Jasmine Healthcare Limited

# Southmoor Lodge Care Home

## Inspection report

South Moor Lodge
South Moor Road, Walkeringham
Doncaster
South Yorkshire
DN10 4LD

Tel: 01427891204
Website: www.jasminhealthcare.co.uk

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Southmoor Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Southmoor Lodge provides personal care in one adapted building for up to 40 older people, including some who may be living with dementia.

At our last inspection in January 2017 we rated the service as Requires Improvement. People who used the service were not fully protected from harm or abuse or risks associated with unsafe or ineffective care. The provider did not have effective arrangements for service monitoring, evaluation and improvement when required. These were breaches of Regulations 11, 12, 13 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the service. This was because the provider needed to improve the key question about how they ensure the service is safe, effective and well led. This was the first time the service was rated as Requires Improvement. At this inspection we found the provider had made improvements to meet the relevant requirements.

We carried out this inspection on 12 March 2018. The inspection was unannounced. There were 23 people living at the service. We rated the service as Good.

There was a registered manager 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and they received safe care at the service. People were protected from the risk of harm or abuse by sufficient staff who were safely recruited.

Staff understood people's safety needs associated with their care, environment and any medicines they needed to take, which were detailed in their written care plans for staff to follow. Staff supported people safely and consistently when they provided their care and in the least restrictive way. This helped to reduce any known risks to people's safety.

The environment and care equipment was clean, well maintained and free from observable hazards to people's safety. Staff were provided with relevant equipment, guidance and training, which they used and followed to help ensure this. Emergency contingency plans were in place for staff to follow for likely foreseen emergencies to ensure people's safety, which they understood.

People received effective care from staff who were trained and supported to ensure this.

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.

Staff understood people's health conditions, related care needs and supported people to maintain and improve their health and nutrition. This was done in consultation with relevant external health professionals and staff followed their instructions for people's care when required.

People were supported in the way they preferred and needed to eat and drink sufficient amounts they enjoyed, which met with their dietary needs and choices.

Environmental facilities provided sufficient space, relevant aids and adaptations for people to move around safely and as independently as possible. People were comfortable and satisfied with their own rooms, which they could personalise to their own taste.

Staff understood and promoted the principles of equality, dignity, choice and rights when they provided people's care. Staff were kind, caring and compassionate and had established good rapport and relationships with people and their relatives.

People and relatives were informed and involved in agreeing care and daily living arrangements at the service and to access independent advocacy to speak up on their behalf if needed.

People received timely individualised care, which met with their daily living and lifestyle preferences. People were supported to engage in home life and with the local community as they chose.

Staff knew people well; they were mindful of people's needs and knew how to support and communicate with them in a way that was meaningful and helpful to them.

Staff were trained and followed recognised principles to support people's end of life care when needed, through partnership working with external health professionals.

People were informed of how to make a complaint if they needed to and the provider regularly sought people's views about the service. This was used to inform and make care improvements when required.

The home was well managed and led with consistent provider oversight to help ensure this. Improvements were made for the consistent management, monitoring and oversight of the service to ensure the quality and safety of people's care and to help drive ongoing service improvement.

Staff understood their role and responsibilities for people's care; and they were confident and knew how to raise any related concerns if they needed to.

Communication and record keeping procedures at the service met with nationally recognised guidance concerned with information handling and confidentiality.

The provider had conspicuously displayed their most recent inspection report at the service and on their website; thereby following legal requirement.

## 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 received safe care from staff who were safely recruited. People were protected from the risk of harm or abuse by staff who understood how to recognise abuse and act in any event.

Risks to people's safety were assessed before they received care and regularly reviewed. Staff understood people's safety needs, their related care requirements and to ensure people received informed and least restrictive care

Arrangements to ensure environmental and equipment cleanliness, together with emergency contingency planning helped to ensure people's safety at the service.

### Is the service effective?

Good

The service was effective.

People received effective care from staff who were trained, knowledgeable and supervised to ensure this.

Staff obtained people's consent or appropriate authorisation for their care. Where people were unable to consent to their care, best interest decisions were ensured.

