

Oaktrees Healthcare Ltd

Bonehill Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 5 March 2018 and was unannounced. Bonehill Lodge is a care home that provides accommodation with personal care and is registered to accommodate 26 people. The service provides support to older people who may be living with dementia. The accommodation at Bonehill Lodge is on the ground and first floor and there are two lounge areas, a conservatory and a dining room. The home is on the outskirts of Tamworth and has a car park for visitors to use. Public facilities and transport services are within easy reach of the home.

Bonehill 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. At the time of the inspection there were 24 people using the service.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we found the service had improved their rating to outstanding in Responsive by demonstrating they provided tailored, flexible support that consistently met people's individual needs and preferences.

People were supported to live full lives and received care that reflected how they wanted to be supported. The staff were motivated and committed to provide people with personalised experiences that exceeded their expectations. The registered manager encouraged staff to be imaginative in the way they provided care which recognised that people were at the heart of their service. Staff worked collaboratively with other professionals to ensure people received care based on best practice. The care planning focused on people's individual needs and preferences. People were central to deciding how care was planned and staff recognised the elements which were most important to them. The support plans were reviewed when their needs changed to ensure it reflected their wishes. Staff recognised how information needed to be provided to ensure people's understanding, including the use of information technology to help with communication. People's diversity was fully recognised and promoted by the staff; people were supported to follow their religious beliefs and to maintain important family relationships. People could raise any concerns or complaints; people were confident their concerns were acted on as the staff and registered manager were approachable listened to what they wanted to say.

People continued to receive safe care. There were enough staff to support people and staff were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They 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 received training and support to be able them to care for people well. People were supported to maintain a diet that met their requirements and they received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed. The environment met people's needs.

There was a strong management team and people were included in developing the service and found the registered manager approachable. There were processes in place for people to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service. The registered manager worked with other professionals to continue to raise standards in the home and to drive improvement within the care environment.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Staff continually looked and strived for ways to improve the opportunities people had to engage with each other and to participate in social events. People's diverse needs were fully recognised and staff supported them to engage in activities that met their individual needs and preferences. People's care plans focussed on them and their needs and wishes, they were kept under continual review. People were encouraged and supported to raise any concerns about their care and support and were confident these would be addressed.

Is the service well-led?

Good ●

The service remains good.

Bonehill 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 visit took place on the 5 March 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people and people living with dementia.

On this occasion we did not ask the provider to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people who used the service and four relatives. We also spoke with three members of care staff, the activity co-ordinator, the deputy manager, the registered manager and the provider. We also gained the views of a social care professional, a district nurse, two health care professionals and the practice manager of a local GP Surgery. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and audits and staff files.

Is the service safe?

Our findings

People felt safe within the service and the staff helped to protect them from harm. One person told us, "I like it because I have a key to my door which I lock at night so I feel completely safe; I have never felt so safe." Another person told us, "You are well looked after." Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks for people had been identified and steps taken to minimise them. For example, where people needed supported to move. One person told us, "I get the help I need when I need it. If I can't walk, I use my wheelchair which keeps me safe."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to report any concerns and were confident these would be dealt with by the manager. One member of staff told us, "If we are worried about anything at all, then we contact the safeguarding team. We are all very clear on what needs to be done and everyone here is too important to us; we want to make sure people are safe." The staff confirmed they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. One member of staff told us, "We talk about what we would do if we saw anybody do anything wrong. We don't stand for any nonsense here. If we see it, then we would report it."

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help, the staff were quick to respond. One person told us, "There's always someone around if you need them and if I'm in my room I have a bell to call." We observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. The staff told us that the team worked together to ensure that vacancies or unplanned absences were generally covered in the team. One member of staff told us, "It's very rare that we would need to use agency staff. Sometimes we do but it's really important that people know the staff and feel comfortable." The staff explained this ensured continuity of care for people. There was information in the hallway for people to 'Meet the team' and there was a photograph of the staff who worked in the home. Each member of staff had written about what was important to them and their experience of working in care so people could know more about them.

