

Mayfield Fellowship

Mayfield Court

Inspection report

Mayfield Court
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Ratings

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

Summary of findings

Overall summary

The inspection was carried out on 4 and 7 February 2019. The first day of the inspection was unannounced.

Mayfield Court 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

The home is registered to provide support for up to 35 people. At the time of our inspection 35 people were living there. The home provides support for people who have a physical disability. Some of the people living there also have additional needs for support due to a learning disability or the fact they are living with dementia.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Everybody we spoke with was complimentary about the service provided at Mayfield telling us they believed it to be exceptional. Comments we received from people living at the home included, "It's the best place to live," "Best place ever" and "I love it. I've got my freedom, space, independence but can be around everyone. The best of both worlds. 24-hour care for me but I can be left alone [if I want]." Relatives were similarly complimentary about the service provided. Their comments included, "Mayfield is second to none," and "It's her home, she is comfortable here."

Mayfield Court was exceptional at putting people who lived there at the heart of everything they did and recognising that this was people's home and actively enabling and supporting people to make their own choices and decisions. This included regularly seeking people's opinions formally and informally. This enabled people to take control of their lives and ensure staff delivered their support in partnership with people. Their innovative approach included a well-established residents meeting led by a committee of people who lived at the home. Committees for gardening and decorating were also set up by people living at the home. The registered manager had established procedures for listening to people's views and acting on them. She provided formal feedback to residents committees and ensured people were kept up to date within information about the running of their home. As a result of this people all had confidence in the staff team and confidence that they could live the lifestyle of their choosing and make their own decisions.

People felt safe living at Mayfield Court and were very confident to approach any member of staff or the registered manager to discuss any concerns they had. Concerns were taken seriously, thoroughly investigated and the outcome was always shared with people.

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. Where people needed support to express their views or make decisions the service was pro-active at seeking advocacy and support for them.

People living, working and visiting the home had confidence in and felt supported by the registered manager and management team. The management team were a visible presence throughout the home and people felt comfortable approaching senior staff.

There was a culture of learning imbedded in the home. New guidance, ideas and research were discussed with staff and people living there and a 'can do' attitude was taken to implementing new ideas if they would benefit people's lives.

The building and equipment within the home were safe and regularly health and safety checks were carried out.

People received the support they needed with their physical and mental health, medication and leading their lives. Staff worked in partnership with people to manage their health. This included providing the equipment and support people needed and making sure people were aware of anything that could adversely affect their health. They then discussed this with people and supported the person to make a decision as to what actions they wished to take.

Staff received training and support to enable them to carry out their role effectively. This was evident in the knowledge staff had and their approach to the support they provided. They were clear in their role of working within people's own home and had a very person-centred approach to the support they provided. People had confidence in staff and told us they enjoyed the company of staff.

Further information is in the detailed findings below.

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 remains good in the safe domain.

Good ●

Is the service effective?

The service remains outstanding in the effective domain.

Outstanding ☆

Is the service caring?

The service has improved to outstanding in the caring domain.

Outstanding ☆

Is the service responsive?

The service remains good in the responsive domain.

Good ●

Is the service well-led?

The service remains outstanding in the well-led domain.

Outstanding ☆

Mayfield Court

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.

The inspection was carried out on 4 and 7 February 2019. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the provider. This also included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority to ask them to share any relevant information they held about the home.

During the inspection we looked around the premises and met with many of the people living at the home. We held a meeting with eight people living there and spoke individually with ten people, two of whom had also attended our meeting. This included meeting with the chair and secretary of the Residents Committee. We spoke with relatives of four of the people living at the home and with 16 members of staff who held different roles within the home. We also met with four of the trustees of the home.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance of the service.

Is the service safe?

Our findings

People living at Mayfield Court told us they felt safe living there. Everyone we spoke with told us they would feel very confident approaching staff to talk about any concerns they had. One relative told us about a safeguarding concern that had arisen. They explained that this had been dealt with swiftly, in the right way and lessons were learnt and acted upon.