People were consistently supported to maintain and improve their health and nutrition in the way which met their needs and preferences.

### Is the service caring?

Good

The service was caring.

People equality, dignity, choice and rights were consistently promoted by staff who were caring. Staff knew people well and established good relationships with them and their relatives.

People and relatives were involved in agreeing care and daily living arrangements at the service and informed to access independent advocacy services if they needed to.

## Is the service responsive?

Good

The service was responsive.

People received timely, individualised care, which promoted their independence, known daily living and lifestyle preferences. People were supported to engage in home life and with the local community as they chose.

People were informed to make a complaint if they needed to. Complaints findings and service feedback obtained was used to help inform and make care and service improvements when required.

Staff knew people well and communicated with them in meaningful way, which they understood. People were supported with empathy and compassion at the end of their life. Staff understood and followed recognised personal care principles and related care measures concerned with people's end of life care; in consultation with relevant external health professionals.

## Is the service well-led?

Good

The service was well-led.

The service was well managed. The provider's service oversight and related systems and management improvements made since our last inspection helped to ensure the quality and safety of people's care and ongoing service improvement.

Communication and record keeping procedures met with known legal requirements to ensure appropriate information handling and confidentiality.

# Southmoor Lodge Care 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.

Before our inspection the provider sent us their completed 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 any improvements they plan to make. We spoke with local authority health and social care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

This inspection was unannounced and carried out on the 23 March 2018 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with seven people who lived at the home, two relatives and observed staff interaction with people. We spoke with six care staff including two seniors, an activities co-ordinator and the deputy manager. We also spoke with a cook, the registered manager, an external regional manager for the provider and a visiting health professional. We looked at three people's care records and other records relating to how the home was managed. This included medicines records, meeting minutes, checks of the quality and safety of people's care and related service improvement plans. We did this to gain people's views about their care and to check that standards of care were being met.

Good

# Is the service safe?

## Our findings

At our last inspection in January 2017 we found people were not fully protected from the risk of harm or abuse or unsafe care and treatment. These were respective breaches of Regulations 12 & 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Following that inspection, the provider told us what action they were taking to rectify the breaches. At this inspection we found the improvements required had been made.

People felt safe at the service and relatives felt people now received safe care there. One person said, "I am completely safe here." A relative told us, "My relative is very safe here; staff seem to be well trained and know what they are doing."

People were protected from the risk of harm or abuse. The provider had worked in consultation with the local safeguarding authority to make care improvements for people's safety at the service, following related care concerns found during 2017. This included additional staff training and instruction; and the introduction of a revised approach to people's risk assessment and care plans. This helped to ensure staff understood their role and responsibilities for people's care and safety.

Staff we spoke with were confident, consistent and knowledgeable about people's care and their related safety needs. Staff understood how to identify and report the suspected or witnessed abuse of any person receiving care at the service. The provider's related staff training arrangements and written procedures helped to ensure this.

Staff said they were supported, trained and informed by the provider and management since our last inspection to understand and make the necessary care improvements for people's safety at the service.

Risks to people's safety associated with their health conditions, environment or any equipment used for their care were assessed and regularly reviewed. People's care plans showed the actions staff needed to follow to help reduce any risks identified. Staff we spoke with about people's care understood and followed this. For example, we observed staff supported people to move, take their medicines and eat and drink safely when required.

Staff told us about one person living with dementia who was unable to communicate verbally and could sometimes behave in a way that was challenging for others. Staff explained the person could easily become distressed if the environment was too noisy for them, or they didn't understand what was happening around them. We observed that staff understood and followed the person's care plan to provide consistent care and support when this occurred. Staff knew the care observations and actions they needed to follow to help prevent or alleviate the person's distress. This showed staff understood and followed nationally recognised practice concerned with least restrictive care principles for people's safety.

Staffing arrangements were safe and sufficient. People, relatives and staff felt staffing arrangements had improved with sufficient staff to ensure people's care needs could be met. Revised management systems

were introduced for staff planning and deployment. Staff levels were regularly reviewed to ensure people's needs were met.

