Church Farm Nursing Home Limited

Church Farm Nursing Home at Skylarks

Inspection report

Skylarks
Adbolton Lane, West Bridgford
Nottingham
Nottinghamshire
NG2 5AS

Tel: 01159825568
Website: www.churchfarm-skylarks.co.uk

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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

We carried out this inspection on 13 December 2017 unannounced and returned announced on 18 December 2017.

Church Farm Nursing Home at Skylarks is registered to provide accommodation and care for up to 50 people living with dementia. The home is located over two floors and arranged in four separate houses, Swallow, Robin, Nightingale and Dove . Each house provides a service to meet people's changing needs and has its own lounge and dining area. Accommodation is also available on the first floor and is accessed via a passenger lift.

The service 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.

At our last inspection on 26 July 2015 we rated the service as overall good with requires improvement in well-led. At this inspection the services remains good.

People continued to receive safe care. People were protected from the risk of avoidable harm. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly. People received their medicines in line with their prescriptions.

Staff were appropriately recruited. People received care from staff that had received training and support to carry out their roles. There were enough staff available to meet people's needs safely. The care that people received was effective.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager had an understanding of the MCA. Staff told us that they sought people's consent before delivering their support.

People had enough to eat and drink to maintain their health and well-being and received support when they needed it. People had access to relevant health and social care professionals when they needed them. People were supported by staff who were caring and treated them with respect, kindness and dignity.

People had care plans in place that were focused on them as individuals. This ensured staff provided consistent support in line with people's personal preferences.

Relatives felt they could raise any concerns. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The service had a positive ethos and an open culture which encouraged communication and learning. The registered manager was a visible role model in the home. Relatives and staff told us that they felt confident that they could approach the manager about anything and that they would listen. There were quality assurance systems in place to monitor and review the quality of the service that was provided.

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 remains safe

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring

Is the service responsive?

Good

The service remains responsive

Is the service well-led?

Good

The service was well-led

Relatives felt that the service was well led by an approachable and enthusiastic registered manager.

Staff felt supported by the registered manager and were clear about their role and responsibilities.

Systems were in place to monitor the quality of the service being provided and to drive improvement.

The registered manager was aware of their legal responsibilities.

Church Farm Nursing Home at Skylarks

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 that was completed by two inspectors, an expert by experience and a specialist advisor nurse on 13 December 2017 and was unannounced. We returned on 18 December 2017 announced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person with professional expertise in care or nursing.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with four people who used the service and six relatives. We found that some people had limited verbal communication but were able to tell us what they thought. We observed interaction between staff and people who used the service during our visit. We also spoke with nine care staff, two nursing staff, the registered manager, the area manager and one director of the service.

We observed care and support being provided in the communal areas of the service. We used a Short Observational Framework for Inspection (SOFI 2).This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We looked at records and charts relating to five people and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People's risks were assessed. However we did note where a person had only recently moved to the service we found that risk assessments did not always reflect identified risks. For example, a person required a low stimulus environment and time alone but the risk assessment did not identify what action staff should take to reduce the risk. When we spoke with staff it was clear they understood individual people's risks and were taking the necessary action to minimise the risk. We discussed this with the registered manager who told us, when we returned for our second day, they had made changes to the way they created interim care plans for new people entering the service. This ensured that where risks were identified it was included in people's interim care plans.

The provider had recruitment procedures in place, ensuring references and police checks were carried out prior to staff being employed. This ensured that safer recruitment decisions and unsuitable people were not employed.

Staff were available when people needed them and they did not have to wait to receive the support they needed. A relative said, "There's plenty of staff, I've been here early in the morning and my siblings and I made four unannounced visits when we were looking for somewhere for him and it was always okay." Another relative commented, "There are enough staff, on the odd occasion I have seen agency staff, but there's always someone there." Staff also felt there were enough staff. One staff member said, "The staffing ratio is marvellous." Another staff member commented, "There are enough staff. I have never worked in a place with such great staffing levels." The registered manager told us that they had higher staffing levels than would be usual in a service because the provider wanted to ensure that people received a high quality service and had a good quality of life. The rota showed the number of staff on duty was what had been deemed necessary to keep people safe. Throughout the day we heard the call bell ringing but it was always answered promptly.

Relatives told us they felt their loved ones were safe. One relative told us, "[Person] is safe here, I have no concerns. There's very much a family feel to the lounge, always two carers in here and they always interact with people." Another relative said, "My family member used to wander and he was always very welcome anywhere in the home. I'm content he's safe here, 100% confident."