Safeguarding was regularly discussed at staff and 'resident's meetings' and information was available on notice boards within the home. There were robust policies in place that staff followed to identify any risks or safeguarding concerns. Staff received regular safeguarding training and told us they felt confident to raise any concerns they had.

A pro-active approach was used towards the management of risks to people. This included risk assessing future events such as holidays, and risk assessing ways to minimise risk to people when pre-planned work was carried out at the home. Staff read and acted on national safety alerts. Recent examples of this had included responding to alerts by introducing risk assessments for the use of emollient creams and re-looking at the use of bed rails. Individual risks for people were discussed with them and action to minimise the risk was recorded within their care plan. People told us that staff discussed risks with them, offered advice and listened to their decisions.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, equipment, fire system, small electrical appliances and gas. A notice board in the foyer provided information on who was the fire warden and first aider that day. An emergency plan was in place with a copy accessible for use in an emergency.

All areas of the home were clean and tidy. We spoke with the housekeeping team who clearly took pride in looking after the premises for people. Systems were in place throughout the home to minimise the risk of cross infection and we saw that these were followed by staff.

We looked at how people's medication was ordered, stored, recorded and administered. Everyone had a medication cabinet in their room for the medications they used. In addition, a locked medication storage room was available for additional stock. People told us that they received their medication on time and they were supported to manage their own medication wherever possible.

We compared a sample of medication stock against records and found one incident where this did not tally. This was later found to be a recording error whereby medication had not been recorded when carried from the previous month. We also found that when people were not taking their medication either because it was not needed or had been stopped the reason was not consistently recorded. We discussed this with the registered manager. By the second day of the inspection she had held a meeting with staff, carried out investigations to establish the reasons and put risks assessments and guidance for staff in place to improve practices.

Medication was stored safely and we saw that where it was given via another route such as a PEG this was clearly recorded and permission obtained from the person's GP.

People told us that there were always enough staff available to meet their needs. During the two days of our inspection we saw that there were sufficient staff available to provide people with the support they needed including spending time engaging in activities with people, as well as meeting their support needs. The registered manager regularly reviewed staffing levels within the home and made improvements if needed. For example, she had prepared a paper for the board to discuss having senior management cover available over weekends as well as during the week.

We looked at recruitment records for four new members of staff. These showed that staff had undergone an interview process and checks including a Disclosure and Barring Service check, references and identification had been carried out. These recruitment processes helped to ensure staff were suitable to work with people who may be vulnerable.

People living at the home were heavily involved in the recruitment process. They explained to us that people had two interviews, one with senior staff and one with people living there. Records of these interviews demonstrated that people had the opportunity to ask potential recruits meaningful questions. People told us their views were taken into account with one person explaining, "[registered manager] always listens to us."

There was a culture of learning within the home and using this to improve practice. This included assessing any accidents or incidents and carrying out risk assessments to minimise them occurring again. Senior staff also analysed learning from training, external sources and safety alerts to establish if this applied to Mayfield Court and how it could be implemented to ensure the service was safe.

Is the service effective?

Our findings

People had trust in the staff team and were confident their views and opinions were at the forefront of decision making at the home. They said staff were knowledgeable about how to meet their needs and promote their independence. Comments from people living there included, "Staff are definitely trained, always going on updates," "Patient and kind," and "They are the best, they treat us with respect and dignity." Comments from relatives included, "Staff are well trained," and "Staff are highly trained." It was noticeable that everyone we spoke with said staff were skilled at communicating with people and we observed this during our inspection.

People were fully involved in choosing the decor of their bedroom and the wider building. Decisions about the wider building were made by decorating and gardening committees led by people living there. Their ongoing work had included choosing colour schemes and furniture for the lounge areas and making improvements to the garden. This meant people living there led the way in ensuring their home met their needs and preferences and their bedrooms reflected their personality as well as promoting their independence and meeting their needs.

