

MPS Care Homes Limited

Lound Hall

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 conducted an unannounced inspection at Lound Hall on 11 January 2019. Lound Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lound Hall is situated in Retford, Nottinghamshire and is operated by MPS Care Limited. The service accommodates up to 30 people. At the time of our inspection there were 23 people living at the home. Lound Hall is staffed by registered nurses and care staff and primarily supports older people, some of whom are living with dementia.

At our last inspection in July 2017 the service was rated Requires Improvement. One breach of the legal requirements was found, this was in relation to safe care and treatment. At this inspection we found the quality and safety of the service had improved. Consequently, the service was compliant with the legal regulations.

There was a registered manager in place at the time of our inspection. 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.

Further work was needed to ensure people were protected from staff that may not be fit and safe to support them. People told us they felt safe at Lound Hall and there were systems and processes in place to minimise the risk of abuse. Staff had a good knowledge of safeguarding adults and in the majority of cases referrals had been made to external agencies when required. Since our last inspection improvements had been made to risk management. Risks, such as falls and pressure ulcers, were effectively assessed and managed to ensure people's safety. Staff had a good knowledge of measures in place to ensure people's safety and equipment was used safely. Risks associated with the environment were identified and managed. Accidents and incidents were reviewed and analysed to try to prevent future incidents. Medicines were stored and managed safely and people received their medicines as prescribed. There were enough staff to provide care and support to people when they needed it. Overall, the home was clean and hygienic. However, some areas of the home required refurbishment or replacement to enable effective cleaning and promote the control and prevention of infection.

People were supported by staff who received training, supervision and support. Staff were knowledgeable and were provided with opportunities to further develop their skills. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had enough to eat and drink, and overall, mealtimes were positive sociable experiences and people were offered choices. Where people had risks associated with eating and drinking these were well managed. People had access to healthcare and their health needs were monitored and responded to. There were systems to share information between services

to ensure care was person centred. The home was adapted to meet people's needs and further improvements were underway to ensure the needs of people living with dementia were met by the environment.

People were positive about the caring approach of staff. Staff treated people with warmth and affection and responded quickly to meet their need. Staff treated people with respect and upheld their right to dignity. People's right to privacy was promoted. People were enabled to have control over their lives and were supported to be as independent as possible. People had access to advocacy, if they required, to help them express their views. Staff understood what was important to people and they used this to provide a person-centred service to people.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. Care plans were detailed, thorough and clearly reflected people's needs. Routines were based upon people's preferences and this had a positive impact upon their wellbeing. People were given the opportunity to discuss their end of life wishes and were given compassionate support at the end of their lives. People were offered a range of opportunities for activity. People's diverse needs were recognised and accommodated. People were supported to raise issues and concerns and there were systems in place to respond to complaints.

The home was well led. People were positive about the service provided. The management team were warm, open and approachable and had a positive impact on the quality of the service. People living at the home could express their views in relation to how the service was run and this was used to inform improvement. Staff felt supported, had a good understanding of their roles. There were effective systems in place to monitor and improve the quality and safety of the home.

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 not consistently safe.

Further work was needed to ensure safe recruitment practices were followed. People felt safe in the service and there were systems and processes in place to minimise the risk of abuse. People received their medicines as prescribed and these were managed safely. Risks associated with people's care and support were effectively assessed and managed. Accidents and incidents were reviewed and analysed to try to prevent future incidents. There were enough staff to provide care and support to people when they needed it. Overall, the home was clean and hygienic.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported by staff who received training, supervision and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to. The home was adapted to meet people's needs and further improvements were underway to meet the needs of people living with dementia.

Good 

Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted. People were enabled to have control over their lives and were supported to be as independent as possible.

Good 

Is the service responsive?

Good 

The service was responsive.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. People were provided with compassionate support at the end of their lives. People were offered opportunities for meaningful activity. People's diverse needs were recognised and accommodated. People were supported to raise issues and concerns and there were systems in place to respond to complaints.

Is the service well-led?

The service was well led.

The home had a warm and friendly atmosphere. People living at the home could express their views in relation to how the service was run and this was used to inform improvement. Staff felt supported, had a good understanding of their roles. There were effective systems in place to monitor and improve the quality and safety of the home.

Good ●

Lound Hall

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.

Before our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We also used information the provider sent us in the Provider Information Return in our planning. 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.

The inspection was undertaken on 11 January 2019, by one inspector and 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. During our inspection visit, we spoke with seven people who lived at the home and one person's relative. We also spoke with two members of care staff, a member of the catering team, the activity coordinator and the registered manager.