Safe procedures were followed for the recruitment of new staff at the service. This included relevant employment checks such as the governments' national vetting and barring scheme. This helps employers to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

People's medicines were safely managed. People said they received their medicines when they needed them. One person said, "Staff bring me my tablets when it's time and remind me what they are for." Staff responsible for people's medicines, were trained and undertook competency assessments to make sure they were safe to give people's medicines. We observed staff supported people to take their medicines safely. This included supporting people who wished to retain and manage their own medicines and were risk assessed as safe to do so. The provider's systems and arrangements for people's medicines helped to ensure they were safely stored, accurately recorded and accounted for.

People and relatives felt the home was fresh, clean and well maintained. There were suitable arrangements in place for the prevention and control of infection and for cleanliness at the service. This included relevant laundry, hand washing and waste disposal facilities and equipment. Staff were provided with relevant training, information and personal protective equipment, such as disposable gloves and aprons to help ensure cleanliness and infection control and prevention at the service

A programme for environmental upgrading and renewal was in progress, which was being safely managed. We saw the environment and equipment used for people's care was clean, well maintained and free from any observable hazards to people's safety. Arrangements were in place for the routine servicing and maintenance of care equipment at the service. Contingency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm. Routine environmental and fire safety checks were being regularly undertaken and recorded. Since our last inspection, relevant working partnership links were established through local authority joint planning group membership concerned with fire safety. This helped inform and ensure and inform people's safety at the service.

Good

# Is the service effective?

## Our findings

At our last inspection people were not fully protected from the risk of unsafe or ineffective care and treatment. This was because the provider did not always ensure people's consent or appropriate authorisation was sought for their care. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, the provider told us what action they were taking to rectify the breaches. At this inspection we found the improvements required had been made.

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 or 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).

Staff were trained and now understood and followed the principles of the MCA to obtain people's consent or appropriate authorisation for their care. Staff understood the importance of supporting people who were unable to make decisions for themselves. People's care plans showed any best interest decisions made for their care where required. This was because some people needed their care to be provided in a way that was necessary to keep them safe, but were unable to give their informed consent because of their health condition. For example, sensor equipment was used to alert staff to one person's movement in their own room at night because they were at risk of falls. A staff member said, "We always ask for people's consent where they are able to give this; if they can't we will make a best interest decision for then so they are safe." Some people who were unable to give their consent were subject to continuous staff supervision and restricted to living and receiving care at the service. Formal authorisation for this (DoLS) had either been obtained or sought from the relevant local authorities concerned with this.

Further care improvements were made since our last inspection and also in consultation with local authority care commissioners following care concerns they had raised with the provider. This included revised care planning, communication and monitoring systems and related staff training. This helped to ensure staff consistently understood and followed people's personal care requirements for their health and nutrition, including any related instructions from external health professionals where required. For example, the type and consistency of food to be provided for people with swallowing or chewing difficulties because of their health condition. Some people needed the amount food and drink they took each day to be closely monitored to make sure they were eating and drinking enough to help maintain their health. Related records were individually maintained to show this where required. Regular management checks of people's health and nutritional status had been introduced.

People were supported eat and drink sufficient amounts, which met with their dietary needs and choices. One person said, "I enjoy the meals; we have a choice, so there is always something I can eat." Another

person said, "The food is lovely; I always enjoy it." Another person told us, The cook always asks us what we want from the menu each day; it's never a problem though, if you change your mind and decide to have the other.

At lunchtime we observed there was a calm, organised and social atmosphere. People were provided with the support they needed from staff in way that maintained their independence and choice. This included making sure people were provided with adapted cutlery, drinking cups or plate guards to enable them to eat and drink independently where required. People were offered a choice hot and cold drinks throughout the day and chose where they ate their meals. Staff chatted with people and regularly checked whether they were comfortable, happy and satisfied with their meal.

People and relatives were happy with the care provided at the service. One person said, Staff help me when I need help and let me do things I can for myself." Another person said, "They [staff] get the doctor if needed; they [staff] look after me." A relative said, "[Person receiving care] is helped to move regularly and the staff are always popping in to make sure [person] is alright."

