Lostock Lodge Limited

Lostock Lodge

Inspection report

34 Wateringpool Lane
Lostock Hall
Preston
Lancashire
PR5 5AP

Website: www.lostocklodge.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 September 2018 and was unannounced. This meant that the service did not know we were coming. The last inspection took place on 18 and 19 April 2017, when it was rated as requires improvement in the areas of safe and well led and rated good in effective, caring and responsive. This meant that the overall rating was requires improvement. We identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. This was because we had concerns about the management of medicines.

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe and well led to at least good. During this inspection, we found the service was meeting the requirements of the current legislation.

Lostock Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lostock Lodge accommodates up to 32 people in one adapted building. It provides accommodation for persons who require personal care for people living with a dementia and older people. At the time of our inspection 24 people were in receipt of care at the home. All bedrooms were of single occupancy and all but four were located on the ground floor level. Corridors were large and accessible for wheelchair users and level access to the outside gardens was available.

The service had a registered manager in post at the time of our inspection. 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 was run.

People told us they felt safe in the home. Staff we spoke with understood the procedure to take when dealing with any allegations of abuse. Systems were in place to guide staff about acting on abuse allegations.

Improvements were noted in the management of medicines. We saw medicines administered safely during our inspection.

Individual and environmental risk assessments had been completed that provided staff with guidance about how to protect people from risks. Infection control procedures were in place and we observed staff using personal protective equipment during our inspection.

All feedback that we received about the staff was that they had the knowledge and skills to deliver effective care and that relevant training was provided. People had access to health professionals when they required it. Safe recruitment practices were embedded in the home.

Staff understood the principles of the Mental Capacity Act (MCA) and relevant Deprivation of Liberty Safeguards (DoLS) applications had been completed. 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. Details about advocacy services were on display that would support people to make important decisions.

The home had been adapted to ensure it met people's individual needs. There was an ongoing refurbishment plan. We saw improvements to the environment and décor of the home was taking place.

People were happy with the care they received and staff were seen treating people with dignity and respect. Care people received was delivered in the privacy of their own bedrooms and bathrooms. Care files contained information to guide staff on how to meet people's individual care needs. Information about how to support people at the end of their life needs was in place.

An activities programme had been developed and we saw people taking part in activities during our inspection.

A complaints procedure was in place and details about how to complain was on display in the public areas of the home. Positive feedback about the home was recorded. The home had completed surveys to obtain the views of people who used the service and the staff team.

Audits were seen that demonstrated the home was monitored and safe for people to live in. We received positive feedback consistently about the leadership and management 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?

Good

The service was safe.

Systems were in place to provide staff with relevant knowledge and guidance about how to act on allegation of abuse. Staff understood how to deal with allegation and safeguarding training had been provided by the home.

Medicines were stored safely in the home and records we looked at demonstrated safe medicines administration.

Safe systems were in place to ensure only suitable staff were recruited to work in the home. Staff were visible around the home responding to people's request in a timely manner.

Is the service effective?

Good

The service was effective.

All feedback we received about the staff was that they had the knowledge and skills to deliver effective care. Relevant training was provided. People had access to health professionals when they required it.

Staff understood the principles of the MCA and relevant DoLS applications had been completed.

The home had been adapted to ensure it met people's individual needs.

Is the service caring?

Good

The service was caring.

People were happy with the care they received and staff were seen treating people with dignity and respect.

Care people received was delivered in the privacy of their own bedrooms and bathrooms.

Details about advocacy services were in display that would support people to make important decisions.

Is the service responsive?

Good

The service was responsive.

The care files we looked at had information about how to meet people's individual needs. Assessments had been completed that contained specific information about them.

Policies and procedures about end of life care was seen that provided appropriate guidance to staff about how to support people at the end of their life.

An activities programme was on display in the public areas of the home. Records we looked at confirmed activities were taking place and we saw people taking part in activities during our inspection.

Details about how to complain was on display in the hallway. We saw positive feedback had been received in the home.

Is the service well-led?

Good

The service was well led.

All people we spoke with were complimentary about the registered manager and the management team.