People were supported by staff that knew their responsibilities to safeguard people from the risk of harm. Staff told us how they would raise any concerns with the relevant authorities if they had concerns about people being ill-treated or poor practice they may witness. A staff member said, "If I witnessed anything at all, I would go straight to the office and report it straight away. They would definitely act." Another staff member told us, "I would report it and do something about it. I feel confident that they would deal with it." Where safeguarding alerts have been received since the last inspection they have been investigated correctly following local procedures. Where necessary the service had put the appropriate safeguards in place to minimise future risk.

There were two hoists and one stand aid available for the whole service. The service consists of four houses

and is over two floors. We were told by staff there were at least 10 people who needed to be hoisted in 'Dove'. Staff told us they did not feel there was sufficient equipment to support people. Following the inspection the registered manager confirmed that they had acquired another hoist, this meant they had three hoists for the 19 people who required support with transfers.

Equipment was regularly checked and maintained to ensure it was safe for use. Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent avoidable harm.

The provider had systems in place to audit all accidents and incidents. Audits we looked at showed that the registered manager checked these records each month to identify patterns and if the same people were falling. They told us they would then take necessary action such as referrals to the GP for support to minimise future risk. Records indicated all necessary action had been taken. Where incidents occurred staff told us that lessons were learnt and preventative action was taken. One staff member told us, "A couple of staff were assisting someone from a chair to standing and didn't do it right, so we brought them in for supervision and retraining. We showed them the right way of doing it."

People received their medicines safely. The provider had a policy in place which covered the administration and recording of medicines. Each person had information in their care plan that identified what medicine they took, the dose and reasons for this. We observed people taking their medicines and saw that staff followed the policy. Staff told us they were trained in the safe handling of people's medicines and records confirmed this. The service was currently using a new electronic medicine service and were being supported by the pharmacist. They visited on the day of the inspection and told us they had not identified any problems. People were given time to take their medicine and if they declined at the time the medicine was returned to the treatment room.

We did note that some people who were at risk of choking were prescribed a thickener for their fluids and staff were using communal thickeners rather than individual tins for the individual it was prescribed for. We brought this to the registered manager's attention who told us they would remind staff to ensure people had their prescribed thickeners.

The provider had fire risk assessments and fire safety procedures in place to ensure all fire safety equipment was serviced and readily available. Training records indicated staff had received training in fire procedures; staff confirmed they had received regular training in this area. People were assessed for their mobility in the event of an evacuation and care plans described the support they would need. For example the care plan described the likely location of the person and how staff were to assist them. Staff told us they had practiced the fire procedures.

The provider had systems in place to ensure regular environmental checks were carried out. Where regular testing was required to prevent risk, such as water safety testing, these were recorded as having occurred within the required timescales. Where testing had identified a concern, action had been taken to address it promptly.

People were protected from the risks of infection as the provider had infection control procedures which staff followed. Throughout the day cleaning staff were available to ensure the service was clean. Rotas showed they were available seven days a week. Staff followed suitable procedures to ensure the risk of cross infection was minimised. For example we saw staff used protective clothing such as aprons and gloves when they needed to. A relative told us, "It is clean, I see cleaners around all the time. Her room is cleaned everyday." Another relative also commented, "It's always clean." However, we saw one member of staff

change a person's dressing on their wound without washing their hands prior to putting their gloves on or wearing an apron. This did not follow good practice procedures. We brought this to the registered manager's attention who took appropriate action to minimise any future risk.

The registered manager told us they did not want anything around the home that made it look clinical so there were no hand gel dispensers openly on display for staff and visitors to use as they entered the various houses. We discussed with the registered manager that staff would have benefited from carrying portable hand gel as a safe alternative to washing hands when hands were visibly clean. We did see staff following good hand hygiene when preparing to assist people with care or serving meals. The registered manager told us they would investigate making hand gels available to staff.

Good

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "They are trained."

We looked at staff training records to see what training they had completed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training in supporting people living with dementia. A staff member told us, "I did dementia awareness; it gave me a little more insight in how to approach people with dementia." Another member of staff said, "Dementia Care Matters training really opens your eyes to what it's like to have dementia."

