Mr & Mrs M Lawrence

Fairlawn Residential Home

Inspection report

327 Queens Road
Maidstone
Kent
ME16 0ET

Tel: 01622751620
Website: www.fairlawnresidentialhome.co.uk

Date of inspection visit:
04 December 2018
05 December 2018

Date of publication:
16 January 2019

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 inspected the service on 4 and 5 December 2018. The inspection was unannounced.

Fairlawn Residential Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fairlawn is registered to provide accommodation and personal care for a maximum of 26 frail and elderly people, some of which were living with dementia. The service is a large extended property and people's accommodation is provided over two floors with a stair lift available to support people to the upper floor.

There was a registered manager at the service. 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 the last inspection on 2 and 3 October 2017, we told the provider to take action to make improvements. This was because people, their relatives and staff told us there were not enough staff to meet the needs of those using the service. Additionally, we found shortfalls in the registered manager had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service.

At this inspection we found there were enough staff deployed to meet the needs of people. Staffing levels had increased which had a positive impact on people using the service. The registered manager had improved quality monitoring procedures and audits, and had a better oversight of the quality of care being provided.

People were protected from the risk of abuse. Staff were trained in how to identify abuse and knew how to report it. Risks to people and the environment were assessed, recorded and staff took steps to minimise them. New staff were recruited safely in line with best practice and nationally recognised guidance. People received their medicines safely. Staff received training and had their competency checked regularly. People were protected by the prevention and control of infection. The registered manager took steps to learn from accidents, incidents and when things went wrong. They used information to help prevent future accidents.

People had their care and support delivered in line with current legislation and best practice guidance. Newly recruited staff received an induction which included training courses and shadowing more experienced staff. Other staff received refresher training that was built around those using the service. People's nutrition and hydration needs were being met. People were involved in developing menus. Staff sought and followed guidance from health professionals if people had health conditions. People had access to health care and treatment. People's needs were met by the design and adaptation of the premises. People were able to decorate and furnish their rooms as they wished. Staff were knowledgeable about the Mental Capacity Act (MCA) 2005, and worked in line with its principles.

Support was provided to people in a personalised way. Each person had their own care plan which had been reviewed taking into account their preferences and views. People were supported to take part in activities of their choosing. People said they knew how to make a complaint, and would do so if the need arose. Complaints were managed in accordance with the registered provider's policy. People were supported at the end of their lives to have a dignified death. Their preferences were gathered and staff worked closely with health professionals.

The registered manager had the skills and experience to lead the service. The culture at the service was honest and transparent. Staff said they felt proud to work at the organisation. They had oversight of the daily culture in the service, which included the attitudes and behaviour of staff. People, their families and staff were encouraged to be engaged and involved in the service. There were links with the local community.

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 protected from the risk of abuse.

Risks to people and the environment were assessed, and staff took steps to reduce those risks identified.

There were enough staff available to meet the needs of people.

People received their medicines in a safe way from staff who were trained to do so.

People were protected by the prevention and control of infection.

The registered manager took steps to ensure lessons were learned when things went wrong.

Is the service effective?

Good

The service was effective.

People had their care delivered in line with current legislation and best practice guidance.

Staff had the skills and experience to meet the needs of people.

People's nutrition and hydration needs were met.

Staff followed the guidance from healthcare professionals and ensured people had access to health care and treatment.

Staff knew how to seek consent from people and were knowledgeable about the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect.

People were supported to express their views about the support they received.

People had their privacy and dignity respected and promoted.

Is the service responsive?

Good

The service was responsive.

People were in control of how their support was provided, and support was provided in a personalised way.

People said they knew how to raise a complaint and would do so if they needed to.

Staff were supporting people at the end of their lives to have a dignified death.

Is the service well-led?

Good

The service was well-led.

The registered manager had oversight of the daily culture in the service.

The culture was transparent and honest, and staff told us they felt valued and proud to work for the organisation.

People, their families and staff were encouraged to be engaged and involved in the service.

The service had developed links with the local community.

Fairlawn Residential Home

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.