We saw team meetings had been held and surveys had been completed by people who used the service and staff about the home.

Quality audits had been completed that confirmed that the home was safe and monitored.

Lostock 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.

This inspection took place on 25 September 2018 and was unannounced. This meant that the service did not know we were coming. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we looked at all of the information we held about the service. This included any statutory notifications that providers are required to send to us by law, any incidents or feedback about the service. We also looked at the Provider Information Return (PIR) that the provider had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the home.

We undertook a tour of all public areas of the home, including the lounges, dining areas, conservatory, public bathrooms and toilets. We also checked the laundry, the kitchen and the hairdressers. We spoke with four people currently in receipt of care and one visiting family member and received feedback from two visiting professionals. This helped us to understand the experiences of people living in the home. During our inspection we undertook observations in two of the public areas of the home.

We also spoke with seven members of staff these included, three care staff, the administrator, the care manager, the nominated individual and the registered manager who took overall responsibility for the service. We checked the care files for four people currently in receipt of care, medication administration records, three staff recruitment and training files and other records in relation to the operation and oversight of the service. These included, duty rotas, audits, monitoring, surveys and feedback about the service.

Good

Is the service safe?

Our findings

All of the people who used the service and a visiting relative told us they felt safe living in the home. Comments included, "I feel safe and well cared for" and "I am happy here." A visiting professional told us, "It is a lovely home the staff are all pleasant."

Staff we spoke with were able to demonstrate the appropriate procedure that they would take to deal with an allegation of abuse. They told us, "I would report any abuse to a senior and then the [registered] manager and would write it down. I am confident any concerns would be sorted by manager." Training records we looked at and staff we spoke with confirmed they had received safeguarding training. This would support the staff knowledge about how to act on any allegation of abuse.

Whilst no safeguarding investigations had taken place the registered manager told us they used the local authority guidance to act on, report and investigate allegations of abuse. This would ensure people would be protected from any future risks.

People we spoke with raised no concerns in the way that their medicines were managed by the home. The staff responsible for medicine administration told us they had received the relevant training and undertaken medication competency checks in the last year. Staff records and competency, checks we examined confirmed that staff that were responsible for medicines administration had received training and competency checks to support them in this role.

At our last inspection we identified some concerns in relation to the administration of medicines. During this inspection we found improvements had been made. Medication Administration Records (MARs) we looked at had been completed and signed in full and there was evidence that 'as required' care plans were in place. These identified specific guidance in relation to people's individual administration. Relevant information was recorded on the MARs however we noted one person's record did not identify an allergy. We discussed this with the registered manager who took immediate action and ensured all records reflected people's allergies. We saw evidence that monthly audits were being completed for medicines management. Where any gaps had been identified records confirmed the actions taken that would reduce any future risk and ensure lessons were learned going forward.

We observed part of the medication round. Medications were stored securely in medication cupboards in people's individual bedrooms. Staff were seen demonstrating safe practice in relation to the administration of medicines. This included checking the record, waiting to ensure the medicine was taken and signing the record on completion of the process. Systems were in place that ensured medicines delivery and returns were managed safely. We checked a sample of controlled medicines and saw that these had been stored safely and the stock levels had been accurately recorded in the register. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Daily room and fridge recordings had been completed that confirmed required temperatures had been maintained to ensure safe storage.

We looked at the systems in place to ensure staff were recruited safely to the home. Staff files we looked at confirmed application forms had been completed along with records of interview questions and references to confirm staff recruited were suitable for their role. Relevant checks had been completed. These included proof of identity and Disclosure and Barring Service (DBS) verifications that had been obtained. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Staff files confirmed staff had undertaken an induction on commencement of their role. This would ensure staff were provided with the required knowledge, guidance and skills to equip them with their new role.

All people who used the service and the relatives we spoke with told us there was enough staff available to provide them with the care that they needed. Comments included, "The staff are a great bunch" and "The staff respond to my buzzer." Visiting professionals raised no concerns in relation to the staffing numbers in the home. One professional said, "There appears to be enough staff to meet the needs of residents." Another said, "There is a low turnover of staff which is a good sign. They always meet me at the door."