People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed and used hand gels which were located around the home before delivering personal care. When visitors arrived they were asked to use the hand gel. One member of staff told us, "There's hand gel around the home and we have an infection control champion. They watch that we are washing our hands and the home is clean." At meal times, people were asked whether they wanted to wear an apron to protect their clothes and were supported to wash or wipe their hands before eating. One person told us, "The staff are very good at making sure everything is spotless. An infection control audit was also completed to monitor that standards were being maintained."

People's medicines were managed safely and we saw people were offered their medicines with a drink. People were told what their medicines were for and staff spent time with them to ensure they took them. We

saw that medicines were administered according to the prescriptions and the medication administration record was signed for after people had taken their medicine. One person told us, "The staff give me all the medication I need on time; they bring it morning, dinnertime, teatime and bedtime." Where people refused any medicine, this was respected. Staff offered people the opportunity to take their medicines at a later time. Some people needed certain medicines 'as required' (PRN); individual plans were agreed so that staff knew when to administer these medicines and the amount to give. All medicines were kept securely in a locked cupboard to ensure that they were not accessible to unauthorised people.

The registered manager had ensured that lessons were learned and reflected on where improvements were needed. The interview process now gave clearer information about what was expected from staff and their role in the home. The manager explained, "Some staff didn't understand what their role would be like and would leave the service. Where we can, we do an exit interview so we know why they have decided to leave. We found that sometimes this was because they hadn't realised what their role would be like so we tell them in detail at the interview so they can make a decision about whether its right for them." They added, "We have found this really helpful and I think staff appreciate our honesty."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff recognised where people had capacity and people were able to go out and there were no restrictions. One person told us, "I prefer to go out with staff or other people just because I feel safer but I know it's up to me and can go out whenever I want to." Staff told us that other people were no longer able to make decisions about their safety; capacity assessments had been completed to identify where people no longer had capacity to make important decisions and a best interest decisions had been recorded. In discussion with the manager they identified how capacity assessments could be improved to further highlight how all specific decisions were made. They told us these would also be enhanced by recording how the decision about their capacity had been reached. We saw where there were concerns that people may be restricted; applications to lawfully deprive people of their liberty had been made.

New staff members completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. People felt the staff had the skills and knowledge to provide their support. One person told us, "The staff are well trained because they are taught well and are brought around with other staff so they can see what they should do. There is one member of staff here who has been here for some time and they show them how to do everything. That's how they are trained and it works really well." People were confident that staff supported them in the way they wanted. Staff also received formal on-going training the registered manager considered essential to meet people's care and support needs. One member of staff told us, "We have our own moving and handling trainer here so we are always up to date and if we have any problems they are round so we can ask them for support."

People were provided with a varied diet and there was a choice of food and drink. The meal time was a pleasant experience and the tables were laid with table cloths, condiments and a menu. People could sit with people they enjoyed spending time with and one person told us, "The food is always nice. Today I have chosen chicken in a mushroom sauce. My only complaint is that it's too good and I've put weight on because I eat it all now, though I feel better for it." People chose what they would like to eat and drink and could choose from the menu or an alternative was prepared. We saw one person chose to eat Weetabix at lunch time and this was provided. One member of staff told us, "It's important that people get a balanced

diet and if people want something different then that's fine." People were able to choose how much to eat and we sat there were portions of varying sizes which catered for people's needs. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours. People were weighed regularly where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking.

People were supported to access health care services such as GPs, dentists and opticians. People were happy with how their health care needs were met and one GP reported that staff were focussed on people's needs of the residents and were knowledgeable about the concerns they needed to contact about. Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded. One person told us, "The staff contact the doctor; I've not had to have the doctor much, once or twice, nothing major. That shows I'm being looked after." People received support from the district nursing team where they needed any wounds monitoring or to check the integrity of their skin. This support was recorded in the care plan to ensure all staff had the necessary information to provide the support people needed. Where people were living with dementia a health care professional confirmed that referrals had been made to ensure people received the support they needed and staff were guided with interaction to keep people safe.

