Colten Care (2003) Limited

Belmore Lodge

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 17 October 2017 and was unannounced. The inspection continued on the 18 October 2017 and was announced. Belmore Lodge is a residential nursing home in Lymington and registered to provide accommodation for up to 55 people. There were 52 people using the service on the days of our inspection. Rooms are over three floors, single occupancy and all have an ensuite with a wash basin and toilet. Specialist bathrooms are available on each level of the home. There are a range of public areas including a lounge on each floor, dining room, and café. There are communal secure gardens with good access from the building.

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

People and their families described the care as safe. Staff had been trained to recognise signs of abuse and knew the actions they needed to take if abuse was suspected. People were protected from avoidable harm as risk assessments had been carried out, were regularly reviewed and staff understood the actions needed to minimise identified risks. People were involved in decisions about how their risks were managed and had their freedoms and choices respected.

There were enough staff to meet people's needs and they had been recruited safely which included obtaining employment references and carrying out a criminal record check. People were supported by staff who had completed an induction and on-going training to enable them to carry out their roles effectively. Staff were supported and received regular supervision and had opportunities for professional development. Nurses received training than kept their clinical skills up to date.

Medicine had been ordered, stored and administered safely by trained staff. Staff understood the actions needed if a medicine error occurred. When people self-administered their medicine risk assessments were reviewed monthly with them to ensure theirs and other peoples safety. People had access to healthcare when it was needed.

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 and their families described staff as caring, kind and patient and we observed relaxed, friendly interactions between people and the staff. Staff demonstrated a good understanding of people's individual communication needs and supported people in ways that enabled them to be involved in decisions and express their wishes. People were involved in decisions about their day to day life's and had their independence, privacy and dignity respected. People who needed an independent representative to speak on their behalf had access to an advocacy service a complaints procedure was in place and people felt if

they used it they would be listened to and actions taken.

People had been involved in decisions about how they would like their care needs met and these were regularly reviewed. Care and support plans provided clear information about people's care needs and staff understood the actions needed to support people and had been kept up dated with changes. People had their eating and drinking needs met and were offered choices of meals and snacks throughout the day. Information about likes, dislikes, allergies and special diets had been shared with the catering team.

People had opportunities to follow hobbies, interests and keep in touch with family and friends. A monthly activity planner provided details of several activities and reflected peoples hobbies and interests. Links had been made with the local community and people and the staff were involved together in fundraising events. People were actively encouraged to use their skills and talents in contributing to the Belmore Lodge community and played a part in recruitment, buddying new people at the service, health and safety around the home and gathering feedback about the catering.

The culture of the home was open and transparent and people, their families and the staff team felt able to raise issues with the registered manager. Staff spoke positively about their roles and the teamwork and described how they had embraced the organisations values. Communication was effective and ensured people were up to date and felt included.

Quality assurance systems were effective in gathering information that captured the experiences of people using the service and the information was used to improve outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff that had been trained to recognise signs of abuse and knew the actions they needed to take if abuse was suspected.

People had their risks assessed and actions put into place to minimise avoidable harm whilst respecting people's rights of freedom ad choice.

People were supported by enough staff to meet their needs and who had checks carried out to ensure they were safe to work with vulnerable people.

People had their medicines ordered, stored, administered and recorded safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had undergone an induction and ongoing training that enabled them to carry out their roles effectively.

The principles of the Mental Capacity Act were followed ensuring people had their rights and choices respected.

Staff understood peoples individual eating and drinking requirements including allergies and special diets.

People had access to healthcare whenever it was needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, patient and friendly.

People had their individual communication needs understood

which meant they were able to express their needs and wishes.

People were involved in decisions about their care and had access to an independent advocate if needed.

People had their independence, dignity and privacy respected.

Is the service responsive?

Outstanding ☆

The service was responsive.

People had their needs assessed, regularly reviewed and they were understood by the care team.