Staff said of the staffing numbers in the home, "There is always enough staff the [registered] manager and the deputy [care manager] will roll their sleeves up when needed." We observed staff visible in all public areas of the home. Staff were seen responding in a timely manner for people's requests for support and buzzers were responded to promptly.

We checked the duty rotas which confirmed the staffing allocation for each shift. These were consistent across the whole week. Where amendments were required for example due to holidays or sickness records confirmed the staffing levels were maintained. Where extra staffing was required we saw the service made use of bank staff to cover gaps. We spoke with one bank staff member on the day of our inspection. They told us they were previously a permanent member of staff and was still a regular staff member in the home which meant they knew people's needs well. This would ensure people received appropriate and timely care from a consistent staff team.

Records we looked at confirmed accidents and incidents forms had been completed. Records included details of the actions taken, relevant checks, any completed investigations and where referral had been made. The home had developed a flow chart that would support effective monitoring of any incident and accidents and to enable analysis of themes and trends as well as any lessons learned to reduce any future risks.

Environmental risk assessments were detailed and provided evidence that a wide range of areas were assessed to ensure the home was safe to people to live in. The records considered the hazard and the measures to take to reduce any potential risks. Areas covered included, radiators, toilet, electric plugs, sockets, lounges, hoist and slings, mopping floors and the laundry room. Individual risk assessments had been completed in the care files we looked at that provided staff with guidance on people's individual needs and how to keep them safe. Topics covered included, falls, tissue viability and fire.

We saw the home had a detailed system in place to ensure the home was monitored and safe for people to live in. Regular servicing was taking place that confirmed systems and equipment was working properly. Areas covered included gas safety, lift servicing, slings, hoists, nurse call services, electric checks, portable appliance testing and waste transfer checks. Further checks had been completed on a wide range of areas such as, shower head checks, hot and cold-water checks and outlet checks.

The home had evidence that relevant fire safety checks had been completed such as fire alarm and emergency lighting. A fire risk assessment was seen along with confirmation of fire training for staff. An

emergency plan had been completed that would provide staff with up to date guidance about how to deal with an emergency situation. Personal emergency evacuation plans had been developed. The records we checked identified more personalised information was required to ensure they reflected people's individualised needs. We spoke with the registered manager about this who took immediate action to ensure these were updated and individualised.

We looked at the system in place for ensuring the home was clean and safe for people to live in. A professional we spoke with told us that hand washing equipment was not always available in all people's rooms to use. During our inspection we saw staff consistently using personal protective equipment appropriately for a variety of tasks including medicines administration, serving meals, personal care and household duties. The home was clean and tidy and no unpleasant odours were noted. Infection control policies were in place and the home had completed infection control audits that ensured it was clean and safe for people to live in.

Good

Is the service effective?

Our findings

All people and relatives we spoke with told us that staff had the knowledge and skills to deliver their care effectively. Comments included, "We are looked after very well here", "We have nothing but praise for them [the staff]. They do a great job." Visiting professionals told us the staff were knowledgeable and competent to deliver care to people who used the service. They said, "The staff are well trained. And people's needs are definitely met."

Staff confirmed they had been provided with a wide range of training that supported them in their role. They told us, "They [the provider] have paid for my NVQ level two. I am able to discuss my progress and any training needs. I want to be senior when I have completed my level two. I am up to date with training" and "The training is done on line and face to face. Mandatory training is provided."

Staff we spoke with and the training records we looked at confirmed staff had undertaken training that would support the delivery of care to people. Training included, nutrition, moving and handling theory, first aid awareness, fire, infection control, challenging behaviour, dementia care, food hygiene, care planning, risk assessments, assessing needs, dementia, and the care induction. There was a training matrix that ensured staff training was monitored by the management and ensured future planned training was in place. Questionnaires had been completed with the staff that confirmed knowledge checks had been completed on a number of topics including fire training, moving and handling and infection prevention.

Staff files contained evidence that a detailed induction programme was completed when new staff commenced their role. This would ensure staff received the relevant knowledge and guidance to ensure people received effective care. One staff member told us, "The induction programme is three days if new staff have care experience of five days if no care experience."