The registered manager told us that the service followed a recognised system of care for people living with dementia which promotes their independence. Staff confirmed they had received training and were able to explain the principles of this system, which are about putting people and their families first. One member of staff told us, "We enter into their world, we focus on them as individuals." One relative commented, "There's very much a family feel to the lounge." The registered manager told us that part of this system was that staff did not wear uniforms so it would increase the homely atmosphere. They were also trying to encourage staff to wear night clothes during the night. This was to reinforce that it was night time for people who may wake in the night and become anxious and disorientated.

Staff were supported through induction and a probation period during which their competence was regularly assessed. Staff were also supported through one-to-one supervision meetings that took place at regular intervals throughout the year and an annual appraisal meeting. A member of staff told us, "I have supervision's and feel comfortable talking in them." Another member of staff told us, "I feel supported, if ever I am unsure about anything I can go and ask anyone senior. It's great because even if they don't know the answer they will find out."

People's treatment and support was delivered in line with current standards and guidance. The registered manager kept up to date in changes in adult social care by attending appropriate training and were currently undertaking their Level 5 in Care Management. The service itself had been designed and decorated following good practice recommendations for working with people living with dementia. For example, along each corridor there were clothes hooks where handbags and scarves were hung. This meant that people could collect things as they walked about the home without unintentionally picking up someone else's possessions. Furniture was bright and was easily distinguished against the floor reducing a person's confusion about where to sit. Staff understood people's needs. The environment in Dove lounge where people were living with more advanced dementia was calm and staff had time to sit taking with the residents. There was aromatherapy oils and visual lights this meant people's olfactory as well as visual senses were engaged in a positive and calming way.

We saw several examples of staff communicating effectively with people. At lunch time staff showed each

person the meal choices and the person was able to make their decision from what they saw. A member of staff told us, "We plate up two meals and ask which one they would like. For people who can't see very well we verbalise the choices and explain to them." A member of staff asked a person if they had their newspaper, they said they didn't so the member of staff said they would get it. A few minutes later the member of staff returned with it. A little while later the staff member asked the person if there was anything interesting in the paper. This showed that staff were interested in people and what they were doing.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff were able to explain how they supported people to make choices. A member of staff told us, "We show them the activities on offer rather than telling them." Another member of staff said, "Everything is about choice. We set up the room for people to make Christmas cards yesterday and they chose whether to make a card for their family."

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a thorough understanding of the MCA. Staff had a good understanding of the MCA and its importance. They understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that were people lacked capacity they were supported in their best interests in the least restrictive way. A staff member told us, "People have capacity unless we are told otherwise." Another member of staff said," MCA, everyone has capacity until an assessment shows otherwise." At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA.

People were supported to maintain a healthy balanced diet. A relative told us, "The main meals look nice, cakes look very good, there's plenty of food. [Person] has got a good appetite there's always food available." Another relative told us their family member had lost a lot of weight prior to their admission because they were not being supervised to eat. They continued that since they had been in Church Farm this had been addressed and the relative added "Somebody sits with them, I think they've read the report about them needing one to one support at meal times." Bowls of fruit, crisps, cakes and biscuits were available throughout the day. Staff regularly offered people drinks. People were also asking for drinks which staff then made. A member of staff told us, "We don't have a drinks trolley here, if someone wants a drink we make it."

The service provides the main meal of the day in the evening and a lighter meal at lunch time. The registered manager told us they did this because it is more usual for people to eat their main meal of the day in the evening rather than midday. They said that as a result people were eating more and were not losing weight. Kitchen staff were provided with information about people's dietary needs verbally by care staff. In discussion with the registered manager they agreed that giving the information in a written form would be better and said they would change to this practice.

People were supported by a staff team that worked closely with other organisations and families. The registered manager liaised with social services and healthcare professionals to ensure people using the service received the support they needed. A relative told us, "The GP comes in and they always phone me and let me know. Another relative said "The GP comes in and he helped manage my family member's

medication."

People had regular access to healthcare professionals and staff were aware of changes in people's health. The registered manager told us that they have a good relationship with their local GP who visits the home every fortnight to see people in person. Staff also understood their responsibility to monitor people's changing health care needs. A member of staff told us, "We would speak to the nurses if we were worried about anyone. They would assess and get the necessary help in like the Occupational Therapist."