Staff supported people to see external health professionals when they needed to. This included for routine and specialist health screening when required such as eye and foot checks or diabetic and mental health checks and advice. A visiting health professional said, "Care staff listen and do what we ask and if they are not sure, they ask us for advice; they are brilliant." We saw a visiting health professional updating a senior care staff member regarding changes in one person's care needs. Related care instructions were subsequently recorded in the person's care plan records and communicated with other staff to ensure this would be followed. Staff told us about partnership working with the local district nursing service to inform and support their understanding of people's health conditions and their related care requirements. For example in relation to diabetes care. This showed people were supported to maintain and improve their health.

Staff said they were supported to access training and qualifications to progress, which related management records showed. One care staff member said, "Training and support is much better; the induction process has been revised to make sure new staff are well supported, trained and know what they are doing." Another care staff member said, "We've had lots of training, including falls prevention and infection control; training has got better." A senior care staff member told us, "We've revised the format for staff supervision so it's more structured and consistent." Records also showed staff had received additional training in relation to care plan record keeping, medicines management and the MCA to help drive care improvement. Staff lead roles were also identified for areas of care to be provided, such as for dementia care and infection prevention and control. The provider's staff training arrangements, care policies and procedures helped to ensure staff followed nationally recognised guidance for people's care. This showed people received effective care from staff who were trained and supported.

Relevant training and provider policy following national guidance helped to underpin the roles and effectively inform peoples' care. This helped to ensure people received effective care from staff who were suitably trained and supported.

A range of shared environmental facilities were provided and equipped for peoples' use. Items to support people's recognition, use and reminiscence of times gone by were provided in one lounge. Orientation boards in communal lounges provided accurate information to show people the day, date, season and weather. People were able to move around the home safely and independently. Sufficient space enabled people to pass safely and have room to use equipment such as walking aids. Corridor hand rails and the use of appropriate signage and relevant memory aids helped to enable people's independence and orientation.

People said they were comfortable and satisfied with their environment and also their own rooms, which were personalised to their on taste.

Good

# Is the service caring?

## Our findings

People received care from kind, caring staff who treated people with respect and ensured their dignity, privacy and rights were met. One person told us, "The carer's are so kind." Another said, "The staff are very caring; they do respect your dignity and privacy." Comments from people and relatives that were posted on a nationally recognised care website between July 2017 and February 2018 all showed they found the service was caring. This included, "The staff have been kind, caring and compassionate and always so willing to please."

People and relatives felt they had good relationships with staff. We found a relaxed and sociable atmosphere at the service, with plenty of good natured, friendly interaction between staff, people living at the service and their visitors. A relative told us about a person who was spending time in their own room due to feeling unwell and said, "Staff are very caring; it's nice to see they are popping in and are keeping an eye on [person].

The provider's stated care values and service principles were shared with people and staff. This helped to show people and relatives what they could expect people's care to look like. It also informed staff of the provider's service and care values they were expected to demonstrate and their related support to achieve this, which we observed they understood and followed. Related management checks were regularly undertaken to help ensure this. The provider's most recent check of staff to ensure people's dignity and choice in their care scored 97%. This demonstrated a significant improvement in people's care from our last inspection of the service.

Staff approached people in a caring and sensitive manner. For example, we saw care staff supported one person in a patient and helpful manner, which helped the person relax and accomplish what they needed to do. People's relatives and friends were kept informed and involved in people's care and home life and were welcomed to visit at any time to suit the person receiving care at the service.

Staff routinely offered and followed people's known choices for their care and daily living routines. This included people's preferences and their personal likes and dislikes. For example, choice of food and drink, where and how to spend their time, choice of clothing to wear and whether people preferred male or female care staff for their personal care. We saw that staff regularly took time to check with people whether they were comfortable and had their personal items to hand such as walking frames or drinks.

Staff were consistent and sensitive to ensure people's dignity, privacy and comfort when needed. For example, offering people protective napkins for their clothing at lunchtime, making sure people's clothing was adjusted correctly after supporting them to move into a comfortable chair and closing bathroom and toilet doors when in use. We also saw that staff ensured people's privacy when they discussed confidential personal or care related matters with them.