Staff told us and records we looked at confirmed staff received supervisions and appraisals. One said, "I have had three monthly supervision and yearly appraisals." This would support staff to discuss any concerns, future plans and any future training required. All of the staff we spoke with were happy in their role and felt very supported by the management team in the home. One said, "[Registered] manager is what you see is what you get extremely fair but wants the job done and [care manager] is a gem. The two of them are in the right jobs."

We undertook a tour of the building which had been adapted to meet the needs of people who lived there. Corridors were wide and accessible and all public areas of the home were easily accessible to people. Lift access was available to enable people who used the service to safely access both floors where required. The home was being refurbished which included memorabilia and themed corridors along with appropriate signage to support orientation in all areas of the home. We saw all bedrooms had the benefit of ensuite facilities and were personalised with people's mementos. The care manager told us all new admissions to the home were provided with personalised gift boxes that matched their likes and interests in their bedrooms.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 checked the care files and saw where people required capacity assessments these had been completed and their nominated representative had been involved in relevant decisions. Detailed DoLS applications had been completed and included evidence of the completed assessment. Staff training records we looked at confirmed staff had undertaken training in dementia care MCA and DoLS. Staff we spoke with understood the principles of the MCA and DoLS. This would ensure staff had the required knowledge and skills to ensure people were not being deprived of their liberty unlawfully. Information relating to DoLS was on display in the home to provide relevant information for people, visitors and staff.

A relative told us and the care files we looked at demonstrated that people's care had been discussed with them. However, the records contained little evidence of formal consent being recorded to demonstrate people had agreed to their care. We discussed this with the registered manager who took immediate action to ensure consent had been discussed, agreed and signed by all people who used the service or their nominated representative.

A relative we spoke with told us the home always informed them of any changes in their relative's health needs. They said, "They [the home] always call if [name of person] is unwell and the GP comes out to see her." Professionals we spoke with told us staff contacted them appropriately of reviews of people's health needs. One said, "I visit regularly. They [staff] know people well." Another told us that the home was organised and had all of the required information about people's needs in preparation for the reviews by them.

Care files had information in them that confirmed relevant health professionals were in involved in the care of people. These included the GP, district nurses and nurse consultant. Physical health needs were reflected in people's care files. this would ensure staff had access to information about people's individual needs and responded to any deteriorations in health conditions.

During our inspection we undertook observations in both dining rooms in the home. People were supported kindly by staff who were offering support when it was required however, we noted communication between people and staff was limited and would have benefitted from more meaningful conversation. We discussed this with the registered manager who told us they would take immediate actions to ensure all staff were reminded of the importance of meaningful conversation with people who used the service. Food served was nicely presented, portion sizes were appropriate and people had access to hot and cold drinks. One person we spoke with told us, "I thoroughly enjoy the food." Menus choices for the day were on display in both dining areas however one of these would be difficult to read due to discolouration on the notice board. Where desserts were offered no choice was provided to people this was despite one person asking for an alternative. We heard staff telling this person that their choice of dessert was available the following day.

Where people required it, we saw that staff supported them with their meals at a pace of their choosing. Food and fluid charts were completed which recorded what people had eaten or drank and the supported that had been provided by the staff. The registered manager told us they had introduced a hydration tool kit that had been provided by the local Clinical Commissioning Group which was improving the monitoring and recording of people's food and fluid intakes.

We looked in the kitchen and saw plenty of supplies of food available to enable a variety of meal choices for people. Cleaning schedules were being completed and fridge and freezer temperatures were recorded regularly. This ensured food was being prepared for people in a clean and monitored environment.

Good

Is the service caring?

Our findings

All people we spoke with were very happy with the care that they received. Comments included, "I feel well cared for", "We are well looked after here, I am happy" and "The care provided meets my needs." Professionals were complementary about the care provided to people in the home. They told us, "It is a calm and pleasant environment. It is a lovely home" and "All the staff are warm, welcoming and courteous, and can be seen interacting with residents [people who used the service] in a respectful, caring manner. The same can be said of staff dealing with relatives and professional visitors to the home."