To help us assess how people's care needs were being met we reviewed all, or part of, five people's care records and other information, for example their risk assessments. We also looked at the medicines records of five people, three staff recruitment files, training records and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we asked the management team to send us a copy of various records, policies and procedures, which they did prior to this report being completed.

Is the service safe?

Our findings

Further work was needed to ensure people were protected from staff that may not be fit and safe to support them. Safe recruitment processes were not always followed. Formal risk assessments were not always in place for staff who had previous criminal convictions. The registered manager told us they had conducted informal risk assessments to mitigate risk but had not written this down. Following our inspection, the registered manager provided us with formal risk assessments.

At our July 2017 inspection we found people were not protected from risks associated with their care and support. This was a breach of the legal regulations. During this inspection we found improvements had been made and the service was compliant with the legal regulations.

Risks associated with people's care and support were managed safely. Plans were in place that detailed risks relating to people's care and support and how these risks should be managed. For example, when people had been assessed as being at risk of falls, preventative measures were in place. Mobility aids were left within people's reach and equipment was in place in people's rooms to reduce the possibility and lessen the impact of potential falls. When people were at risk of pressure ulcers equipment was used correctly to reduce risk and records showed people were repositioned frequently. The registered manager had an oversight of all risks in the home and conducted frequent checks to ensure staff were following guidance. Any changes in risk management were discussed in daily handovers to ensure staff had the most up to date information.

Some people sometimes behaved in ways that could put them or others at risk. For those people there were clear plans in place detailing triggers to these behaviours and specifying how staff should respond to this to keep the person and others safe. Records showed staff followed the guidance to successfully reduce risk.

People were protected from environmental risks. There were systems in place to assess and ensure the safety of the service in areas such as fire and legionella. There were personal evacuation plans detailing how each person would need to be supported in the event of an emergency such as a fire.

There were effective systems to learn from accidents and incidents to reduce future risk. The registered manager reviewed and responded to each incident to try to prevent the same from happening again. For example, one person had experienced a high number of falls, this was identified, advice was sought from an external health professional and measures were put in place to reduce this risk. There was also a system in place to analyse and learn from patterns of incidents on a monthly basis.

Everyone we spoke said that they felt safe at Lound Hall. One person told us, "I feel safe here, oh yeah, not sure why it's just one of those things." Another person commented, "Oh yes I feel very safe day and night. I feel like it is home." Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Staff and managers were clear about their responsibilities to protect people from the potential risk of abuse, they had a good knowledge of safeguarding processes and felt confident any issues they reported would be acted on appropriately. The registered manager had taken action to protect people from abuse by

conducting investigations relating to concerns raised and making appropriate referrals to the local authority safeguarding adults team. We noted safeguarding referrals had not been made when people had moved in to the home with pressure ulcers. We discussed this with the registered manager who told us they would ensure they did so going forward.

There were enough staff to meet people's needs and ensure their safety. This view was shared by people living at the home and staff. People told us staff responded quickly to their needs and this was confirmed by our observations. One person told us, "Staff come running through quite quickly when the bell is pressed." Staffing levels were based upon an assessment of people's individual needs. The registered manager told us staffing levels had increased recently to account for an increase in the number of people living at the home and this was confirmed by records. Staff spoke positively about the impact of this and told us they felt staffing levels meant they had time to provide safe and effective support to people. Additional staff were also deployed as needed to support specific times of day, such as mealtimes and evenings.

Medicines were managed safely and records showed people received their medicines as prescribed. People told us they got their medicines when they needed them. One person told us, "I always get my tablets on time, they're very good." Another person said, "Yes I get my tablets on time in the morning." Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. Medicine records indicated people received their medicines regularly as prescribed. Staff received training in medicines administration and their competency was checked regularly. Policies were in place for the safe management of medicines and medicines audits were effective in identifying and addressing any areas for improvement. There were processes in place for identifying and investigating medicines errors and we saw in-depth analysis had been carried out when errors had occurred. Improvements were made to medicines management systems and staff were given additional training and support as a result of this.