All shared facilities were on the ground floor and there were two lounges and a conservatory. People were able to move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids. People had been asked how they wanted the different areas of their home to be decorated. This included an area which was called 'Memory lane'. This had items from different periods of time on display such as older style furniture, a phone, radio, binoculars and a camera. The bedrooms were on the first floor and there were small staircases to access some parts of the home. The provider had considered how people could access all parts of the home and there was now a stair lift and a lift so people could move around the first floor without limitations. People were able to decorate their bedroom and parts of the home so it was comfortable. One person told us, "The conservatory has been made into our own inside garden. We have decorated it and have our plants to look after. We are very pleased with how it all looks." Another person told us, "I brought my own furniture so my room is just how I want it." The provider had developed a memory and sensory garden with seating for people. One person told us, "I'm looking forward to Spring when I can sit in the garden. It's such a beautiful garden."

Is the service caring?

Our findings

People were encouraged to express their views and staff listened to their responses. People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. One person told us, "They always have time to listen to us and they listen to what we have to say. It's from the small things upwards. They are always giving you cups of tea, they always ask if you want one; its simple things like that are nice."

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves. One member of staff told us, "We recognise that everyone is different and we accept that. We are very open with people so they know they can express themselves in different ways." People were dressed in a style of their choosing and had matching accessories and people could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them.

People were happy and liked to live in their home. They told us that the staff were kind and caring and were always happy to help. One person told us, "This is my home and I'm very happy I came across this place and that I had the opportunity to move in." One relative told us, "[Person who used the service] is comfortable with the staff. I don't think they will ever have a problem with them helping; they treat them as a family." One health care professional told us they found the care and attention the staff provided was 'second to none'. They continued to tell us that the registered manager and deputy had 'incredibly high standards and expected the staff that work with them to hold the same high standards. These high standards are evident in the care and love they afford people. They maintain people's dignity and general wellbeing despite their extensive physical and mental health needs.' They continued to tell us that they respected 'their ethos of caring for people as if they were their own family and would happily place my own relatives in their care.' Another health care professional told us they considered the home to be run at a very high standard. The staff were very friendly and worked well as a team and people always seemed happy and well looked after.'

People were recognised and valued as adults and their privacy and dignity was respected. People could have a key to their bedroom. One person told us, "I like having a key to my room it makes me feel safe and it's my room. Staff don't go in their without asking. When they want to clean my room they ask if they can go in and I let them borrow my key and they always bring it back when they have finished."

Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. One relative told us, "The staff are always discreet when they help [Person who used the service] with any personal. You never hear anything being shouted out that would embarrass anyone."

People were supported to maintain relationships with family and friends and staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. We saw family and friends visited throughout the day and there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff.

Is the service responsive?

Our findings

Staff used innovative and individual ways of involving people in planning activities that met their needs and preferences. People spoke positively about how they had developed friendships with children from a local school who had visited them. We saw people had been writing to the children about their life experiences. One member of staff told us, "They have really enjoyed sharing their experiences including their life as a Tiller girl, being a wireless operator and being in the army and navy." The children had written to people asking for information about them, their life and what their favourite past time had been. They had also visited them and they had opportunities to speak about the war and their personal experiences. Plans were being made for people to visit the school and develop these links and relationships further. The registered manager told us, "This not only helps people living here but is also good for the children teaching them compassion and respect."

People and relatives felt the staff were responsive and flexible in ensuring people lived as full lives as possible. Some people were involved in a community choir who met twice a month. One member of staff told us, "This is a new venture in Tamworth and all local people are involved, not just from local homes, it's open to everyone. It's lovely to hear people sing and the music triggers memories and it's wonderful." People also visited a local community centre and were involved with arts and crafts. One person told us, "I love going there and meeting different people. Every time I go it's different and there's so much to choose to do." Other people told us, "We have singers come in and I like to have a hand jive because I'm not able to dance but some people do."