Staff clearly understood the importance of delivering good care to people. Staff said, "I feel people get good care" and "The care is second to none, staff are always responsive" and "An excellent standard of care [is given] to people."

We saw kind and caring interactions taking place. Staff were seen talking to people politely on a level and at their pace. Where requests for support with care was required staff responded quickly to these requests. People were nicely presented with their hair nicely done and were wearing appropriate clothing for the time of the year.

People's privacy, dignity and human rights was respected by the staff team. Staff told us, "I always ask permission before undertaking any action. Always close the door and ask if okay and the curtains are closed." Care was delivered to people in the privacy of their bedrooms or bathrooms and staff knocked on bedroom doors and waiting to be invited in. It was clear from the interactions we saw that people were comfortable in the company of staff and a mutual respect had been established. On the whole people's choices and preferences were supported by staff that would ensure the care delivered to them was of their liking, met their needs and promoted their independence.

The registered manager told us and we saw a member of staff was a dignity champion. This would ensure guidance and information about how to protect people's privacy, and dignity was disseminated to the staff team from a nominated person. Policies on privacy and dignity, religion and cultural needs, sexuality, and equal opportunities had been developed to provide up to date and relevant guidance to ensure people's individual needs and choices were met.

We saw people were supported to utilise communication aids such as glasses and hearing aids. Care files contained relevant information about people's individual communication needs, how people speak and people's understanding. This would ensure people had access to aids to support them to be involved in decisions about their care.

We saw advocacy services leaflets on display in the public areas of the home that would guide staff about when and how to access advocacy service for people. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

We were told that the staff had discussed people's care needs with them. Comments included, "[The staff] have discussed my care at the beginning [of my stay]." When asked staff told us all people's needs and how to support them were recorded in their care files. They told us, "You have to understand the resident [people who used the services] needs, information is in care plans and we update the file with changing needs." Relevant polices and guidance was available for the staff about how to ensure care files were completed to reflect people's individual needs.

We looked at the care files which confirmed preadmission assessments had been completed in full. This would ensure that people's needs could be met when they lived at the home. Care plans and risk assessments had been completed and were up to date. These provided staff with the information required to ensure people received good individualised care. Areas covered included, past medical history, medicines, social interests, hobbies, continence, diet, oral care, communication, mobility and night care needs. Whilst information about how to support people's needs was seen one file we looked at would benefit from more detailed person centered information. Personal profiles had been developed that provided relevant information about the individual needs of people. Areas covered included, sight, hearing and communication, continence, personal care and physical wellbeing, oral health, foot care and diet preferences. Records relating to people's daily care delivery was seen that demonstrated what care had been delivered, by whom and when.

Personal information was recorded in the care files. This included, date of birth, GP and important information about people's medical history, medicines and any allergies that may be relevant was seen. This would enable staff to monitor and review people's conditions and act on any deteriorations in health.

We saw decisions relating to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) had been recorded in some people's care files. Whilst no people were being supported with end of life care at the time of our inspection we saw guidance available to staff about how to support people. And training was in place to provide staff with the knowledge and skills to supporting the dying, death and bereavement. A professional told the home was working in line with the Gold Standards Framework (GSF) and that some discussions were taking place with new people in the home around advanced care panning, death and resuscitation. They said this was something that could be further improved in the future. GSF encourages doctors, nurses and care assistants to talk to their patients at the earliest and most appropriate time, about how and where they want to be cared for. This meant that appropriate measures were taken to support people's needs as they neared their death.

A programme of activities was on display in the public areas of the home. We saw a number of activities taking place during our inspection. These included board games, draughts and colouring. Care files contained some information about activities taking place for people outside of the home. This included watching a football match in a person's home and a local club. We discussed this with the registered manager who confirmed this arrangement had been discussed and agreed with the relevant people involved in the persons care.

