Isle of Wight Care Limited

# Portland Lodge

## Inspection report

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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

Portland Lodge is a privately run residential care home providing care for a maximum of 19 people. The home provides support to older people, including those with a history of poor life choices, alcohol abuse, family breakdown and homelessness. At the time of the inspection the home accommodated 17 people.

The last inspection of the home took place in May 2015, which identified that the provider had failed to ensure that people, staff and visitors were protected from the risk of infection and failed to ensure there was an effective system in place to manage medicines effectively. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by September 2015.

The inspection was unannounced and was carried out on 24 June 2016. During the inspection we found the provider had completed all the actions they told us they would take in respect of meeting Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

People and their families told us they felt the home was safe. The home was clean and appropriately maintained and people were supported by staff who wore appropriate personal protective equipment, such as gloves and aprons in line with the Department of Health Guidance.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried

manner.

People's families were involved in discussions about their care planning, which reflected their assessed needs. Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported by staff who were responsive to their communication styles and gave people information and choices in ways that they could understand. They were patient when engaging with people who required more time to respond.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

There was an opportunity for people, their families and staff to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through an annual questionnaire. They were also supported to raise complaints should they wish to.

People's families told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role.

Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

## 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 and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

People received their medicines at the right time and in the right way to meet their needs.

### Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an induction and on-going training to enable them to meet the needs of people using the service.

### Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People were treated with dignity and staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important

relationships.

## Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

## Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The manager adopted an open and inclusive style of leadership.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

# Portland 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out by one inspector on 24 June 2016.

Before the inspection, the provider completed a 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home and with a relative. Following our inspection, we received feedback from a care professional. We observed care and support being delivered in communal areas. We spoke with three members of care staff, the cook, a senior care staff and the registered manager.

We looked at care plans and associated records for five people using the service, staff duty records, staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here cause staff help me". Another person told us, "I feel safe here. Staff are about if I need them". A family member told us, they did not have any concerns regarding their relative's safety. They said, "Yes [my relative] is safe, no question about that. The home is always secure and [my relative] has not raised any concerns". A care professional told us they thought the home was a safe environment for people and staff.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise observed concerns and to apply the provider's policy. One member of staff told us if they had any concerns, "I would go to the manager or [the senior] to deal with it. If it is not dealt with I would go higher or to yourselves [CQC]". The registered manager explained the action they would take when a safeguarding concern was raised with her and the records confirmed this action had been taken when a safeguarding concern had been identified. The registered manager had reported this to the appropriate authority in a timely manner.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person had a risk assessment in place in respect of smoking in their bedroom. During the inspection we spoke with this person who was aware of the risk and the plan that was in place to mitigate the risks. They told us "Staff are good they check I am okay".

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record. This enabled analysis to take place and an opportunity for learning and risk identification across the home.

At our last inspection, we identified that the provider failed to protect people from the risk of infection because some parts of the home were not clean and staff did not always follow Department of Health Guidance. During this inspection we found the communal areas of the home, the kitchen, the bathrooms and people's bedrooms were clean and appropriately maintained. The registered manager, who was the infection control lead and care staff had received infection control training. While observing care we saw staff using their personal protective equipment, such as gloves and aprons when supporting people in line with the Department of Health Guidance.

At our last inspection, we identified that the provider failed to ensure there was an effective system in place to manage medicines effectively. During this inspection we found that people received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the senior member of staff with responsibility for medicine management to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart

provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the dosage, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

People and their families told us there were sufficient staff to meet people's needs. One person said staff, "There is always someone if I need them, two on in the morning, in the afternoon and two on at night". A family member told us, "Yes, there is enough staff. There is always someone around".

The registered manager told us that staffing levels were based on the needs of the people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and staff employed by the provider at their other home. The registered manager was also available to provide extra support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary. One person told us, "The fire alarm goes off every Friday morning. They [staff] always come round and tell us so we don't panic".

Good

# Is the service effective?

## Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "They [staff] know how to look after me. I like sitting in the sunshine so they check I am okay". Another person told us staff, "Yeah, staff understand what our needs are and how to look after us. On the whole things are good here". A third person told us they were happy in the home because, "Staff look after me". A family member said they were, "Really happy with the home and how they look after [my relative]. The food is good and they know what [my relative] likes and doesn't like".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. Staff were able to explain how they supported people to make day to day decisions and the action they would take regarding more important decisions, consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. People were offered support from an independent advocate or an independent mental capacity advocate (IMCA), when appropriate, for important decisions that affect their lives. For example, a decision to restrict someone's liberty preventing them for leaving the home on their own.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for all of the people using the service. The registered manager carried out an informal review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "Yeah, staff check". A family member told us staff always sought consent when supporting their relative.

Staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. One member of staff told us, "I definitely, seek consent. Like with [name of person] this morning. I suggested doing something and they didn't want to do it. It is their choice". Daily records of care showed that where people declined care this was respected.

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said "The food is pretty good, there's plenty of it. Four meals a day. It's fish and chips today". Another person said "I like the food. There is always plenty to eat". A family member was complimentary about the food and told us their relative was supported to eat the food they liked. The cook, who prepared people's food was aware of their likes and dislikes, allergies and preferences. People at the home told us they enjoyed the routine of a regular menu so they knew what to expect each day. If people did not want what was on the menu they were offered an alternative. One person told us, "The food is good and I can have what I want. Sometimes I bring in different food and they cook it for me". Another person said, "I prefer chips to mash [with my meal] which they do for me". Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and their outcomes were recorded in detail.

There were arrangements in place to ensure staff received an induction into their role. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. A member of staff told us, "I am really enjoying it here. It was a complete career change. I have done my induction which included shadowing. While shadowing I was extra with a more senior person. I feel confident I have the skills to look after people; I can always ask, people are happy to help. We have a good team here". Since April 2015 the induction for staff who were new to care should follow the principles of the Care Certificate. The Care Certificate is the new set of standards that health and social care workers adhere to in their daily working life. However, a member of staff, new to care, had not completed their care certificate. We raised this with the registered manager who explained the member of staff was currently undergoing a QCF Diploma in Health and Social Care (formerly NVQ).

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicine administration, safeguarding adults, mental capacity act and first aid. Staff had access to other training focused on the specific needs of people using the service. For example, understanding dementia, managing challenging behaviour, effective communication and end of life care. A member of staff told us, "The training gives you a different perspective on things. For example, I have recently done end of life care training which gave me an understanding of how to support someone at end of life". Staff were supported to undertake a vocational qualification in care, such as a QCF Diploma in Health and Social Care (formerly NVQ). Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who occasionally display behaviour that staff or other people using the service may find distressing.

Staff had regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the registered manager and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions, "[the registered manager] does them every few months. I find them valuable because you can raise any concerns. It is nice to know you have been doing well when you get your appraisal".

Good

# Is the service caring?

## Our findings

Staff developed caring and positive relationships with people. People's comments included "I like the staff", "Staff are good, they try to help me" and "I've been here about a year so the staff know me and I know them". A family member told us they did not have any concerns over the level of care provided or how it was delivered. They said, "I rate this home very high. [My relative] is well cared for. I don't think I could have found a better home". A care professional told us, they found the staff at the home to be polite and caring towards the people living at the home.

People were cared for with dignity and respect. One person said, "Staff knock on my door. Sometimes it is open so they wait and ask to come in". A family member told us staff, "treat [my relative] with respect and dignity. We are given privacy when I visit and they respect that". Staff recognised the specific needs of the people, who often preferred their own company and limited personal interaction. They spoke with people with kindness and warmth and observed spending a few minutes sitting chatting to people, sometimes having a cup of tea with them, laughing and joking with them. One member of staff saw a person sat at the table playing cards by themselves. They sat down next to a person and asked them whether they would like them to play cards with them. The person agreed and the member of staff encouraged them to engaged in conversation while playing. We saw from the person's expression that they were enjoying the interaction. Staff were attentive to people and checked whether they required any support. For example one person, who had fallen asleep in their chair, was woken gently by a member of staff to support them to move position and ensure they remained comfortable.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat, where they wanted to sit and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. One person told us, "I have been out to Newport today but didn't buy anything. I like going out and about. I just tell them I am going so they know where I am". Another person said "You can go out if you want. I go out every day". A third person told us that they had recently gone out on a bus to Cowes but had become distressed, so the staff had arranged for a taxi to bring him back to the home. They said, "I am not feeling motivated at the moment but staff are trying to help me and keep checking I am okay". The registered manager explained that each person who goes out has a card with them with the home's address and phone number. This allows them or a member of public to contact the home is they become confused or distressed.

We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. A member of staff told us that when supporting people, "I always check their privacy choices. What they want to wear. Tell them what I am doing; they are all different and like things done differently".

People and when appropriate their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed

information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. A family member told us "I am involved in [my relative's] care. I see us all doing it together".