This inspection took place on 4 and 5 December 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed the care provided for people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we spoke with five people about what it was like to live at the service. We spoke with four relatives. We also spoke with nine staff members which included the registered manager, the administrator, the team leader, a senior carer, the activities coordinator and four care workers. We inspected the environment, which included checking some of the bedrooms, the laundry area, kitchen and communal areas.

We looked at risk and quality audit records, policies and procedures, complaint and incident and accident monitoring systems. We looked at seven people's care files, five staff recruitment files, the staff training programme and medicine records.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.

Good

Is the service safe?

Our findings

People and their relatives told us staff made them feel safe. One person said, "I am a bit wobblily on my feet, staff are always about to help me if I need them." Another said, "If there is anything you can't do the staff will help you." A relative said, "They seem to look after Dad very well. Monitoring him more than I could ever do, making sure he is okay."

At our last inspection on 2 and 3 October 2017 we found that the registered provider had not deployed enough staff to meet the needs of the people using the service. We saw people required support but did not receive it, and staff, people and their relatives felt there were not enough staff on shift. This was a breach of Regulation 18 of the Health and Social Care Act (regulated Activities) Regulations 2014. We asked the registered provider to send us an action plan of what
improvements they would be making to ensure they met the regulation. The provider did this and has now met the breach in regulation.

The service had made improvements to staffing levels and there were now enough staff to meet people's needs. Since the last inspection the registered manager had introduced a dependency tool, which was used to calculate the number of staff needed on each shift based upon the needs of the people in the service. This tool showed additional staff were needed and staff rotas showed the increased number of staff were being deployed. People and their relatives told us this increase had been sustained over a period of time before our inspection, with one relative telling us, "There are enough staff now. The management addressed the concerns raised at the last CQC inspection. There are now more staff in the mornings." Another said, "I always see staff around when I visit mum." A person told us, "Staff are quick at coming when I press the buzzer for help to get out of bed." Staff were positive about the changes to staffing levels. One staff member said, "You can see the difference, with the staff and residents. It's a lot calmer and runs a lot smoother." Another said, "One lady loves cuddles. Now I have more time to hold her hand, give her a cuddle and talk to her."

Staff were recruited safely. Recruitment files were stored in a locked cupboard and were only accessible to authorised staff. The registered manager carried out check on new staff to ensure they were suitable to work around vulnerable people. These checks included obtaining references from previous employers and a full work history. Any gaps were explored and explained. A Disclosure and Barring Service (DBS) check also helped inform the decision about the suitability of the candidates. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people.

People were protected from the risk of harm. Staff received training as part of their induction. Records showed more established staff received refresher training on how to identify and report abuse on a yearly basis. Staff we spoke with were knowledgeable about the different types of abuse, and were confident that any concerns they raised would be dealt with appropriately by senior staff. Staff also knew they could report concerns to external agencies like the local authority safeguarding team, the police of CQC. The registered manager showed a good understanding of safeguarding procedures, and had worked with health professionals in a transparent manner when investigating safeguarding concerns.

Risks to people were assessed and steps had been taken to reduce risks to help keep people safe. Each person had risk assessment completed by a senior member of staff when needed, and this was kept with their care records so staff knew what action they needed to take to reduce any risks. The assessments were regularly reviewed, and care staff told us that if there were any changes the assessments were updated immediately. For example, one person had been identified to be at risk of choking when eating their meal. Clear guidance was provided in the risk assessment to guide staff in how to reduce the risk whilst enabling the person to remain as independent as possible.

Risks to the environment were assessed to make sure it was safe for people to live in. For example, the handy person carried out regular checks on water temperatures in people's rooms to make sure they were safe from the risk of scalding. Checks were carried out on electrical equipment people brought into the service when they first moved in, and these were reviewed regularly. Staff reported any issues to the handyperson, such as a broken lightbulb, and records showed these were fixed quickly.