An activities file had been developed which contained basic information about the activities undertaken by people who used the service. These included, holy communion, tuck shop, manicure and nails, hand massage, colouring, listened to music, sales and ladders, dominoes. However, it was clear not all records completed by the staff were activities. For example, one person's record stated they had been asleep as an activity. The records had no reference as to whether the activities were enjoyed or if people had taken part. We spoke with the registered manager about this who told us they would ensure all staff were reminded of the importance of detailed and comprehensive activity records.

Systems were in place to ensure complaints were dealt with appropriately. Records included information about the concerns, notes from staff interviews and correspondence to the complainant. The complaints policy was on display in the entrance hallway. This would ensure people who used the service, visitors and staff had access to information about how to raise any concerns. None of the people we spoke with raised any concerns. One person said, "I have no concerns" and another told us, "I don't have any complaints."

We saw consistent complimentary feedback had been received by the home. Examples of comments included, 'I would like to take this opportunity to thank you for all of the care given to [name of person] in the time he was resident in your home. It has given [name] and I much comfort to know he was looked after so well in his final months', 'I wish to thank you very much for looking after my [name] and your kindness you have given her' and 'Thank you for looking after my [name] in a kind and compassionate way.'

We saw the home utilised assistive technology in the home to monitor and enhance the care people received. The registered manager told us they had introduced a system that monitored the times staff entered people's bedrooms and how long they spent in the room. They told us this ensured people received appropriately and the timely support that they required.

Computer systems had been developed that supported care planning and development along with effective audits and monitoring of the home. The registered manager told us they had developed a webpage online promoting the home and sharing good news. They said an author of a poem they had used on their webpage had contacted the home commending them on the good work taking place.

Good

Is the service well-led?

Our findings

All people we spoke with were very complementary about the leadership and management of the home. They told us, "[Registered] manager and [care manager] are very good." Staff told us, "I am very supported by the [registered] manager and [Nominated individual]" and "I feel supported by the [registered] manager and [Nominated individual] he comes in two days a week."

The registered manager told us of the improvements undertaken since our last inspection and that the nominated individual was supportive and provided whatever equipment was required to support the operation and management of the home. There was a manager in post at the time of our inspection who was registered with the Care Quality Commission.

The registered manager took overall responsibility for the day to day operation of the service. It was clear from our inspection that the registered manager had a good understanding of people's needs and was visible in all areas of the home. They operated an open-door policy and an open office had been introduced one Saturday each month. We were told that this enabled relatives access to the management team if they were unable to visit the home during the week as well as engaging with staff and the people who used the service.

Positive meaningful relationships were seen between people who used the service, staff and the leadership of the home. Throughout our inspection all members of the staff team demonstrated openness and supported a smooth inspection process.

We saw evidence of a detailed audit programme in place that ensured the home was monitored and safe for people to live in. Areas covered included, care plans, housekeeping, health and safety, hygiene, infection control, kitchen, laundry, mattress audit, personal care, staff supervision and weights. Audits seen included notes of their findings and the actions required as a result of them, we noted these had been signed when completed. This ensured any areas for improvement were acted upon. We were told the nominated individual completed provider audits which confirmed senior management oversight of the service was ongoing.

Certificates of registration and the ratings from the last inspection were on display in the public areas of the home as well as employer's liability, companies house, and an investors in People silver award. Investors in People are the mark of high performance in business and people management.

Records we looked at confirmed the registered manager submitted relevant statutory notifications to the Care Quality Commission as required by law. A variety polices and procedures were in place that would provide staff with information and guidance to support them to deliver good care to people. These included, infection control, moving and handling, first aid, whistleblowing, accident and incidents, health and safety, fire, information governance, business continuity, recruitment and equal opportunities.

We saw evidence of feedback from a variety of questionnaires and surveys from people who used the service

and staff. Topics covered included the standard of service, staff, standard of accommodation, family involvement, employee of the month, movies and menus. Feedback seen was positive and demonstrated people were happy with their care and the staff were happy in their working environment.

Regular team meetings were taking place that provided staff, people who used the service and relatives with information, enabled them to be involved in decisions and discuss changes in the home. Minutes seen included attendees to the meetings and the dates these took place. Topics covered included the refurbishment, staff, menu and food, trips, laundry, other issues and activities.