We have started a knitting group and knit gloves and little matinee jackets. I used to do quite a lot of puzzles but now we all seem to be knitting. It's our new craze." And "We had a Ukulele band come and play. We are always asked what we want to do but I don't really ask for much because everything is already done how I like it." Another person told us, "I enjoy going to the memory café in Tamworth. I enjoy meeting with other people there and just having a chat. We have music here and I like to dance, especially to Glen Miller. Sometimes I just like to play cards; there's always something for me to do." One relative told us, "[Person who used the service] is a very people person and has loads of social skills; the staff talk to them and they help with their word search and crosswords. They have a life here and it is very comforting for us." Another relative told us, "The staff have such a positive attitude here. [Person who used the service] goes out once per week to a Mind meeting. This place is progressive and they are always doing something." One health care professional reported that they observed the staff support people living with dementia with skill and patience and felt the support and care people received was 'second to none'.

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate and consideration was given to people's preferences in relation to their diverse cultural and human rights. Information was available about how people could be supported with their human rights and a guide was available in an easy read format to support people to understand; this was promoted by staff. We saw the initial assessment considered how to ask people information in a way that they could comfortably disclose personal information. Staff understood they should not ask directly about information relating to protected characteristics to ensure people did not experience discrimination when they were

looking to find a service to use. One person told us, "I chose to move here because I was lonely. I came to look around and asked all the questions I wanted and I was happy. It's been brilliant ever since and the best decision I've made." One relative told us, "It was difficult to start with when the staff came out to do the assessment because I didn't know what to expect but they were wonderful and talked us through it all and made it so easy to be able to answer."

One member of staff acted as a human rights champion. They explained that this meant they proactively discussing how to support people's rights and they challenged staff's knowledge and practices to ensure people did not experience discrimination. Staff explained how they ensured that all people had the same access to relevant information. This was because the registered manager had good knowledge regarding the Accessible Information Standard and large print and easy read information was available for information about the service. One member of staff told us, "We look at how people understand information and can provide this information in a way they would understand." The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.

Staff understood and responded to people's diverse needs and encouraged people to express themselves, for example through their appearance. A relative told us, "It's lovely how they recognise the importance of looking good. It matters." Some people had English as a second language and staff had explored how they could support people to have opportunities to speak their first language and communicate with others. One person told us, "The owner comes round and speaks to us all. He's lovely and I like that he knows a bit of German and will have a chat with me. He always says hello to me in German and asks how I am. I really appreciate that." Staff had also explored using electronic aids to converse with people in languages other than English. One member of staff told us, "As some people's dementia has progressed they use their first language more. We have found that if we use a translating service from the internet we can use this to ask them different questions, and it works really well."

Staff had recognised the difficulties people living with dementia were experiencing when trying to find their bedroom. They were responsive and all the doors had been changed and painted different colours and had a different design. One person told us, "We were able to choose what we wanted and we can have a key. I think it looks so much better and we can easily find our room." One member of staff told us, "It's lovely to hear people talk about their room and how they know where to find it now. I heard one person talk about their next door neighbour which I thought was lovely. It's really changed how people see their rooms."

The staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. Where people had chosen to practice their faith, they were visited by a representative of their church. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could go to access if they had different faiths or beliefs. Staff had developed links with the local community churches. A member of staff told us, "We recognise that people want to go to their own church and that not all churches are the same. We make the necessary arrangements so people can still worship and also see their friends there. If people don't want to go, then we arrange for a representative from the church to visit here."

People and relatives were involved in supporting with developing their care and support plans. Each person had a detailed support plan which focussed on their views and wishes for their care which was regularly reviewed by a dedicated member of staff. Each person had a shorter care plan in their bedroom which recorded information that was important to them. This included 'things you must know about me and how to provide my care.' One member of staff told us, "This has been really useful and because of this I knew how

to provide people's care and what to do. It's great to have all that information to hand and has the important information too, like what to do if people are in pain and what they like and dislike." One person told us, "The staff sit down with me and we talk about what I want and we write it down. I have a plan in my bedroom but the staff always ask me what I want. I think the plans are really useful as some people wouldn't be able to tell you about themselves." One social care professional reported, 'They know people very well. I have always found the documentation at Bonehill to be good.'