Steps were taken to ensure people were kept safe in the event of an emergency. We saw fire equipment such as extinguishers and smoke detectors throughout the building. Records showed these had been regularly maintained. The fire alarm was tested regularly and staff told us they knew what to do if it was activated. Each person had their own evacuation plan which showed the support they needed if the service needed to be evacuated, such as if they needed support to walk or if they could leave the service unaccompanied. The registered provider had arranged for the fire service to carry out a recent inspection of the service, and any actions from the inspection had been followed up and rectified. The service had a business continuity plan which provided guidance to staff if particular situations arose, such as if adverse weather conditions mean staff found it difficult to get people's medicines from the pharmacy.

People received their medicines safely. People's ability to manage their own medicines was assessed when they moved into the service and regularly reviewed. If support was needed, it was provided by staff who had training to do so, and who had their competency regularly assessed. Information on the support needed was kept in the person's care records and was accessible to all staff. Photographs of people were in place on medicine records to help staff identify people when giving them their medicines. Most people were in receipt of 'as and when required' medicines such as paracetamol. We saw staff quietly asking people if they felt they needed this medicine and only giving it if it was needed. Procedures were in place to make sure people received these medicines in line with the manufacturers maximum dose recommendations. One person told us, "I get my medicines twice a day, and always get asked if I want paracetamol for the pain in my legs."

People were protected by the prevention and control of infection. Staff had easy access to personal protective equipment such as aprons and gloves outside each person's room. People confirmed staff wore the equipment, with one saying, "Staff always wear aprons and gloves when I have a bath." And another saying, "[Team leader] always wears gloves when giving me my medicine." We saw staff wearing gloves when they were assisting people during lunchtime. Alcohol hand gel sanitisers were situated throughout the home. Staff had completed infection control and food hygiene training, and followed best practice guidelines when managing soiled clothing. The service was clean and tidy.

Accidents, incidents and near misses were recorded by staff and reported to the registered manager. This showed how the accident or incident occurred and what immediate action was taken to keep people safe. The registered manager used this information to look for patterns and trends. For example, staff recorded when people had falls and one person had fallen a number of times in a short period of time. Staff noticed a change in their physical condition, arranged for a visit from the person's GP, who identified an issue with the person's medicines. These were changed and the person had not had any further falls.

Good

Is the service effective?

Our findings

People and relatives said that staff had the right skills and experience to support the people in their care. One person told us, "They definitely know how to look after me. I make my own decisions on what help I want from the staff, they don't tell me, they'll ask first." Another said, "I'm always asked what I would like to eat. If you don't like any of the dishes you are able to choose another dish. I like going out to the dining room for my meals. I like to be nosy and see what is going on." A relative told us, "I've been quite impressed, they appear to err on the side of caution. They're very much on the ball when mum needs medical attention."

People's care was delivered in line with current legislation and best practice. Each person's needs were assessed by senior staff, and the had a care plan which indicated how they wanted to be supported. This included information about their communication needs, and details of their past medical history. Assessments were carried out in conjunction with health professionals and family members and friends if necessary, with senior staff visiting, for example, a local hospital to discuss the person's needs with health professionals before they moved into the service. This helped to make sure staff had access to all the relevant information ensuring they were able to adequately meet the person's needs. Another person told us, "[Team leaders] visited and completed an assessment at home, they could see how I managed for myself and asked me what help I wanted from the staff here." Care planning considered any other support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

Staff had the skills and experience to provide effective care and support. Newly recruited staff were supported with an induction into the service, which included reviewing the registered provider's policies and procedures, training and shadowing. New staff felt supported by more experienced colleagues, with one telling us, "They didn't just leave me hanging, they made sure I knew what I was doing. It's nice to feel like I know what I am doing. To feel like I can go up to someone and ask for help and not feel like I'm burdening someone or annoying someone." Refresher training was provided to more experienced care staff, including in subjects such as moving and handling, dementia awareness, continence promotion, basic first aid and nutrition and hydration. Senior staff had recently supported with people management skills training. The registered manager had a training plan for all staff which helped make sure staff were up-to-date with the core subjects.