Overall, the home was clean and hygienic. Some areas of the home, such as flooring and carpets required replacement to enable effective cleaning and promote the control and prevention of infection. Staff had received training in infection prevention and control and how to prevent the spread of infection such as effective hand washing. There were audits in areas such as, infection control and food hygiene. The Food Standards Agency had inspected the home in August 2017 and given it a food hygiene rating of five, which means very good. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to provide good quality care and support. People told us they felt staff knew what they were doing. One person said, "Staff know what they are doing, I can't think of one problem." Another person told us, "Yes, the staff know what they are doing, very much so." Records showed staff had received the relevant training to equip them with the knowledge and skills they needed, such as safeguarding, equality and diversity health and moving and handling. New staff were provided with an induction period when starting work at the service which involved training and shadowing more experienced staff. The nursing team were supported by the registered manager to keep up to date with best practice and records showed they had up to date training in key areas. Staff also had the opportunity to develop their skills by completing nationally recognised qualifications. Some staff had additional responsibilities building on their professional skill and knowledge, for example, infection control and tissue viability. Their role was to keep the team up to date with best practice. Staff told us they felt supported and records showed they had regular supervisions to discuss any concerns and identify any training and development needs.

People were positive about the food served at Lound Hall, they told us they were offered a choice and had enough to eat and drink. One person told us, "The food is very good. If I didn't like the food offered, they would make me something else, they are very good like that." Another person said, "The food is very nice as a rule." During our inspection we observed that overall meal times were a positive, sociable experience. People were served a choice of well presented, home cooked food and they appeared to enjoy their meals. However, we did note that some people were sitting in the dining room for upwards of two hours as lunch service was slow. In addition, people were not always given timely assistance to eat. The registered manager told us there had been some staffing difficulties on the day of our inspection which had led to our observations. They assured us they would monitor mealtimes closely and take action to address our concerns if required.

We spoke with a member of catering staff who was knowledgeable about people's dietary needs and preferences and had systems in place to ensure these were catered for. They told us they got information about people's likes and dislikes when they first moved in and this was used to develop the menu. People's diverse needs were catered for. For example, people were provided with a vegetarian diet if they wished. Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.

People told us they were supported with their health and well-being. One person told us, "Staff are very aware of my health needs." People were given support to attend regular appointments and to get their health checked. Staff sought advice from external professionals when people's health and support needs changed. Records showed that referrals were made to external physical and mental health specialist teams when advice and support was needed. We saw the advice received was included in people's care plans and acted on. Care plans contained personalised and detailed information about people's health needs for staff

to provide effective support. For example, one person had complex health needs, there was a care plan in place for each area clearly detailing the support they required and staff had a good knowledge of this.

Good working relationships had developed between the service and external health professionals and this had had a positive impact on people using the service. The team had developed a close working relationship with the local palliative care team to deliver the high quality care for people at the end of their lives. There were also strong links with district nursing teams, dietitians, speech and language services, occupational health and physiotherapist services, tissue viability and the falls team to ensure that people received support that met their needs. There were positive relationships with the local GP surgery and people were given the opportunity to register with the local surgery when they moved to the home.

People's needs and choices were assessed using evidence based guidance and staff caring for them had the necessary tools to provide good care. The tools the service used to assess people's needs were nationally recognised tools that helped the provider to deliver consistent care for the people they supported.

Systems were in place to ensure information was shared across services when people moved between them. The 'Trusted Assessor' scheme had been utilised at the home. This is an initiative designed to reduce delays to transfers of care between services. The registered manager told us this had a positive impact on the person involved as the transition process was smooth and well managed. This helped ensure people received person centred support when they moved between services.

The environment was adapted to meet people's needs. Aids and equipment had been installed throughout the home to enable people with mobility needs to navigate around the building and there was a call bell system to ensure people could request staff as required. There were communal lounge and dining areas which meant people had space to spend time socialising with friends and family. Since our last inspection, work had started to make the environment more 'dementia friendly', this work was ongoing. The registered manager told us people's needs and interests had been considered when designing the environment. Accessible signage was used around the home to help people navigate their way around and visual and sensory displays had been developed in some areas.

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. We checked whether the service was working within the principles of the MCA.

People were involved in decisions about their care and support and their rights under the MCA were protected. People's care plans contained clear information about whether or not people had the capacity to make their own decisions. Thorough assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity, a best interest's decision had been made and recorded ensuring the principles of the MCA were followed. Staff had a good understanding of the MCA and the systems in place promoted people's rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had made applications for DoLS where appropriate. Action had been

taken to comply with conditions specified in DoLS authorisations.

Is the service caring?

Our findings

People were consistently positive about the atmosphere of the home and the caring attitude of the staff.

One person told us, "I'm happy here. Staff are lovely. Everything is quite pleasant."

Another person said, "Staff are very kind and very caring. I'm treated very well I think." Throughout our inspection, we saw staff had positive relationships with people living at Lound Hall, there was lots of affection and warmth between people. One member of staff told us, "I like to make people laugh and make them happy."