After the first day of our inspection the registered manager met with staff and people living there and provided feedback, together they compiled an action plan on areas that could be improved. This included changes to the dining arrangements, use of a lounge and training for staff. People living there and staff knew about and were able to discuss the proposed changes. On the second day of the inspection one of the people living there explained the proposed changes would cater for everyone, including people who needed more support and would hopefully make the dining experience more relaxed for those who wanted this. This dynamic and flexible approach was an example of how people living at Mayfield Court were at the centre of decision making and the needs of everyone living there were considered. It demonstrated the open and transparent relationship the registered manager had with people in that they were always fully informed about how their home was operating. It was evident in meeting people living at the home that they had confidence in their opinions and as much autonomy as possible over their own lives.

The registered manager was effective at working in partnership with people and enabling them to take a leading role in how their home operated and was equipped. Before changes were made to the building or equipment they were discussed with people. A discussion had recently taken place as to whether a low-level access button or a more modern sensor should be used to open a lounge door. People decided they favoured a button as they felt this would be safer and less intrusive. People also told us that plans were in place to look into changing an accessible vehicle. These were further examples of the ways in which people's views were at the forefront of all decisions made within the home.

Research and training was used at Mayfield Court to continually benefit people living there. Staff in all roles learnt from their training and were motivated to continually improve the service they provided. For example, the chef had attended additional courses on nutrition. Learning from this was shared with other staff and had changed the way they prepared meals to benefit people living there. This included replacing their working blender with a specialist blender that would improve the texture and nutrition of meals further for

people who required their meals blending. Meals that needed blending were a part of the day's choices, this meant everyone had a choice of meals and a variety of meals available for them. Such meals were prepared freshly and with care so that they looked inviting on the plate and people could experience the different tastes.

The registered manager was pro-active at identifying training and using it to improve the quality of the service people received. People living at the home were represented and at the forefront of recruiting and training staff to shape the support they received. One of the people living there explained they were part of the induction process for new staff, talking to them about dignity issues and their disability. Staff told us this was invaluable as it supported the ethos of the home of putting people at the forefront of everything they do. Staff told us they were encouraged to undertake training that would improve their knowledge of how to support people effectively and regularly discussed their training needs with senior staff. Staff received training and support to carry out their role to a high standard and to the standard people living there expected. Staff held or were undertaking national qualifications in care and had undertaken training in a wide variety of areas. Further training was actively sought in areas relating to people's individual needs. The impact of this was evident as staff were knowledgeable about people, had a very person-centred approach when talking with or about people and when supporting them.

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 and found that they were.

People's capacity to understand and make decisions had been assessed. Where the person had been assessed as lacking the ability to make an important decision such as taking their medication or living in a care home then a 'best interest' decision had been made, recording the reasons why the decision had been made for the person. DoLS applications had been made to the relevant authorities for people who were assessed as requiring the protection a DoLS could offer them.

People were enabled to be self-sufficient in making decisions for themselves and these were respected. One person told us that they relied on staff to monitor the condition of their skin, staff informed them of how their pressure areas looked each day. The person explained it was then their decision as to what they chose to do. Staff had a clear understanding of people's right to make decisions for themselves and their role in providing support and advice if needed but respecting people's autonomy and making as many decisions as possible for themselves. For example, senior staff had supported people to have outside advocacy if their views conflicted with that of staff or their relatives.

People said staff always worked in partnership with them to monitor their mental and physical health. One person told us that they had recently been unwell with their mental and physical health. They told us that they always had staff support with their health and staff always respected their right to privacy and to manage their own healthcare if they wished to do so. They gave us an example of how staff had advocated on their behalf and supported them to seek further medical advice from consultants. Another person told us

"staff notice a health problem. They get the GP, district nurse. You can rely on staff to spot issues." Relatives agreed with this, one said "They are on the ball with personal and health care."

A visiting health professional told us that staff worked well with them and added staff were confident, skilled communicators with the people living there. A second health professional reiterated this adding that staff knew people well and were good at monitoring people's health. Care records confirmed that people received support to make and attend appointments with health professionals including the GP, district nurse, hospital appointments and appointments for regular health checks.