Staff received the support they needed to undertake their role. They had access to out-of-hour support from the registered manager and other senior staff over the weekends and during the evenings. Staff were also supported through regular supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

People were supported to eat and drink enough to help maintain a balanced diet. Kitchen staff involved people in the development of menus. We observed a staff member going around people individually to find out their choice of meals. For the evening and lunchtime meals each main dish and each vegetable

accompaniment were displayed in separate columns on the sheet. The staff member sat down beside people and held up the sheet enabling people to read the options whilst she pointed each option out. The staff member gave people time to choose their main dish asking them what did they fancy before asking them their vegetable choices. One person chose a sandwich option for the evening meal and was asked would they like a condiment and some salad with it. Another person told us, "The food is lovely. Today I am having corned beef and mash with baked beans, my favourite, instead of today's menu." Most people ate together in the dining area, and those who didn't were supported by staff in their rooms. Mealtimes were relaxed and the food looked well-balanced and nutritious. People with specialist diets were catered for, and the chef had easy access to people's allergies and preferences so meals could be planned taking these into account. A relative told us, "Mum is on a restricted diet due to her health condition. The cook is very good at making sure she has alterative dishes which she can choose."

Staff worked with each other and other organisations to deliver effective care and treatment to people. We saw discreet communication between staff when they were discussing people's needs. At the end of each shift staff completed a handover with the incoming staff which made sure they were aware of any issues or concerns. Staff made appropriate referrals to health professionals when needed. One professional told us, "They are very good when I come in. There is always a member of staff to accompany me, I have access to the information I need and all the staff are very approachable." If a person needed to go to hospital for an appointment, staff accompanied them and gave hospital staff information on the person's needs, allergies and medicines.

People were supported to have timely access to healthcare services. Staff supported people to understand what their healthcare needs were, with one person telling us, "Staff very good at calling the doctor for me. I've just been prescribed eye drops for my dry eye." Another person had a health condition which was being monitored daily by staff. When there were concerns about a change in the condition they arranged for the GP to visit, who changed their medicines. Staff made sure people had access to a chiropodist, who visited the service every six weeks, and a district nurse visited the service daily.

The registered provider was meeting people's needs with the design and decoration of the premises. The service was set over two floors, both of which were well lit and had wide corridors. Access to the first floor was via stairs which had stair lifts to help those with mobility issues. Feedback from recent resident and relative surveys had suggested installing a lift as there were concerns that one day some people would not be able to use the stair lifts and the registered manager told us this was being considered by the registered provider. People were able to decorate and furnish their bedrooms as they wished, with one telling us, "I was able to bring my bookcase for my books and magazines. I've got lots of family photos on the walls and of course this comfortable chair." Some signs, such as those identifying the bathroom and toilet were in picture format to help those with dementia navigate the building. The registered manager had also acted upon feedback from people about the décor of the premises and had arranged for a contractor to visit to paint some communal areas.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was

knowledgeable about the MCA and procedures for DoLS and had submitted all DoLS applications when needed. Staff were mindful to ask for people's consent before they carried out any care or support with one relative telling us, "Staff always ask him where he would like to eat. He tends to choose to sit on the settee with a table place in front of him rather than at the dining table as he finds it more comfortable." Another person with dementia sometimes refused to take their medicine for a health condition. The registered manager followed the principles of the MCA by arranging for a best interest meeting, where the person's GP and family decided it would be in their best interest to receive the medicine covertly within their food. However, staff would still attempt to seek the person's consent for the medicine before following this plan.

Good

Is the service caring?

Our findings

People and relatives described the staff as caring and treated them with kindness. One person told us, "They are nice, caring people. They have lots of patience." Another said, "My room here is lovely; the staff are very good, it's a good home. I have told them I am not leaving." A further person told us, "If I am feeling down staff will sit and chat with me." A relative said, "The staff are very kind, mum is happy and pleased to see the staff. Her face lights up when she sees them." A staff member told us, "I treat them like how I treat my family, and how I would like to be treated myself."

We saw staff had enough time to treat people with kindness, dignity and respect. Staff had time to listen to people and we saw them responding to people appropriately and in a compassionate way. When one person became anxious staff quickly responded by sitting with them and speaking to them quietly, reassuring them and they soon became more relaxed.

