepared.
- A lift provided easy access to bedrooms on the first floor. People used the lift on their own if they wished to maintain their independence although staff assistance was available and offered for those less sure of moving around without support. One person commented on the support provided and said, "I can't go upstairs in the lift without a carer. It is safer with a carer."
- The registered manager advised that repairs and ongoing maintenance tasks were carried out promptly when needed. There was a rolling programme of redecoration and refurbishment in place and details were provided of the plans in place for the foreseeable future. The recent refurbishment of the home had included fitting ceiling speakers in two of the lounges. In addition to improving the people's enjoyment of television and music, the speakers had helped people hear the music when entertainers visited.
- There were CCTV cameras installed throughout the lounges and corridor areas of the home. They were monitored from a few points in the home and could be remotely accessed by the registered manager and deputy manager. No cameras were located in places that would compromise the privacy or dignity of people using the service. There were signs on display to advise visitors and people using the service of the cameras being used. The registered manager advised that the cameras were not used as a substitute for staffing but had proved very useful in reviewing when people had fallen to check what had happened and apply any lessons to avoid repeated falls where possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 home was working within the principles of the MCA and with any specific conditions in place. We found that the staff were working in line with principles and with what had been agreed.
- Staff had received training specifically related to MCA and DoLS. Staff supported people when needed by talking through decisions they had made. Staff told us about how they supported people to make choices and have as much control as possible over all aspects of their lives and they referred to helping people before making any best interests decisions for them. Staff consulted with others involved including relatives to provide supportive information around making a best interests decision.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- The staff were caring and kind and understood what was important to people. People were afforded respect and were informed or reminded about plans that had been made for the day.
- People engaged and chatted with staff often throughout the day and staff spent time with people in the communal areas of the home engaging in conversations, some table top activities and singing.
- Many of the people using the service had relatives who were actively involved in providing support. However, some people had no relatives close at hand and the home ensured that a specific overview of people's well-being and health care was provided by named staff in the home. Each person had an allocated keyworker who, in addition to input from other staff, maintained an overview of each named person's preferences and activities. They took additional responsibility to check on people's clothing and belongings to help identify when people needed new clothing or toiletries for example. The key workers contributed to the regular reviews of care.

Supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in light hearted jokes with them. Reviews of care were written up after the meetings and any changes were made to care plans in line with what had been agreed.
- People were supported by staff who knew them and could provide continuity of care and knew how people wanted to be supported. No agency or temporary staff were used in the home. Periods of sickness or absence amongst staff were covered by other staff in the home.
- Staff encouraged people to share their views and opinions about how they were supported and people were encouraged to express their views at reviews and through daily interactions.
- People made decisions about their routines and lifestyles. For example, people determined their own routines including times when they wanted to go to bed and when they wanted to get up. One person said, "I like the staff, the carers are very good. They help you when you get up in the morning and they put you to bed. I usually go to bed at 8pm and sometimes I get up at 6am." Another person said, "I stay up late until 11pm or 11.30pm. When I stay up late they always ask if I want some supper... I need prompting getting up and to have a shower."
- Records showed relatives were also involved in discussing and planning people's care when this had been agreed by the person living in the home.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's privacy and dignity. Support with personal care was well managed by staff who discreetly prompted people to accompany them when it was clear to staff that they needed some assistance.

- Visitors spoke about the kindness and support provided to them by staff when the person using the service was ill or becoming frail. One visitor spoke about staff encouraging independence in people and said, "I am happy with the girls [care staff] because they were vigilant. They were right, both time the girls had said that with time and effort she will get up. Two of them help her. The staff are good."
- Staff encouraged people to be as independent as possible and supported people who wanted only little support and assistance.
- Staff were aware of people's cultural backgrounds and beliefs. The home had experience of producing the Statement of Purpose in a community language for a person who had used the service and advised they whilst there was no one currently using the service who needed any documentation translated into a community language or into a braille document they would be able to do this again should it be needed.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person has an individual well-structured set of care plans that covered all aspects of their care and daily lives. Reviews of the care and support needs were undertaken regularly. The care plans were thorough and had been agreed with the person. Relatives commented positively about the support provided by staff to meet people's needs and provide a quality of life that they enjoyed. One relative spoke at length about the support that was provided and commented, "It makes me happy knowing [relative] is here and he is not being neglected, he is being cared for. The staff are nice to him, they sing to him and they put a smile of his face." Another relative said, "I am very pleased with the home, the care is very good. I am very happy with care and support."