Prior to people moving into the home a member of staff met with them and with people relevant to them and carried out an assessment of their needs and preferences. People were encouraged to visit the home and meet people prior to making a decision. Staff worked with people, their families and outside professionals to plan how to meet people's care needs and obtain advice and additional training if needed. We spoke to two professionals visiting a person with complex needs, and they told us staff were supportive, actively sought training to enable them to be effective in helping people, were skilled at communicating with the person and knew them well.

A number of people had facilities within their room to make drinks or snacks. This included people who were not able to carry out these tasks themselves. A relative explained they could make drinks in their relative's room and said this helped to facilitate family visits as they could choose whether to spend time in shared areas or have a private visit as they or the person preferred. This increased the opportunities people had to be as independent as possible in their daily lives.

The building was accessible for people using mobility aids and designed in way that promoted independence. This included lower, open wardrobes people could reach and low-level access buttons to external and bedroom doors.

Is the service caring?

Our findings

At our last inspection in 2016, the key question Caring was rated as good. At this inspection, we found the service had continued to develop therefore, the rating has improved to outstanding.

People living at Mayfield Court were central to decision making and meaningfully consulted with about how their support was provided and how and their home operated. People living there and relatives knew about their care plan and were regularly consulted about their individual care (or that of their relative.) We were given many examples of how people's opinions were obtained and listened to. This ranged from discussing decor to appointing and training staff. Individually people told us that staff discussed issues such as their health with them, supported them to get external advice and enabled them to take as much control over how they dealt with personal issues as possible.

People told us that there was a family atmosphere at Mayfield Court which they appreciated. One of the people living there told us, "This place is like having a family." A relative commented, "They are not just [relative's] family, they are ours as well."

People told us that staff consistently respected their right to make decisions and choices for themselves. Comments we received from people living at Mayfield Court included, "They give advice. I make the decisions." "We are able to do what we want. They give you advice they don't pester you," and "I do what I want."

The home continually sought ways to ensure people's dignity was respected and promoted. Since our last inspection they had appointed two dignity champions to whose role was to promote supporting people with dignity and look at ways this could be continually improved. One of the champions living at the home and told us. "We do questionnaires, ask others what is dignity? What is care? We ask do staff knock?"

Other recent improvements had included a person living at the home talking to staff as part of their induction about their experience of receiving support and on-going monitoring and improvements in the way staff referred to supporting people. Staff had a very person-centred approach to supporting people, they were very aware that Mayfield Court was people's home and it was their role to promote people's choice and independence. One member of staff told us they had been interviewed for their job by people who lived there and explained, "That's one of the reasons I went for the job, it's our workplace, their home." This was another example of the innovative ways the home worked in partnership with people to continually ensure their views were at the heart of everything that happened in their home.

The service is exceptional at helping people to express their views. Monthly 'resident's meetings' had been held at Mayfield Court. These were formally arranged with people living at the home having roles as chair and secretary of the committee. The registered manager prioritised these meetings and records showed she prepared for them and provided information and updates on previous meetings. People living there told us that these meetings were meaningful and used to discuss future changes and improvements within the home, as a way to formally share their views and receive information about what was happening within their

home. Prior to the meeting the chair sought the views of people who did not like to attend and their relatives. This meant that everyone living at the home had the opportunity to have their views listened to and acted upon. It was evident in talking to people living there that they very much considered they were a partnership with the registered manager and staff in continually improving the service the home provided to them.

People told us that staff were consistently kind, caring and respectful. One person explained "Staff treat us with respect and dignity." A relative told us, "I am kept in the loop. Staff, all staff have gone out of their way to reassure and update us. The kindness and attention to [relative] and us I cannot speak highly enough."

Staff spoke warmly about people and knew people as individuals and the life people liked to live. They spent time interacting with people socially as well as meeting their care needs. Staff were enthusiastic about supporting people in all areas of their lives and explained they enjoyed going on arranged outings with people as they enjoyed supporting people with new or different experiences. This was consistent throughout the staff team. The housekeeping team told us, "We treat it like our own home – look after it." Chefs were enthusiastic about making meals as nutritious and appealing as possible and improving the dining experience.