Staff said they enjoyed working at the service, with one telling us, "We all take the time to get to know people when they move in to the service. There isn't one carer here who is eager to get out of the door. None of us mind going over tout time now if we need to." Staff appeared to be happy in their work and we saw them enjoying each other's company.

Staff took time to communicate with people in a way they could understand. We heard one staff member taking lunch to a person in their room, and carefully reminding them what they had chosen and encouraging them to eat as much as they could. Staff used other communication techniques such as holding people's hands when speaking to them, or getting down to their eye level so people could see their faces.

People were supported to express their views and were involved in decisions about their care and support. One person told us, "I make my own decisions. I have had my meals on my own for the last 20 years so prefer having my meals on my own in my room. After breakfast I like to have a lie down in my room, staff know this is my routine." Family members were encouraged to take part in reviews of their loved one's care if they were available. The registered manager told us, "We sit down with each person and explain to them what their care plan is, what it means to them and what it means to staff. We say, 'It's the bible of you'." If a person did not have anyone to act on their behalf, the registered manager would support them or arrange for external advocates to support them. One person was staying at the service on a temporary basis but was considering a permanent stay. However, they were concerned as they did not know how to manage their personal affairs. The registered manager had supported them by providing them with contact details for local support and advocacy organisations such as solicitors and charities.

People were supported to be as independent as they could be. Each person's care plan included information on how the person could support themselves, and staff were mindful to allow people the space and time to be independent. We saw people had time at lunch to support themselves and were not rushed. Others were encouraged to take part in personal care, with staff supervising, which allowed them to feel confident.

People's privacy was considered when they were being supported by staff. Staff described how they would make sure people had privacy, like knocking on bedroom doors and waiting for a reply before entering or reminding people to close the bathroom door when they used it. One relative said, "Staff always ask me to leave the room when he is having a wash and change." There were private areas within the service for people to hold conversations with their relatives and friends, and the registered manager said there were no restrictions on when people could receive visitors.

Staff made sure people's private information was kept safe. Care records were locked away when they were not being used by staff and computers were password protected so they could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

People told us they found staff were responsive to their needs. One person said, "If I had any issue, I would just speak to my key worker." A relative told us, "We completed a care plan from the initial assessment. The activities person did a life history book for mum including her hobbies. She just loves the new activities person, she joins in the games and loves arts and crafts."

Each person had a care plan in place which was tailored to their individual needs. The registered manager had reviewed and revised the format of each person's care plan since our last inspection in conjunction with the person and their relatives. They contained details of how the person would like to be supported and were written in a person-centred way. Care plans included goals and expected outcomes of the support the person was receiving. They showed, for example, techniques for staff to use to encourage people to receive care if the person was declining support, particularly for those who were at risk of health conditions if they did not keep up with their personal care. One person told us, "I discussed my care plan with my key worker. Staff help me with washing and dressing and I'll shave myself."

Staff were positive about the new format. One staff member said, "The care plans are now very good. I like the layout, the structure. Information is easy to find. The paramedics said they loved the look of the care plans, it's much more clearer and it's much easier to search through than the old ones." Another said, "We have simplified things to make it easier for outsiders to come in and support people, like when we have new staff." One new staff member said, "They're self-explanatory and they make sense. It has information about the persons individuality, I haven't needed to waste someone's time be asking what their care needs are as it's all written down. I can just get on with helping them."

People and their relatives were positive about the activities provided at the service. The registered provider had employed a new activities coordinator since our last inspection. They were in the process of gathering details of people's interests and hobbies and recording their 'life story'. People, their relatives and staff were positive about the contribution they had made to the service. Some activities were provided either as a group. We saw people playing scrabble in the morning and in the afternoon a ball throwing exercise which people joined in enthusiastically. The activities co-ordinator made sure that people had an opportunity to throw and the target was placed to suit the person abilities. The activities plan showed a nursery had visited the day before our inspection, and people spoke positively about the interactions they had with the children. There were plans for a different school to visit in the days following our inspection, as children would be singing Christmas carols. Some people chose not to join in with activities but staff did not exclude them. The activities coordinator visited people in their rooms to sit and chat. One person said, "I prefer to stay in my room. The activities person visits try to see if I want to join in but I prefer watching cricket and football on the TV."