- People shared details of what they liked to do during the day and confirmed what they did and how they were supported by the staff. One person who liked to have all support provided in their room said, "I spend the day watching television. The films start at 11am and I also like to listen to the radio. I like to go downstairs to see the singer but otherwise like to stay up here." Another person said, "We make our own enjoyment, we are always singing about something. Its great fun when we get going, we do more laughing than anything." One person added, "I watch TV. I do crosswords and 1000-piece jigsaws. I enjoy what goes on."

- The home provided some organised activities within the home. One person spoke about the variety of things liked to do. They said, "They had a singing team here they were great." People were supported to make use of the hairdressing room in the home when the visiting hairdresser attended and some people chose to go out to different hairdressers. The registered manager advised that they were exploring the possibility of installing a 'barbers pole' for use outside the hairdressing room on the afternoon each week when male residents went to the hairdressing room have their hair cut. A weekly manicurist visited the home and some people made use of this service.

- Regular activities that took place in the home included sing-a-long sessions and a weekly film club. The registered manager spoke of plans underway to increase the range of small scale or individual activities for people to enjoy. Additional individual support was provided weekly in the home when a reflexology practitioner visited to provide support to 10 people on a one to one basis. Some people commented positively about the registered managers dogs who were brought into the home on occasions for people to pet and interact with.

- There were a few reminiscence boxes available in the home and the registered manager advised of actions they had initiated by contacting relatives about people's personal history. The registered manager advised that the aim was to have a personalised memory box in place for many of the people who would enjoy the opportunity to reflect and recall old memories personal to them.

- The deputy manager advised that there was a programme of activities planned for the year which included external entertainers booked to attend and included trips and holidays that had been organised with some people. A folder of activities that people had participated in, both within and outside the home, was

maintained for people to look through and reflect on.

- The registered manager referred to table top activities that were organised from time to time depending upon interest amongst people living in the home and these included: card making, cake making and making seasonal decorations such as Easter Bonnets or Christmas decorations. Although many of the people found that enough activities were available some people said that they would like more activities in the home that they would enjoy.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People were clear about who they would talk to if they had any concerns and specifically referred to speaking with the deputy or registered manager if they had any concerns. Both the registered manager and the deputy were known by all people in the home. One person said, "[Registered manager] is very nice, she is very good. I would go to her if I had any complaints". Another person said, "If I wasn't happy I would speak to [deputy name]. She listens to me." One person said, "I haven't got any problems ... If it's something small, I'd speak to one of the staff."

- The registered manager had a system in place to review any concerns or complaints and was clear about how analysis would be undertaken in respect of any complaint received. In such circumstances the person raising the complaint would be advised of action being taken and would then be informed of the outcome or findings.

- When the registered manager became aware of any aspect of the home that failed to meet a person's expectation, even though they had not complained, there was evidence of a proactive stance and steps being taken. The registered manager reviewed and analysed the issue to determine if there was anything that should have been or could be done to address it or prevent it happening again.

End of life care and support

- At the time of admission and at reviews the registered manager and deputy gave people the opportunity to discuss their end-of-life wishes and these were recorded in their care plans. At the time of the inspection no one was receiving end of life support.