People and relatives were involved in agreeing daily living and care arrangements at the service. Individual and community meetings were held with people and relatives to help inform and agree this. Minutes of

recent meetings held showed people were consulted and involved in home life and their daily living arrangements. This included arrangements for social events and activities, environmental refurbishment, and the development of a sensory garden. The minutes also showed that any staff and relative fund raising events for people's use were matched by the provider equal to the sum of money raised. Information was visibly displayed to support people's access to independent lay advocacy, if they need someone to speak up on their behalf.

Good

# Is the service responsive?

## Our findings

People received timely, individualised care from staff when they needed it. One person told us, "Sometime ago, I almost rolled out of bed trying to switch my bedside light on: the staff came straight away and now I have a support rail that I can grab to reach for my light; it's made me feel better, so I'm not frightened to turn my light on." Another person told us staff acted promptly to make them an appointment to see their GP when they asked them to. People's relatives said people's care was timely and they were kept informed of any changes when required. One relative said, "They rang me the other day to let me know when [person receiving care] was unwell; so I could come in a sit with them."

We observed throughout our inspection that staff responded in a timely and appropriate manner when people needed assistance. For example, to move, go to the toilet or to eat and drink. Staff regularly checked with people if they were happy or needed anything. Staff noticed when one person commented they felt 'a bit cold,' and promptly fetched the person their cardigan to wear.

Staff knew how to communicate with people in a way they understood. Staff told us about one person who was not able to communicate their needs verbally because of their health condition. They explained the person could also easily become distressed when they didn't know what was happening around them. We observed staff were discreet to observe the person for any signs which were known to indicate they may becoming distressed or upset. Staff responded promptly and sensitively, by using simple clear language and a reassuring gentle touch, to support the person to move to a quieter area of the home when they needed to. This showed staffs' care approach worked because the person became more visibly relaxed and settled.

Staff were mindful to support people in a way that helped to promote their independence. We saw staff made sure that people were provided with available aids or equipment for their independence when needed. For example, adapted cutlery, crockery or drinking cups for people to eat and drink independently when required or making sure people were wearing their spectacles. A number of aids and service information were provided to support people's inclusion, communication needs and related decision making with regard to their daily living arrangements. For example, this included large print and pictorial information, such as for food menus and daily social and occupational activities offered.

People were supported to engage and participate in home life and with the local community as they chose. A range of occupational, social and recreational activities were regularly provided. A large scrap book was visibly provided for people and their visitors, which showed people enjoying a range of activities and interests. We observed the activities co-ordinator supporting people to participate in gentle exercise, in a fun way during the afternoon. Preparations were also being made for one person's birthday tea party. This was sociable, with good banter amongst people and staff supporting them. Some people played a game of dominoes after breakfast, which they said they regularly chose to do. One of them said, "We often get together like this; we do enjoy our games." Another person said, "I do prefer quiet; I like to read in my own room or watch TV; but I know I can always join in if I want to." Another person said, "I particularly enjoy the regular church services."

There was a strong ethos to involve the local community in home life. The provider had recently commenced a, 'Don't Dine Alone' activity, which sought to invite people living alone from the local community for a complimentary lunch, drinks and opportunity to participate in social or entertainment activity afterwards. Local school children also regularly came into the home to get to know people living there and sing with them. One person said, "There's plenty to do; I always look forward to the school children's visits.

The provider's complaints procedure for the service was visibly displayed. People and relatives knew how to make a complaint or raise a concern if they needed to; and were confident this would be listened to and acted on when required. Records were kept of any complaints received. This included the provider's investigation findings, any resulting action and whether this was to the complainant's satisfaction. The provider regularly sought people and relatives views about the service through surveys and meetings held with them. Feedback and suggestions from this was used to inform and help make service improvements when required.  Examples of recent improvements either made or in progress included, provision of china cups for people who found the drinking mugs too heavy to handle; development of a sensory garden and sourcing bespoke mobility equipment for one person's independence.