People had opportunities to pursue interests, activities and hobbies and maintain links with the local community.

People had their skills and knowledge respected and were encouraged to actively participate in their community.

A complaints process was in place that people were aware of and felt able us use if needed.

Is the service well-led?

Good ●

The service was well led.

The culture was open and transparent and enabled people and the staff to have a voice.

Communication was inclusive and up to date enabling staff to engage with the organisations values and clearly understand their roles and responsibilities.

Quality audit systems were effective at capturing peoples experiences and improving service delivery.

Belmore Lodge

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 took place on the 17 October 2017 and was unannounced; it continued on the 18 October 2017 and was announced. It was carried out 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 used this type of care service.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also looked at information on their returned Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 18 people who used the service and three relatives. We spoke with the registered manager, the operations manager, clinical manager, quality manager, clinical lead, two nurses, five care workers, five activity staff, the chef and an administrator. We reviewed ten peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

People and their families described the care as safe. One person told us "Never felt unsafe here and I am in control". Another said "Nothing has happened to make me feel unsafe here". A relative told us "The care is safe". (Relative) has some short term memory loss and can be resistive to personal care but the staff are good at working around it". Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. A care worker explained "I have had face to face training on safeguarding and if I had any concerns I would report them. If I needed to speak to somebody outside of the home we have direct safeguarding telephone numbers".

People had been protected from avoidable harm as assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk whilst respecting the person's freedoms and choices. One person had been losing weight and a care worker explained the actions taken. "We faxed the GP and they have prescribed a supplementary drink. We were weighing (name) monthly but changed it to weekly. They have just started to put a little bit of weight back on". We saw records for another person who had been losing weight. A food and drink chart had been introduced to monitor how much they were eating and drinking. The charts reflected a poor appetite and a care worker noted the person had appeared to experience difficulty swallowing. In response a GP visit had been organised which identified a health condition that was able to be treated and the outcome had been the persons eating improved. The person had been involved in how the risk had been managed and had chosen not to have a referral to a dietician. Another person had a risk of choking and required drinks thickening to aid safe swallowing. We observed staff supporting the person in line with their risk assessment.

Some people were at risk of skin damage. Actions to minimise the risk of harm included using specialist equipment such as air mattresses and cushions. Records showed us that equipment was checked regularly to ensure it was working correctly. Some people needed help changing their position regularly in order to relieve pressure on their skin. Records showed us this happened in line with their individual risk assessments.

People had their risk assessments reviewed monthly or in response to a change in their health and wellbeing. One person had a risk of falls and equipment had been used to reduce the risk of harm. We saw that initially the person had an alarm mat that was plugged into the nurse alarm call system and alerted staff they needed assistance when they got up to walk about. When the risk assessment had been reviewed it had identified that the alarm mat at times had been found unplugged. As a result the alarm mat had been changed for a wireless alert system to increase the person's safety.

Accidents and incidents had been recorded and provided details of what had happened and the actions staff had taken at the time. Each record had been reviewed within 24 hours by a senior manager who detailed any further actions needed to minimise risk of reoccurrence. Communication systems were in place that ensured all staff each day were aware of accidents and incidents and any consequent change to

managing risks to people. The information was shared and reviewed with heads of department each day at a team meeting that was minuted and shared with all of the staff team. One care worker told us "At handover they tell me if there is anything we need to know. Feel up to date with risk".

People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Records showed us that equipment including hoists, lifts and the boiler system were regularly serviced and maintained. Fire equipment had been regularly checked and both day and night staff had completed recent fire drills.

People were supported by enough staff to meet their needs. Throughout our inspection we observed staff available to help people in a timely way and having time to talk and spend time with people. Staffing levels were reviewed monthly and matched to the needs of people living at the home. Staff numbers and deployment changed to reflect the needs of people. One example had been shift patterns between 1 and 2pm had been changed so that the morning and afternoon shift had a one hour cross which had increased staffing to manage a period where people's needs were higher. Findings from a call bell audit had led to an additional member of staff on each floor acting as a float and first responder when people called for assistance. A care worker told us "The float has really helped as they check the bells as in the middle of caring it is difficult to answer the pager".