The registered manager explained that they tried to make the service as homely as possible and reduce items that would make it too institutional. Although the service was split into four houses, Nightingale, Robin Swallow and Dove they were not identified by names. However, Swallow could be identified by pictures of swallows on the ceiling and corridors leading to other areas were painted different colours. People were supported to move freely about the service and no one was confined to the unit they lived on. This meant people did not become distressed by having their movement restricted.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that staff were kind and caring. One relative told us they thought all staff were kind and compassionate and not just the care and nursing staff. They gave us an example, "Even the hairdresser, my relative had his hair cut this morning and she was so caring, she held his hand and calmed him, then she noticed he had a little dry skin and put cream on for him, telling him what was happening." Another relative talked about the care given to her family member. They told us, "The staff are good, my family member has been here three and a half years and he's still here, that's because of the care he's been getting. The support and intervention made a massive difference."

People were supported to express their views and be involved in decision making about their care. Although most people at Church Farm were living with dementia which meant they did not fully participate in longer term decisions about their care, staff spent time supporting them to be involved. Staff offered people choices throughout the day and supported people to spend the day as they wished. Relatives or representatives had opportunities to be involved in decisions about how people's care and support was delivered. A relative told us, "Staff are kind, there's a genuine feel for the residents." They added "staff go the extra mile." Another relative said, "They're willing to listen, I came in to give them information on how to manage around his medication."

Staff provided support to people discreetly. For example, a person was walking about one area whilst a staff member supported another person to eat their lunch. The person walking came in to the personal space of the person being assisted. The member of staff discreetly redirected the person walking so neither person became distressed.

People received care from staff that preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. A member of staff saw that a person who was sat in the lounge blanket had fallen off their lap and her skirt had risen up whilst she was dozing. The staff member come over to her and gently and quietly talked to her and make sure she was comfortably covered up. A relative commented to us, "They always do that, they do look after them, so I don't worry about [person] even when I'm not here." A staff member told us, "I talk to them with respect and how I would expect to be spoken to." Staff also told us that people were able to choose the gender of their carer. People could be assured that they would be treated with dignity and respect regardless of their age, sex, race, disability or religious belief.

Relatives told us they were able to visit Church Farm without undue restrictions. During the day relatives and friends visited people and staff always welcomed them. Several relatives told us they had a key fob so they could come in as they wished. They felt welcome and involved by staff. One relative said, "They support me as well. I recently had a bad day because my family member was very poorly and I was worried. Staff were so kind and told me they would be sure to keep me informed and tell me everything that was happening." They added "They make me and my son feel very welcome, I can't praise them enough."

Good

Is the service responsive?

Our findings

People received care that met their individual needs. Assessments had been completed for each person and care plans had been developed in conjunction with people living in the home where possible and where appropriate with relatives. There was a 'This is me' document completed on admission to the service. These detailed the person's family tree, likes and dislikes, occupational history and preferred diet. Relatives told us that they had been involved in the assessment process prior to their family member moving into the service. One relative said, "They asked me lots of questions, they know he's keen on football, a staff member made contact with him around football and they ask him to help with plumbing things, that's what he used to do."

The service had recently moved from a paper care plan system to an electronic system that staff had easy access to it via hand held electronic devices. This meant staff were able to keep informed about people's changing needs as well up date records as people's needs changed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that various forms including quality feedback forms were provided in larger print or a pictorial format.

Plans were reviewed monthly or when a person's needs changed. Relatives told us about review meetings and a relative told us they had helped develop and review their family member's care plan. We did note that two people's plans indicated that they should be weighed weekly but this was not always done. However they were being weighed monthly and overall their weight remained stable.

Relatives were appreciative of a recent meeting with a staff member who was helping them develop their understanding of dementia and was offering support to their family in coping with the changes in their family member's behaviour. The registered manager told us this was something they offered to all relatives. During the day we saw a staff member with a relative and they were explaining how dementia was impacting on their family member's life.

Staff who worked at the service knew people very well; they understood the person's background and knew what care and support they needed. One staff member told us, "[Person] always likes to wear a suit and tie because that is what he used to wear. They staff make sure he is wearing them and that he has a wallet. It makes him feel secure and happy." Another staff member said, "[Person] likes to look really nice every day and the staff make sure she chooses a nice jumper and her nails are done." One member of staff told us, "[Person] prefers a male carer." This was supported by the person's care plan.

People were encouraged to follow their interests and take part in social activities. The registered manager told us that they did not have an activities organiser as they encouraged all staff to involve people in a variety of activities throughout the day. Relatives told us they appreciated the emphasis on independence in the care home. One relative described how they had often arrived at the service to see their family member

helping with washing up or recently making mince pies. Throughout the day different activities were taking place. Each house had different activities taking place. In one people were helping to set out cutlery for lunch, in another a group were making cakes with staff. Staff told us, "We make cakes or do one to ones." (One to ones are where staff receive support and supervision from their line manager).