Staff were trained to provide personal care and support in relation to people's end of life care, which was prescribed, overseen and led by external health professionals. Staff understood and followed the care instructions relating to people's end of life care. These followed nationally recognised principles and standards. For example, to ensure timely and consistent co-ordinated care; shared decision making; maintaining people's hydration and the provision of equipment and medicines for people's comfort and support. A relative's comment posted on a recognised national care home ratings website since our last inspection stated, "Thank you for the excellent care the staff have provided for [person] during the final years of their life;  All have shown compassion,  sympathy, humour and patience at all time."

Good

# Is the service well-led?

## Our findings

At our last inspection people were not fully protected from unsafe or ineffective care because the provider's arrangements for care quality monitoring, risk management and service improvement were not effective. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were taking to rectify the breaches. At this inspection we found the improvements required had been made.

People and relatives felt the home was well managed and found the registered manager to be visible and approachable. One person said, "The manager is approachable and helpful." Staff were positive about the management of the home and felt supported and informed. One care staff said, "The manager is really good, very clear and approachable." Another care staff told us, "It's a totally different home from when I started working here last year; it's so much better managed; care has improved; staff are happier." A relative's written comment showed,"I have nothing but praise for the on site management and staff who do their job to a very high standard." Information shared with us from local authority care commissioners from their recent checks of people's care at the service showed they were satisfied with the provider's arrangements for people's care provision.

We found improvements were made for the consistent management and oversight of the service; which helped to consistently ensure the quality and safety of people's care. The registered manager and provider carried out regular checks of the quality and safety of people's care. This included checks of people's health and nutritional status and related care provision; checks of medicines and staffing arrangements and checks of environmental safety and care equipment. Accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns. This helped to inform people's care and any improvements needed. Improvements made or in progress from this included environmental safety and upgrade, revised staffing, care and medicines management measures to ensure people consistently received safe and effective care, which met with their rights, needs and daily living preferences.

Staff understood their role and responsibilities for people's care and said they were informed and supported by management to provide this effectively. One care staff said, "We were told what needed to improve and understand; we are proud of how far we've come." Another said, "There's good teamwork; You can speak out and are listened to; I feel more valued now."

Records showed consistent management communication, effective operational care policies and staff reporting procedures, which staff understood and followed for people's care. The provider had won a local authority accreditation care award during 2017. This found staff were trained and took the right care steps to prevent people from developing avoidable pressure sores, with a 100 percent score achieved. This showed effective management of people's care.

Staff told us management or senior staff held regular meetings with them, such as individual or group meetings and for care handover information. Staff said this helped to inform them about any service developments or care improvements required and the reason for this; which staff meeting minutes reflected.

This showed that staff were appropriately informed and supported to deliver people's care safely and effectively.

Staff understood and followed the provider's stated principles and values for people's care to promote people's involvement, rights, equality and safety. Related staff training and regular management checks of care practice and staff approaches with people, helped to promote this. People, relatives and staff were involved in developing and improving the service though increased and more regular consultation with them. This included meetings and questionnaire type surveys.

We looked at reviews of the service, posted on a nationally recognised care home ratings website between July 2017 and February 2018. This showed a 9.7 score out of 10 reviews posted there by people who received care at the service or their relatives during this time period. The reviews showed that people and their relatives were satisfied with the care provided at the service. Eight people rated the service as 'excellent' and two as 'good.' All said they would be either extremely likely, or likely to recommend the service to family and friends.

The provider ensured regular oversight of the management of the service through their external senior management arrangements and directorship. This included an identified Caldicott guardian. This is a senior person responsible for protecting the confidentiality of people and their personal information and to enable appropriate information sharing. For example, for the sharing of relevant information about a person if they need to transfer to another care provider. The provider was also able to demonstrate they had worked in consultation with local care commissioners and through local authority joint planning arrangements since our last inspection; to help inform, improve and ensure the quality and safety of people's care.

Records relating to people's care were accurately maintained and securely stored. Further record keeping improvements were in progress in relation to some people's care plans where required, with recorded management oversight and monitoring to ensure this was achieved. The registered manager sent us written notifications about important events that happened at the service when required. For example, to tell us about a person's expected death or a safeguarding concern.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed this in the home and on their website.