People were supported by staff that had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults.

People had their medicines ordered, stored, administered and recorded safely. Medicine was administered by staff that were trained nurses or senior care staff who had undertaken medicine training. We spoke with staff that were able to explain the actions they would take if a medicine error occurred in order to ensure a person's safety. Some people had been prescribed controlled drugs which are medicines that require additional storage and administration safeguards than other medicines. We checked records and these had been managed in line with requirements. Protocols were in place for medicines prescribed for when required. They contained information that supported decisions to administer the medicine ensuring people received the medicine appropriately and safely.

Some people had been prescribed topical creams that were administered by care workers when supporting people with personal care. The care workers had undertaken training in the safe administration of topical creams which included a competency check. A care worker explained "When a new cream comes in we check against the medicine record and change it accordingly. The old cream is disposed of and the new one put on to the new chart with an opening date written on it". Records contained a body map detailing where each cream needed to be applied and records had been completed confirming their application.

People when assessed to do so safely self-administered their medicines. Risk assessments had been completed with the person and included safety measures such as storing medicines in a locked drawer and regularly checking stock against medicines ordered. One person self-administered an over the counter medicine for pain management which did not have a risk assessment. We discussed this with the clinical lead nurse who immediately arranged to include this in the weekly stock check.

Good

Is the service effective?

Our findings

People were supported by staff that had completed an induction and on-going training that enabled them to carry out their roles effectively. Induction included some staff completing the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. We spoke with a nurse who explained "My induction includes professional standards. They don't just let you get on with it. Everybody needs to read policies, including the carers. There are standards to set our performance against". One person told us "I feel confident with the skills of the carers".

Nurses were supported to keep their clinical skills up to date. This included having on line access to the Nursing Times (professional publication) with the facility to use their on-line training. This supported nurses to develop their knowledge and skills and keep up to date with clinical practice. The Nursing times had named two members of the nursing team as 'Learning Champions' as a recognition of the number of hours training they had completed. A process had been developed which recorded what training staff had completed and when they were due for a refresher. A care worker told us "If I need training I just ask and it's all organised. We have good career opportunities". We talked with a senior care worker who described the training they had received for their role. They told us "I went on a senior lead course which was eight days long. Everything I needed to know was in that training. It gave me the tools and now I'm putting them in to practice". A specialist dementia nurse was available to support staff with learning and planning of care for people living with a dementia. Staff had participated in the Alzheimer's Society 'dementia friends' programme in order to obtain more insight into the needs of people living with a dementia.

Staff told us they felt supported in their roles. A care worker told us "I have regular supervision. I fill a form in beforehand. If I have any concerns I am listened too". Staff told us their supervisions included opportunities to discuss professional development. One care worker told us "I've completed my Diploma (in Health and Social Care) level 2. I found it helpful. It's given me confidence". Two of the Registered Nurses had recently completed Student Mentorship qualifications so that the home could support adult nursing students in the future.

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 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.

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. We saw that best interest decisions had been taken for people and had included input from staff, families and health and social care professionals. Staff had completed MCA training and had a good understanding of the legislation and how to put it into practice when supporting people. People living at the service were not all able to express their consent verbally. Staff explained how one person non-verbally expressed how they felt. They described how one person looked at your face, made eye contact and if they didn't want to do something made a specific sound that all staff recognised as a 'no thank you'. People told us that they felt staff respected their right to make decisions. One person told us "The carers never assume what I need and ask me first". Another said "They (staff) respect my decisions and I choose my clothes".