People could move freely round the service. In each area there was a selection of different items and materials for people to use and investigate as they wished. In one area, between houses, there was a radio and a piano which people could use and seating in quieter spots where people could just sit or look out into the garden and at bird feeders. A relative told us this approach suited their family member, they said "He's much happier here, less anxious, he can wander around, fiddle with stuff, there's lots of it."

People's views, beliefs and values were respected. For example, people were supported to follow their faith. One staff member told us, "[Person] goes to church and the vicar lets him do a reading it is wonderful." Another staff member said, "I can speak French and so can communicate with [person]." Care plans considered people's culture and beliefs and ways to support people to meet these.

People were encouraged to build and maintain relationships with people who mattered to them. A relative told us, "I come nearly every week and I am always made welcome."

People and their relatives were happy to raise any concerns. A relative told us, "If I wasn't happy I would talk to the carer in charge. But I have been lucky in that I have not had to contact them." There was a clear complaints policy in place that was available for people and their relatives. The registered manager had investigated any complaints they had received in the last 12 months following the provider's complaints procedure. Records showed the action taken by the provider and the response to the complainant.

The registered manager told us that where people were assessed as their needs changed and if they needed end of life care their care plans would be updated to describe the care required. During our inspection there was no one assessed as end of life. There were some people that were prescribed anticipatory medicines. This is good practice to keep these on standby in case they were required. Staff told us, "We've had end of life training. We make sure they are comfortable. A member of staff will sit with them at all times and music of their choice will be on. Whatever their wishes are, they are met. We make it comfortable for the family as well." Another staff member said, "Our end of life training taught us about mouth care and how to talk to them and treat them with dignity and respect."

Good

Is the service well-led?

Our findings

At our last inspection on 26 July 2015 we rated the well-led domain as requires improvement. This was because the provider had not always informed us of what was happening in the service by sending us notifications. A new registered manager was appointed and improvements were made in ensuring we were kept informed. However, when we looked at the care plan for one person we noted that they had developed a serious pressure ulcer which we should have been notified about at the time. We discussed this with the registered manager who told us this was because the nurse who had been responsible for the person's care had not told them about its development. The registered manager told us when they became aware of the concerns they had taken appropriate disciplinary action with the member of staff in question. A notification was sent to us after the event.

The service had a positive ethos and an open culture. A relative said, "There is no us and them attitude. You wouldn't know who were the staff and who were the patients." Relatives also told us they found the registered manager open. One relative told us they had no problem approaching any of the staff, "even if they're busy." All relatives commented that the atmosphere in the service was open and transparent. One relative said when they and their siblings had been looking for a care home for their family member they made four unannounced visits to the service and had found no problems. They added "all of us have said we'd have no problem raising any concerns, we're very happy as things stand." A staff member said, "The new manager has been brilliant, she cares about everyone." Staff also understood the ethos of the service. One staff member said, "It's about providing a better quality life to all." Another staff member told us, "To ensure they have a full a life as possible with contact and connection with others."

Relatives were positive about the registered manager and felt confident that they would always listen and take account of their views. Some commented on the registered manager's enthusiasm as well as how approachable they were. A member of staff told us, "The manager is approachable, lovely. There is always someone to talk to. They have started bringing in chat days where you can go and chat to a member of staff." Another staff member said, "If you complain about something it gets sorted. [Registered manager] is very approachable."

Relatives and staff had been asked for their feedback on the service that people received. One relative told us they had been asked to complete a survey. The registered manager showed us a survey they had recently carried out. Comments were positive and showed relatives were happy with the care their family member received. A staff member told us, "We have meetings and surveys. I say my mind and have a chance to do so."

Monitoring systems were in place to check the quality and safety of the service being provided. The provider had recently employed a person to focus on audits and the governance across all the services within the organisation. Audits covered areas such as medicines, incidents and accidents and the environment. The management team were also responsible for carrying out checks on a regular basis. Areas monitored included water temperatures and medicine records. We saw that an action plan was put in place to address any areas of concern and this was reviewed by the registered manager. The action plan was reported on as

part of the next audit and any actions that had not been completed were identified with timescales for completion. Action plans and audits were also reviewed by senior managers as part of their quality meetings about the service and how it was performing.

During our inspection we saw that the CQC ratings poster from the previous inspection had been displayed in a prominent position and was available on the website. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.