We spoke with people living at the home, relatives and visiting professionals and they all told us that staff were skilled at communicating with and understanding people including people who did not communicate verbally or whose speech could be difficult to understand. One relative told us, "Their understanding of residents is second to none. They are skilled communicators." We observed that staff used different approaches naturally when talking with people. Some people needed time to answer and staff to use simple language, other people liked more through explanations or discussions. Staff used these different approaches consistently depending on who they were interacting with.

Information about advocacy services was available throughout the home. We saw that staff worked in partnership with people's representatives and made referrals if needed.

Staff received training in equality and diversity and understood how to support people with potential issues around these areas. We were given examples of how they supported people to live their chosen lifestyle whilst promoting their right to privacy.

Is the service responsive?

Our findings

People told us that staff were responsive to their requests for support and help. One person said, "Marvellous, on the ball. A few little niggles but they do listen, [they are] responsive if I ask." A second person told us "Staff come if you use the call bell. You can have a bath or shower every day if you want."

During the inspection we saw that staff responded quickly to people's requests for support. We also found that long term support people required was followed up. For example, if people needed external support or training was required senior staff actioned this and followed up when needed.

Individual care plans were in place for people living at Mayfield Court. People had a copy of their plan in their room and everyone we spoke with knew about their plan and said staff had discussed it with them. Plans contained information about the person, the support they needed and how to provide this. Throughout the inspection we saw that staff followed this guidance. We looked at one person's plan that listed the equipment they needed to stay safe. We met with the person and saw that staff had ensured all this equipment was in use.

The majority of plans we read were clear and very detailed. In some areas plans did not contain all the information staff knew and followed, for example about communicating with people or decision making. We discussed this with the registered manager who agreed to review this further.

People told us they were able to take part in a number of activities arranged by the home. This had included holidays abroad and trips to the theatre as well as everyday activities such as eating out and shopping. One person told us their religion was important to them. They explained staff had supported them to go to a local chapel and they also had communion regularly at the home.

Activities also took place at the home with one person explaining, "They have a quiz. I like to join in," and another person telling us, "I like Karaoke." During our inspection we saw people taking part in a quiz and a board game in the lounge. Staff were sitting with people and there was a lively engaging atmosphere as people competed.

The home had three accessible mini-buses to help people get out and about. Relatives of people living at Mayfield Court were able to use one of these vehicles to go out with their relative provided they had the appropriate driving documents.

Information was made accessible to people in different ways depending on their communication style. Information was given to people verbally and in writing via notice boards and meetings. In addition, picture boards were used for example of the days menus to assist people's understanding.

People were continually supported to make choices for themselves. People living there and relatives told us that staff listened to them and respected their decisions and choices. The registered manager was focused on ensuring people's rights to make choices was central to the support provided. Where there was a conflict

between the person's opinion and that of others external professional input and support was obtained for the person.

People told us that they knew how to raise concerns or complaints and felt confident to do so. One person explained, "We have got complaints forms. I never used one. I would tell staff." A relative told us "Without a doubt" they would feel comfortable raising a concern.

A copy of the complaints procedure was available to people living at the home and any visitors, this provided information on how to raise a complaint and how it would be investigated. Any complaints received were listened to, thoroughly investigated and if needed action was taken. The person raising the complaint was kept informed of the outcome.

Nobody living at Mayfield Court was currently receiving end of life care. A policy was in place which stated people would be supported to remain at the home if possible and if they wished. Staff had previously provided this support for individuals.

Is the service well-led?

Our findings

Mayfield House had a registered manager who has been in post for approximately 18 years. 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.