People had their eating and drinking needs understood. Information had been gathered about people's like and dislikes, allergies and any special diets and this information had been shared with the catering team. We spoke with the chef who showed us a board which showed each person and their dietary requirements including dietary needs linked to health conditions. The chef explained "We have a snack trolley and it includes smoothie drinks and yogurts for people who need extra calories and need a soft textured diet. The smoothies are made up and left in the fridge and available 24/7". Menus were produced each day and people were able to make choices for each meal from a range of hot and cold options. People were involved in menu planning and had opportunities to meet with the catering team to feedback comments about food quality and menu options. The registered manager explained that there had been mixed feedback about the meal experience and as a response during our inspection a meeting was held with a group of people and the catering team to review menus.

People were able to choose where they took their meals and we saw that some had modified crockery to support them remain independent at meal times. When people needed help with eating and drinking we observed care staff supporting the person at their pace and ensuring people's dignity and wishes were respected. One person told us "The staff always leave a drink near me". Another explained "They (care staff) cut up any food I want as I've arthritis but I do manage with normal cutlery".

People had access to healthcare and records showed us this had included opticians, dentists, GP's, district nurses, chiropodists, specialist health teams and dieticians. One person told us "I know I would be assisted with healthcare if necessary". The home were participating in a pilot which was testing a national early warning scoring tool to enhance clinical observation skills and response times in people presenting with an acute illness.

Good

Is the service caring?

Our findings

People and their families described the staff as caring. One person said "I can't fault the care people. The carers are excellent". Another told us "The staff are very helpful; no problem is too big. They make me feel better, happier". A relative explained "The care is absolutely brilliant. Staff have a good understanding of (relative) who has lots of health needs". We observed people having a relaxed, friendly relationship with staff, sharing moments of fun and laughter. A care worker told us "I think we do care really well. There's enough time to care for people. We have a little chat whilst giving care".

We observed staff showing kindness and patience with people. Staff supported people in an unhurried way helping at a pace that was comfortable for the person. One person told us "The night staff get me up about six o clock. It can take about an hour and a half to help get me ready; bless them". People had call bells in their rooms if they needed to call for staff to help them. We observed staff popping in and out of rooms throughout the day of our inspection checking whether people needed anything.

People had their communication needs understood which meant staff were able to support people to express their needs and wishes. We read one person's care plan that described how they needed simple questions which required a 'yes' or 'no' answer. We observed staff talking with the person over lunch and following the care plan which meant the person was able to be involved in decisions about their meal time experience. We talked with a person who had poor sight and they had a telephone with large numbers which enabled them to make calls independently. We spoke with another person who had speech difficulties and they were able to answer our questions using cards that said yes or no. We observed staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions.

People were involved in decisions about their day to day care. One person told us "One carer said she thought a bath would suit me better rather than a shower. She showed it to me so I could see it first and it is better". Another told us "I can choose what to do and it's staying in bed at the moment". One person had a preferred carer and told us "I'm having a shower tonight as the lady (care worker) I like is working tonight". We spoke with a care worker who told us "I talk with people when I'm helping them and offer them choices". People who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their privacy, dignity and independence respected. One person told us "They (care workers) certainly respect my privacy and dignity and I help them when they get me dressed; they don't rush me". Another told us "(Staff) treat me with respect and help me to do as much as I can". A relative said "They (staff) do treat (relative) with dignity and respect her privacy". We observed staff knocking on people's doors and waiting to be invited in and putting privacy notices on doors when providing personal care. One care worker told us "When providing personal care I always pull the bedroom curtains for dignity reasons". Another explained how they support people maintain independence. They told us "If people are mobile we try and keep them mobile. If they have new equipment we try and promote them to use it. One person was wobbly on their feet. We walk up and down the corridor with them. One walks with them and the other has

a wheelchair behind to help them regain their confidence".

Outstanding ☆

Is the service responsive?