The service was meeting the accessible information standard. This standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. People who had communication needs had them clearly recorded in their care plan so staff knew how to support them. People had access to large print information if they wanted.

Staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending regular religious ceremonies external to the service if they wished to do so. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history and their cultural background.

People and their relatives said they knew how to make a complaint, and they thought any issues they had would be taken seriously by the registered manager. The registered provider had a complaints procedure and this was followed what dealing with complaints. People we spoke with told us they had not needed to make any complaints, but would be happy to do so if the need arose.

People were supported at the end of their lives to have a pain free and dignified death. People and their relatives told us they had been involved in making plan about their end of life care. One relative said, "When mum first came into the home mum and I sat with the team leader and completed a form setting out her wishes." These included taking into account if the person would prefer to be supported in the service or would like to go to a local hospital. Where one person coming to the end of their life was taken to hospital, the registered manager had visited and spoken to health professionals about the persons wishes to pass away at the service. They worked jointly with hospital staff, the local hospice and district nurses so these wishes could be respected.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well-led. One person told us, "In my opinion the manager does a good job in running this home. It's well maintained, any repairs are done straight away and at the moment the guys are in doing some decorating in the dining room. I get on well with the manager, she's always cheerful and will stop and have a chat." Another said, "The staff seem to get on well together. They are a happy team, always laughing." A relative told us, "The manager runs the place well. She always acknowledges me when I visit and will always help out if she is passing a person who wants some assistance."

At our last inspection on 2 and 3 October 2017 we found that the registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service. This was because they had not identified the shortfalls in service provision we saw during our inspection. This was a breach of Regulation 18 of the Health and Social Care Act (regulated Activities) Regulations 2014. We asked the registered provider to send us an action plan of what
improvements they would be making to ensure they met the regulation. The provider did this and has now met the breach in regulation.

At this inspection we found the registered manager had made improvements to quality assurance procedures. Quality audits were now being carried out by the registered manager. These included the way in which people were supported including, for example, for people who were at risk of not eating and drinking enough. Other checks included the management of medicines, monitoring the provision of training and guidance for staff, recruitment checks as well as safety checks of the service and equipment used in it.

There was a registered manager in post. 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. The registered manager was aware of their responsibility to comply with our registration requirements. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. They kept up-to-date with changes in legislation and best practice guidance, and were encouraged to further their professional development by attending management training courses.

The registered manager was aware of the culture within the service. Staff were aware of the values of the service, which included being "Committed to providing quality services for service users by caring, competent, well trained staff." The registered manager described the service as "really positive, it's homely and like a family. There is a positive and motivated culture with the staff. We all care that each other are happy." We saw the registered manager and other senior staff made themselves constantly available to staff, people and their relatives throughout the day. The registered manager periodically worked during the night so they could check night staff were working towards the values of the service. Staff told us they worked well as a team, with one telling us told us, "We get on well, we communicate well with each other and we don't gossip about people living here, or each other." Rotas were drawn up fairly, taking into account people's

personal lives and commitments outside of the service.

People, their relatives and staff were involved in shaping the service. The registered provider had carried out surveys to gather the opinions of those using the service, and where areas of concern were identified they were followed up. When concerns were raised about the décor, the registered manager had written to people and their relatives about the plans to improve the environment. Resident meetings were used to discuss which new activities people would like to take part in, and the food they would like on the menu.

Staff worked in partnership with other organisations in the local community to ensure they provided joined up care. They worked openly and transparently with the local authority when discussing new referrals into the service or safeguarding concerns. Staff were establishing links with local schools which they hoped would enhance the lives of those living at the service. They worked in conjunction with health professionals such as district nurses, GPs and speech and language therapists.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and within the service.