People told us staff knew them and understood what was important to them. One person told us, "Staff know me well, I'm sure they do." It was clear that staff had a good knowledge of people's individual support needs and their likes and dislikes. Care plans contained information about the person's history, important relationships and their individual preferences.

People told us staff consulted with them about their care and said they felt listened to. One person said, "Staff listen to me and my family and friends." For those people who were unable to make choices best interest decisions were in place and staff explained ways in which they tried, as far as possible, to involve people in decisions. People's families were involved in decision making and were also supported to remain involved in the care of their family member's if they wished. For example, one person's relative visited the home daily and assisted with care.

Staff had a good understanding of people's communication needs and used this to inform their support. Care plans contained clear information about people's communication and staff demonstrated a good knowledge of this. The registered manager told us people had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. Two people were using an advocate at the time of our inspection.

People were treated with dignity and their right to privacy was respected. People felt that the staff listened to them and treated them with dignity, for example, by closing the bedroom door whilst they were helping them to get dressed and knocking on the door before entering. One person told us, "Staff protect my privacy and dignity." The registered manager told us privacy and dignity was a fundamental part of staff induction and training at Lound Hall. They were passionate about ensuring people's rights were respected in this area and provided examples of how they had done this, such as supporting a married couple to have privacy in their relationship. People were provided with phones in their rooms so they could make calls in private and they were provided with private spaces to spend time with their family members. Staff respected people's right to confidentiality, records were held securely and conversations about people's care and support needs were discreet ensuring that others could not overhear.

People were supported to be as independent as possible. This was reflected in people's feedback. One person told us, "Staff have encouraged and supported me to be independent. I used to be fed drinks, but now I do it on my own." Another person said "Yes, I am encouraged to be independent." Care plans contained clear information about how to promote each person's independence and staff were clear on

their role in this area. One member of staff explained how they had worked with a person to help them regain their independence, this had resulted in the person being able to return to their home.

People were supported to develop and maintain relationships. People's friends and families were welcomed in to the home at any time of day or night. There were no restrictions on visitors. The registered manager told us several people's relatives got involved with activities around the home, such as flower arranging and gardening. People were supported to form personal relationships and this was respected by staff. The registered manager explained how they had advocated on behalf of two people who wished to have a personal relationship. During our inspection we observed this had a positive impact on the wellbeing of both people. This was particularly obvious for one person who had been agitated and unhappy at our previous inspections, this time we saw they were calm and appeared happy.

Is the service responsive?

Our findings

People received consistent support which met their needs. People told us that staff understood their individual needs and responded in a timely way. One person told us, "Yes I definitely get the care that I need." Before moving into the home staff met with people to undertake an assessment of their needs. This was then used to develop a care plan. People and their relatives were involved in planning their care and support and care plans were focused on people's individual needs and preferences. Our conversations with, and observations of staff demonstrated that they had a good knowledge of people's support needs and preferences and used this to inform support.

The staff team were responsive to people's needs and routines. The registered manager told us about one person who had eaten and drunk very little, been agitated throughout the day and had started to miss evening medicines as they were asleep. The staff team had identified that waking in the day was not working for them and had contacted the GP who arranged for medicines to be given during the night. The person's routine had gradually changed so that they slept during the day and woke at night, they spent time with night staff and had their meals served at night. This had resulted in the person taking their medicines, being calmer and less agitated and eating and drinking more.

People's diverse needs were identified before they moved in to the home and care plans contained details of any support people required to ensure their needs were met. During our inspection, we saw people's disability related needs had been catered for, such as the provision of specialist crockery for a person living with dementia. People's religious and cultural needs were also accommodated. Local religious groups visited the home and staff supported people to attend local places of worship if they wished.

People were treated with care and compassion when they were nearing the end of their life. The service used the Gold Standards Framework to ensure people received the care they required. The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives. People, and where appropriate their families, had been involved in planning, managing and making decisions about end of life care and this was compassionately recorded in people's support plans. Where necessary, care plans contained clear information about areas such as nutrition, hydration and pain relief for people who were coming towards the end of their lives. Families were also supported at this difficult time, for example, arrangements were made for them to stay overnight if their loved one was approaching the end of their life.

The service was meeting its duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. People's communication needs were assessed before they moved in to the home and each person's care plan contained details of the support they needed to access information. Information was available in different formats. For example, easy read questionnaires had been developed for people who were living with dementia.