Our findings

People using the service were actively encouraged and supported to have a voice in all aspects of the home. The registered manager told us "They are my eyes and ears in the home. They report to me what is going well and what we can build on. It brings a new dimension to things". Volunteers had been asked for at a residents meeting and a 'Residents Excellence Committee' had been formed. People had volunteered to be involved as an example in recruitment, health and safety, activities, a welcome buddy for new residents and the catering service. One person explained how they were able to make a contribution. "I came across a wobbly chair; it didn't feel safe. I told (registered manager) and they got it sorted". Each person had a badge they were wearing which detailed their role. One person told us "It makes you feel you haven't been chucked on the rubbish heap. It's good to do something beneficial. It's the last few years of our lives and it's nice to be useful". Another person told us "You feel listened to; your part of the discussion. It keeps my brain going".

People were actively encouraged to use their skills and talents in contributing to the community they lived in. We spoke with one person who had taken on the role of supporting new residents. They explained how they always offered to go down to the dining room and introduce them to other people as it can be "quite daunting the first time". Another person told us how they met with people considering living at the home and answered any questions and showed them their room. We spoke with another person who had always had an interest in antiques and had given a talk to people.

People and the staff team shared opportunities to get involved in fund raising events. During our inspection we spoke with several people who showed us squares of knitting they had made as part of a 'Giant Tea Cosy' challenge. People had chosen to support 'Children in Need' as their charity of the year and fund raising had included staff and people having a virtual cycle challenge to get the charity mascot back to Manchester. People, their families and staff had also attended a black tie ball and auction at a local sailing club. The charity organisers had invited people along to the BBC studios for a thank you ceremony and photographs showed people presenting the cheque. People had been involved with their families and staff in creating a carnival float, making costumes and participating in the local annual carnival. They had chosen a Mary Poppins theme. Staff used the costumes and props to put a show on for people who hadn't been able to attend the carnival event. We saw photos and videos of people with their families and staff taking part in the events and sharing the fun.

People had opportunities to follow their hobbies and interests. One person told us "I go down (lounge) to the music or exercise classes and I get taken for a walk every day". Activities were available seven days a week and an activity planner was displayed on notice boards and left in people's rooms. A member of the activities staff team told us "We have a planner meeting and invite residents along each month". Activities in the home included a boules tournament, yoga, card making, chutney making, word games, music and entertainers. A relative told us "They know (relative) likes music and the activities staff encourage (relative) to join in". Activities had been linked to events. An example was Halloween which had programmed a ghost story, pumpkin carving and pumpkin planting. We met one person who was a keen gardener. They showed us cuttings potted on their window sill and told us "I help in the garden. We've put a (vegetable) garden in

for the residents and we use some of our own fruit and veg. The sensory garden is now also in place". An activity companion told us that "Sunday afternoon is 'Strictly'". They explained that the TV show was on too late on a Saturday night for some people and so they now showed it on the big screen on a Sunday afternoon and it had been a great success.

Some people chose to spend their time in the rooms. One told us "I like to be in my room with the TV and paper; TV is my favourite". For one person an activity companion had picked flowers out of the garden and taken them to a person's room so that they could take part in some flower arranging. An activity companion told us "We go and see people in their rooms every day and have a chat. We have a tablet and use it to show pictures of what has been going on".

People had enjoyed trips into the local community and been supported in maintaining links with friends and clubs. One person told us "I like word games and they do have scrabble at another home. It gets us out on a Friday". One person had always loved working with horses and enjoyed trips into the New Forest. Another person attended a weekly stroke club locally. Other links with the community had included local school children visiting and some of the ladies teaching them how to knit. A post box was situated in reception which was used by people and staff and had a daily collection.

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. We spoke with staff who had a good knowledge of the care people needed and felt they were kept up to date with changes. A care worker told us "We have time to read the care plans. We have a handover every day and any changes they (nurses) will inform us". We spoke with a senior care worker who explained "If we assess there is an increased risk we discuss with the nurses and they arrange whatever actions are needed".