There was a clear management structure within the home and clear lines of accountability. The registered manager explained that along with the board of trustees they spent time planning for the future including future management of the home. A system had been introduced whereby internal promotion was encouraged and staff were financially rewarded for taking on extra responsibilities. An 'employee of the month' scheme was operated, staff were voted for by people living at the home and received both recognition and a financial reward to acknowledge their work. One of the people living there explained, "We vote if they are very good at their job." This was another example of the way in which the registered manager enabled people to be as involved as possible in running their home. The registered manager told us that she felt very well supported by trustees. Staff and people living at Mayfield Court all told us they felt very well supported by the registered manager and management team.

Everyone we spoke with was positive about the registered manager and management team. One of the people living there told us, "Managers here are absolutely brilliant. If I didn't have the care and support I wouldn't have got this far." A relative said, "Experienced manager. She brings stability here. That reflects across the board." Staff told us there was an 'open door' culture at the home. They told us they were confident to approach the registered manager about anything with one member of staff telling us, "She is very good. She appreciates you."

We met with several of the board of trustees. They told us that they spent time planning for the future and described the registered manager as, "A driving force." One of the trustees explained, "It's their home not an institution, we are here to make it happen." A second trustee explained they became a trustee as they noted a "respect culture" throughout the home.

The home worked in partnership with people living there and had a number of ways of ensuring people's views were heard and implemented. This included people living there always interviewing new staff with their views meaningfully influencing the outcome of interviews. One of the people living there had recently become a dignity champion and was involved in training new members of staff. Minutes of 'resident's meetings' showed that all aspects of the home were discussed and the registered manager fed back on the outcome of people's views and opinions.

At the end of the inspection we were asked to give our feedback to senior staff and six of the people living there. This again showed us that the home had a genuine commitment to working in partnership with people living there and had an open and accountable commitment to involving people.

The registered manager was very knowledgeable about the home and how it operated and remained up to date with good practice guidance in supporting people. She knew people living and working at the home very well and was enthusiastic about continually improving the service people received. We also observed that the registered manager was a visible presence throughout the home and people living, working and visiting felt comfortable approaching her. She acted as a good role model within the home promoting a culture of inclusiveness and respect.

There was a culture of learning within the home. This included learning from feedback, incidents and research. The registered manager regularly had a research day during which she compiled a folder of good practice guidance, articles and information that may benefit people living at the home. We saw that these had been discussed with people living there and staff to establish whether they were relevant. For example, recent articles on staff wearing pyjama style clothing at night to help people differentiate between day and night had been discussed. This resulted in people living there deciding they did not think pyjamas were a good idea but thought wearing different uniforms would help. The home also had culture of learning from and sharing learning with other organisations. The registered manager regularly attended local 'registered manager' meetings. She also met with and gave talks to local associations including the registered manager meetings and NHS England.

Once it was decided to try to implement new ideas an action plan was compiled and monitored to see how effective it was and ensure it was fully implemented. For example, following attendance at an external meeting a member of staff brought back learning about the importance of language and choice of respectful words when describing support provided to people. This had then been discussed with staff and people living there. Following on from that feedback had been obtained from the dignity champions, residents meeting and daily recorded observations. These all showed that improvements had been noted in the way staff spoke about the support they provided. We also saw examples where the registered manager had read articles relating to capacity, consent and DoLS and to relationships within care homes and had discussed these with members of the management team.

As at our previous inspection we found that quality assurance systems and checks were central to how the home operated. A quality notice board in the foyer informed the people living there and visitors of how this worked in practice and was updated monthly. At the time of this inspection the notice board advised that opinions would be obtained on updating the statement of purpose, advised on which monthly audits were taking place and gave recent examples of people's opinions of the home.

A programme was in place for monthly audits to cover all aspect of the service provided. Each monthly audit had included obtaining samples of the views of people living and working at the home. In addition, a weekly audit system was followed. This was completed daily and included mini audits, discussions with people, any issues raised and observations. We found all members of the management team committed to using this system as a 'living document'. This meant that any issue identified were action planned and implemented. There was a culture within the home of immediately taking action once areas for improvements were noted. For example, queries we had raised during the first day of our inspection had been listened to and actioned by the second day of the inspection.

The provider had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding the home.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to

improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.