Each month, where people wanted their family to be involved, they received a written summary of the events and review of care. One relative told us, "We have confidence in the staff. They stop you at the door as you come in and say before you go can you discuss anything. We then have a chat about anything that's concerning them. We get paperwork about [Person who used the service]'s wellbeing and then we discuss it. It is like a progress report for example, whether they like the food and the report might say they have not been eating well. They notice things and not having food is always a tell-tale if something is wrong."

People were involved with developing their life histories. One person told us, We have meetings to talk about what we want to do. We are now looking at doing our life story. I've starting writing down what I've done with my life and there's photos of my wedding, my home and my hobbies. I really enjoyed doing this." These were being developed with each person and one member of staff told us, "People have so much to share with us and it's been a privilege to be part of this and help them to record their life. I think the families get a lot of this too, spending time and getting to know different bits about their life."

In the hallway, there was information about the inspection process and the support people could expect to receive; people and staff have been consulted about what this meant for them. We saw this included asking people if they had a choice about their support and whether staff listened to their preferences; staff were asked to consider how they would respond if they identified people's needs had changed and how they would respond to any complaint. We saw people had commented that; 'We are never forced to do anything we don't want to do and always offered alternatives.' And 'Staff take time to explain and listen.' And 'The staff are always checking on me, it comes naturally to them.'

People knew how to raise any concerns and make complaints if needed. The provider's complaints procedure was on display in the entrance to home and in people's bedrooms and was available in Easy read format; this informed people that all staff were responsible for managing complaints so this could be addressed quickly. One person told us, "They listen to us and respect what we say. When I first came here there I wasn't happy with one member of staff. I reported it and they were dismissed. The manager said she would not stand for that sort of behaviour; she said if you have got any problems just tell me." One relative told us, "I would speak to the manager, deputy or owner; they are very good, they are a 'people persons'. The owner always ask how [Person who used the service] is. The home is good and they have high standards here definitely. I would recommend this home all day, every day and we do." One member of staff told us, "We all had training with dealing with complaints, this included going through examples of how to deal with complaints so we would have a better understanding of what to do if people spoke to us about anything." Any complaint received was recorded and acted upon. The registered manager also recognised the importance of reviewing any compliment to help to maintain the standards within the home. We saw they had received compliments which included, 'Bonehill Lodge is like a home from home. The staff are all very caring and attentive' and 'Bonehill Lodge provides me with the comfort and reassurance that [Person using the service] is receiving excellent care and attention. The relationship is inclusive and there is a culture of on-going improvement.' and 'The staff are very creative with any entertainment and [person who used the service] has settled very well due to the dedication of the staff.'

People had an opportunity to discuss how they wished to be supported during the end of their life including

whether they would like to stay in the home and whether they had specific wishes regarding their funeral. Where people had expressed their views, this was recorded including how staff could ensure their dignity was maintained. For example, for one person, this meant ensuring that their eye brows were plucked. One member of staff told us, "This means a lot to them so it's important we write this down so their wishes are respected." One health care professional reported that the staff sought support from health and social care professionals when required to ensure they received the care they needed. They told us, "I have confidence in the staff and I have always had very positive feedback from people I have been involved with and their families."

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

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

The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The registered manager actively sought people's views both in meetings and informally. We saw in the last meeting the manager talked with people about developments in the company and enquired about the standards of care, activities and food in the home. They also discussed the complaints procedure to ensure people understood how to act if they had any concerns. People felt that their suggestions were appreciated and encouraged and told us they would speak at the meetings to share their views.

The staff felt the registered manager gave clear direction to them and were supported and valued. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. The registered manager had considered how they could learn and implement innovative practices to enhance people's care. They told us we are very proud of how we are developing links with the children's and the developments in the home so it's better for people who have dementia. The redecoration, memory corner and bedrooms doors have been really appreciated by people and we've had lots of positive comments from relatives.

The registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe. Accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their web site.