People were involved in regular reviews of their care. One person told us "Every six months I'm reviewed and my views are respected". Another told us "One carer does a review every three months. She comes with a plan and goes through it with me". We looked at care records and saw that each plan was reviewed at least monthly or more frequently if required such as when a person had returned from hospital or was poorly. Daily records were kept which provided information on the care a person had received, their health and how they had spent their day.

Links had been made with the local hospice. This involved visits to people and joint care planning when people were nearing the end of their life. The registered manager explained "This means the hospice comes to the home rather than the person having to move into the hospice".

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government ombudsman. One person told us "If I have a problem I can talk to the staff and get an answer". Another told us "If I was worried I would talk to matron; she's very good".

Good

Is the service well-led?

Our findings

The registered manager oversaw two homes which were in close proximity to each other. They told us "I spend roughly 50/50 between here and Woodpeckers. The time is partly planned and partly responsive". The management structure included a clinical lead and senior nurse who provided leadership in the absence of the registered manager. We spoke with staff who understood the management structure within the home and felt it provided effective leadership. A senior care worker told us "The home is well organised. Anything I want to know is always at hand". A nurse told us "I feel the home is extremely organised. (Clinical lead) is a lovely person and makes sure everything is in its place and it happens".

People, their families and staff described the culture of the service as open and transparent. A nurse told us "You feel part of it; there's no conversations happening in private, everything is in the open". A care worker told us "I feel I have a voice". Another told us "Any concerns you can talk to the manager; they support you. At staff meetings we talk about all issues and they (manager) will get them actioned". We spoke with one person who told us "I see the manager quite often and can always talk with her". Another told us "The manager is accessible and they don't hold it against you if you make a fuss about something".

Staff spoke positively about the teamwork and respected and understood the different roles they had in contributing to supporting people. A nurse told us "The carers are so good. They are so up to speed and helpful. If you ask them to do something they immediately react and do it. You can trust them". A care worker explained "We work together as a team. Each shift we're allocated about five people but we work together as some people need to use a hoist". The registered manager engaged with staff at all levels recognising their diversity, providing support tailored to their individual needs.

Processes were in place that enabled effective communication with the staff team. Staff described communication as good and felt they were kept up to date with events in the home. We observed a morning meeting which is held for 10 minutes each day. A representative from all the staff teams attended and included a nurse, senior care worker, housekeeper, chef and a member of the activities staff. Topics discussed included emerging risks with people, admissions and discharges, events happening in the home that day and the menu. The meeting was minuted and displayed each day in the staff room for all staff to read. Monthly meetings were held with staff. A care worker told us "We have staff meetings with the manager and any ideas or suggestions you want to talk about you can. They make you feel at ease which makes it easy to contribute". We read a newsletter produced by the company which included information for staff about work happening within the business such as quality audits.

Staff talked with us about the homes values and explained how they had to be honest, reliable, friendly, respectful and care. A care worker told us "Values are talked about every day. In my view we embrace them. We tend to work as a family and we treat people as we would like our mum to be treated".

Staff told us they felt appreciated. One care worker said "I do feel appreciated. They do give you praise when you do a good job and thank you". Another told us about the 'Award of Excellence' scheme. "We have competitions where people and other staff can vote for you".

We read minutes of relatives forums and they included discussions about aspects of legislation that impacted on people living in the service. An example included a discussion on the Mental Capacity Act and associated safeguards.

The manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Quality assurance systems were embedded and provided robust information that when necessary had led to service improvements. An example had been a call bell audit which had highlighted particular times of the day when there was a high demand from people for support. It had looked at any trends specific to individuals and spoken with staff. The outcome had been additional staff, changes in staff deployment and care plans being reviewed so that staff could offer support in advance of a person calling for help. One person suffered with anxiety and they had agreed a room change so that they were in a busier part of the building and this had reduced their need to use the call bell so often.

A quality assurance survey had been completed in June 2017 and an action plan detailed how the feedback had been used. An example had been that people had asked for an informal opportunity to feedback to the manager and chef. In response an informal monthly afternoon tea with the manager and chef had been arranged.