- All staff had received some training in end of life care, with some staff also having completed higher level training in palliative care. Staff helped people through the provision of end-of-life care and understood the stages people went through when they were reaching the end of their lives. The home had retained thank you cards and messages from families who had been supported by the home when their relative living in the home had died.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they were happy with the home.
- Staff understood their duty to provide personalised care based on their training and the homes vision and values.
- The registered manager and deputy manager promoted transparency and honesty. Relatives knew who the registered manager and deputy manager were and said they could approach either with any issues and they would be listened to.
- The registered manager spoke of plans they had to further improve communication in the home between people living in the home, visitors and staff, advising that consideration was being given to introducing a newsletter to keep everyone up to date.
- The registered manager spoke about an internal award system that had been introduced, called 'Cheers for Peers'. This internal scheme enabled staff to nominate a colleague who they felt had supported them well or had undertaken their work in a particularly outstanding manner. A staff member who had been a recipient of the award referred to how it had made them feel valued by their colleagues even though they had viewed what they did as just part of their job.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff spoke highly of the registered manager and deputy and commented that they could always approach them to raise any issues or queries. A member of staff commented, "The management team are approachable."
- Quality assurance checks were being undertaken regularly and staff and people spoke highly of the registered manager and deputy manager commenting on their commitment and approachable natures. Staff had regular supervision meetings and staff meetings were held every three months with an agenda shared in advance.
- Staff felt they were well trained and supported which in turn helped the people they cared for.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level. They said that when they had issues they could raise them and be listened to. All staff said they questioned practice if they had any concerns and were aware of the safeguarding and whistleblowing procedures.
- Regular checks and audits were undertaken of the systems and records in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.

- Notifications were shared with us as expected, so that we could see how any issues had been dealt with. We found that the previous inspection rating was displayed as required. The website for the home displayed information about the rating as required and had a direct link to the CQC website to access the report. When a statement on the website which could have been misleading was discussed with the registered manager they agreed and before the inspection visit concluded the statement had been changed on the website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives made very positive comments about the staff indicating that they worked well to provide the level of care needed and involved them in discussions and plans. Relatives said that they were always welcomed into the home.
- The registered manager sent out annual questionnaires to people, relatives and staff to gather their feedback on the home. Records showed the results of these questionnaires were analysed and action taken, where necessary, to make improvements. The analysis of findings were shared within the home together with details of any action that was being taken. The registered manager advised that consideration was being given to improving the way analysis was presented to people and visitors to increase transparency about feedback and resulting actions.
- The registered manager involved staff in developing areas of the home. In addition to monitoring the quality of core areas of care, the registered manager had implemented several complementary monitoring systems to ensure that all aspects of the home were safe and compliant with the regulations. There were two assistant managers in the home and each had specific responsibilities for different areas of the home and business. The registered manager maintained oversight of all these areas of the business.

Continuous learning and improving care

- The staff team were motivated and keen to develop and learn. The registered manager made reference to developing plans for care staff to become knowledgeable and proficient in accessing and using computer held records, but advised that the two systems would be used until this level of proficiency was achieved.
- Staff advised that they were supported by the range of training that was organised and were helped secure training on any relevant topic they were interested in.
- Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and other nationally recognised training.
- To maintain their knowledge on issues and developments in the field of care the registered manager and deputy advised that they maintained links with or were members of a few organisations including MIND, Dementia Friends, LGBT Silver Rainbow and West Midlands Consortium of Care Home Providers.
- Staff referred to some of the experiential training that had happened in the home aimed at helping people to appreciate some of the issues people experienced daily. Staff had found the training enabling and it had included practical aspects such as experiencing being moved in a hoist.

Working in partnership with others

- The home worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to.
- The home also worked well in partnership with providers of venues that were visited by people using the service for trips out and for social events. An example of this was the work undertaken to arrange a short holiday for people using the service with support provided by staff. The registered manager and deputy made arrangements with the hotel provider and the transport company to ensure that there were specific aids and adaptations available in both the accommodation and transport to be used. Forward planning in respect of venues they intended to visit as part of the short break was also undertaken to help keep people safe and meet their needs.