People were provided with a range of opportunities for activity. Overall, people told us they had enough to

do and could get involved with activities if they wished. The provider employed an activity coordinator who was new in post. They told us they organised group activities and events and provided one to one support and companionship for people. During our inspection we observed people were engaged in a quiz, staff also took part and there was lots of laughter and friendly banter. There were also activities led by external specialist companies which focused on physical fitness, mental stimulation, and general wellbeing. Examples of these included exercise classes, motivational sessions and group entertainment. The registered manager explained that these sessions were important in helping people maintain their independence. People's diverse needs had also been considered in the design of activities, for example a men's group had been started which aimed to facilitate conversations about shared interests amongst the men living at Lound Hall.

There were links with the local community. The registered manager told us people had attended a local village concert and there were plans to continue to do this with future events. The library van stopped at Lound Hall to give people access to books and talking books. The home had open days and the local community were invited to attend. People were supported to attend social events in the community and to access services in the community when possible.

There were systems and processes in place to deal with and address complaints. People told us they would feel comfortable telling the staff or registered manager if they had any complaints or concerns. One person told us, "I would be happy to make a complaint if there was one," another person said, "I know how to make a complaint but have never needed to." Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the registered manager would act upon complaints appropriately. There was a complaints procedure on display in communal areas informing people how they could make a complaint. We reviewed records of complaints and these had been investigated and responded to in a timely manner. The registered manager reviewed complaints monthly to reflect and identify opportunities to improve practice. This had resulted in improvements across the home, such as a new clothes labelling system.

Is the service well-led?

Our findings

The atmosphere at Lound Hall was homely, friendly and relaxed. People and their relatives were overwhelmingly positive about the home. One person told us, "I get good quality care and there is no way it could be improved."

The registered manager was passionate about her role and took pride in the service. People and staff were positive about the management and leadership of the home and told us the registered manager had made many improvements. One member of staff told us, "I like [registered manager]. If I have a problem I know I can just knock on her door." Staff were aware of their duty to whistleblow on poor practice and felt confident in raising any concerns with the registered manager. A member of staff told us, "The nurses and manager are approachable. I've not had to raise any concerns with them – but if I had to I would." Staff had a good understanding of their role. Some staff had lead roles, in areas such as medicines or infection control and we found those staff had a good understanding of their responsibilities. There was a clear management structure in place and daily handover meetings were held to discuss changes in people's needs and allocate duties to staff.

Staff and the management team told us they were given the resources they needed to ensure the provision of a high-quality service. The registered manager told us the provider was responsive to their requests for things such as equipment and resources. A member of the catering team told us they always had a freshly stocked larder with locally sourced, high quality produce.

Some improvements were required to ensure staff were given an opportunity to contribute to the running of the service. Staff told us and records showed that there had not been any recent staff meetings. Although staff told us that the registered manager had an open-door policy and was friendly and approachable they said they had previously found staff meetings a positive way of sharing ideas. The registered manager told us they would take action to reinstate staff meetings. Staff were given the opportunity to provide feedback in regular staff surveys. Action had been taken to address themes. For example, staff had said that people did not get a choice of food. The registered manager and a member of the catering team told us this had improved recently and this was supported by our observations.

People and their families were involved in some decisions about the home. For example, activities, food and the decoration of some areas. There was a monthly newsletter which shared information about social events and plans for the future. People and their relatives were invited to share their feedback in regular quality assurance surveys. Most feedback was positive and action had been taken to address any suggestions for improvement. People were also encouraged to provide online service reviews and the home had a positive online rating.

The team at Lound Hall worked in partnership with other organisations to support the provision of high quality care. Professionals who visited the home were positive about the relationships which had developed. Professionals were invited to give feedback on the home in regular surveys. A professional told us they felt the staff team were open and transparent in their approach.

There were systems and processes in place to monitor and improve the quality of the service. The management team conducted a wide range of audits including the environment, medicines, care plans, health and safety and infection control. The provider reviewed the outcome of these audits to ensure their effectiveness. We found where any issues were identified, actions were recorded as being taken. For example, some environmental issues had been identified and there was a plan in place to address this. Patterns and trends of accidents and incidents were analysed and there was evidence that improvements were made as a result. Where areas for improvement had been identified action had been taken to make changes. There were also effective systems to supervise the day to day the practice of staff. The registered manager told us senior staff observed staff practices and praised good work. There was evidence that action had been taken to support staff to improve where practices had fallen below acceptable levels.

The registered manager kept up to date with best practice. They attended managers forums and networks and linked with other local registered managers. They also received updates and information from national best practice organisations and used social media to link with others. They told us they shared key information with the staff team. The registered manager was a registered nurse and worked shifts in the home to keep their knowledge of nursing care up to date.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website. We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.