People were encouraged to be as independent as possible. One person told us staff encouraged them to leave the home. Another person said, "Staff help me to keep my room tidy". People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. People and the family member we spoke with confirmed that the registered manager and staff supported encouraged them to maintain their relationships. A family member said, "I can come and visit anytime I want. They have told me this is [my relative's] home, so I can come and go as I want". People's bedrooms were individualised and reflected people's interests and preferences, one person had a pair of canaries in a cage in their room. They were encouraged to take responsibility for looking after the birds, cleaning them out, obtaining their food and feeding them. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

Good

# Is the service responsive?

## Our findings

People and a family member told us they felt the staff were responsive to their needs. One person said they, "Like it here, this is my home, I have all I need, I am warm and well fed". Another person told us staff were, "always around but I am alright on my own. If I need something they will help me". A family member said they were, "very impressed with the care provided. They [staff] know my relative well and how to look after her". A care professional told us that staff understood people's needs and how to support them.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

When people moved to the home, they and their families where appropriate were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. A family member said, "I visit [my relative] often and staff always keep me up to date with how she is and what's been happening". When appropriate, people's families were involved in discussions about their care planning, which reflected their assessed needs.

The registered manager had taken action to adapt the home to improve its suitability for people with limited mobility. Handrails had been installed in the corridors to enable them to move freely around the home and encourage them to maintain their independence.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. Where possible, people were encouraged to become involved in developing their care plan. People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a handover sheet, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting. The handover sheet provided an opportunity for staff who were not working to look back and update themselves.

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People had access to activities that were important to them; however because of their previous life choices, most people in the home preferred their own company and wanted limited personal interaction. Although staff respected this, they did try and encourage people to become more engaged with others in the home and the wider community. For example, the registered manager had recently arranged a series of coffee mornings where visitors and staff were invited. These events have helped to raise funds, which will be used to purchase equipment and items to improve people's lives, such as new garden furniture. They have also held evening events for family members who can't get to the home during

the day, raising money for a local charity. A member of staff said, "We have time to do activities [with people] like playing cards or dominoes. Some people choose not to take part, that's their choice. A lot are independent and can go out by themselves". A care professional told us that people have a choice of what they do during the day regarding activities and whether they want to join in. People told us they were free to do whatever they wanted, including going out to visit places across the island. One person said, "I get my pension and can go out by myself". Another person told us they liked to sit in the lounge area and watch the television. They said "I like the TV; we have the remote so we can choose what we want to watch. I like the gardening programmes and the news". A third person told us they preferred to stay in their room. They said, "Staff check [on me] and say are you alright"

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. When appropriate, people were supported by advocates who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. A family member told us "Everyone is very approachable. I have no issues but if I did I am sure they would be addressed immediately".

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families, staff and health professionals. We looked at the feedback from the latest survey, from January 2016, which was all positive in respect of the care people received. Where concerns were raised these were responded to.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. A family member told us they knew how to complain but told us they had never needed to. They said, "If I need to complaint I would speak to [the registered manager] but I have no issues". The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

# Is the service well-led?

## Our findings

People and a family member told us they felt the service was well-led. The family members also said they would recommend the home to their families and friends. They added, "In fact I already have". One person told us, "I like [the registered manager] is not too bad when you get to know her. She understands us and how to look after us". Another person said the registered manager, "Is always around and talks to me; she is okay". A family member said the registered manager was, "very approachable. Her style is just right for the people here". A care professional told us they felt the home was well led.

There was a clear management structure, which consisted of a registered manager and senior care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us, "I like working here. It is nice because it is so small it is like a family". They added the registered manager and the senior were "approachable, I really get on with them".

Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. A staff member said, "The management team are very approachable. Sometimes I feel a question I have may be silly but they make you feel valued and that it wasn't a silly question".

A family member told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided.

The provider had suitable arrangements in place to support the registered manager through telephone contact and meetings when necessary. The registered manager was responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements. They are a member of the Registered Care Home Association on the Isle of Wight, they speak with other registered managers and other care related groups.

There were systems in place to monitor the quality and safety of the service provided and the maintenance of the buildings and equipment. The registered manager carried out regular checks of infection control, the cleanliness of the home, people's bedrooms, medicines management and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. The registered manager told us that if a concern was identified remedial action would be taken.

The home had a whistle-blowing policy which provided details of external organisations where staff could

raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The rating from the previous inspection was displayed on a notice board in the office near the entrance to the home. We spoke with the registered manager, who acknowledged that it was not clearly visible to all visitors and moved the poster to a notice board in the foyer of the home.