

Lindale Homes Limited

Arden Lodge Residential Care Home for Elder Adults

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

About the service: Arden Lodge Residential Care Home for Elder Adults is a residential care home that was providing personal to 36 people aged 65 and over at the time of the inspection.

People's experience of using this service:

The staff had an exceptional understanding of people's individual needs and they were fully involved in planning how they engaged with their interests. People were supported to have fun and enjoy a broad range of social activities. The staff were enthusiastic to provide people with personalised experiences that exceeded their expectations. The staff had developed positive relationships with local people and organisations to enhance experiences available to people living at the home.

Staff valued people's differences and responded to each person's individual wishes. 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. There was a warm, welcoming and very friendly atmosphere.

People's care needs were identified and assessed and there were risk management plans in place to help keep them from harm and support their independence. People were not restricted due to risk and were supported to try new and different experiences.

People were involved in decisions about their safety and people were confident they were protected from unnecessary harm by staff who knew them well. The staff understood how to recognise signs of abuse and knew how to report their concerns. The registered manager reviewed incidents that occurred in the home and within other services, to determine if lessons could be learnt.

People felt the staff were kind and caring. Positive and caring relationships had been developed between people and the staff. People were treated with dignity and respect by staff who understood the importance of this.

Care plans were developed with people and these were reviewed when their needs changed to ensure it reflected their wishes.

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.

There was suitable staffing to meet the support needs of people and the trained staff understood their role and how to support people safely. The staff received support from the registered manager to identify personal development opportunities and to raise any concerns they had.

People were encouraged and supported to eat and drink and there was a varied daily choice of meals.

People's special dietary requirements were met and where concerns were identified, people's weight was monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People and their relatives were encouraged to share their views to support the development of the service and share concerns. People knew how to raise complaints.

The registered manager and staff were committed to delivering a service that focused on providing a personalised service. There were processes in place for people to express their views and opinions. Quality monitoring systems were in place to ensure the service was reviewed and areas for improvement identified. The registered manager worked with other professionals to continue to raise standards in the home and to drive improvement.

Rating at last inspection: Good (Published in May 2016).

Why we inspected: This was a planned inspection based on previous rating of Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Arden Lodge Residential Care Home for Elder Adults

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken 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.

Service and service type: Arden Lodge Residential Care Home for Elder adults is residential care home that accommodates up to 47 older adults who may be living with dementia. There were 36 people using the service at the time of this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they

plan to make.

During the inspection we spoke with ten people who used the service, seven relatives, nine staff members, the registered manager and the deputy manager. We also spoke with one health care professional and their assistant. We received written information from the local authority who commissioned a service in the home for people. We looked at care plans relating to four people and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home. One person told us, "I feel safe because they look after you pretty well here." One relative told us, "I have no worries about [Name] being safe here."
- Staff had received training to understand how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.
- Staff knew how to report any safeguarding concerns within the organisation and to the local authority safeguarding team.
- Staff felt confident that where any concern was raised they would be fully supported by the management team.
- Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and assessments were in place. For example, where people needed assistance to support them to move and where they were at risk of falls.
- The assessments identified potential risks to people's safety and the controls in place to mitigate these risks.
- We saw where people were supported to move, this was done sensitively, and staff used agreed moving and handling techniques. We saw staff talked with the person throughout, explaining what was happening and where they were moving to. One relative told us, "I've seen how the staff support [Name] and they do it very well."
- Where people had been assessed as being at risk of developing pressure ulcers, we saw checks were made to ensure the equipment remained suitable and people were assisted to reposition at regular intervals to help maintain their skin integrity.
- There were regular checks of fire safety equipment and fire drills were completed.
- Staff knew how to respond in the event of a fire and each person had an evacuation plan which staff were aware of.
- The registered manager ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

Staffing and recruitment

- People felt there was enough staff available to meet their needs. One person told us, "When I press my buzzer, they do not take long to come."
- Where people wanted assistance, there was a member of staff in each area, so they could be available to support them. We saw staff anticipated when people may want support and were near to them to provide

prompt assistance.

- Students from a local college worked in the home and they supported people on an individual basis to participate in activities that interested them and spent time talking with them.
- There were dedicated activity staff who arranged different activities.
- People spoke about how they were involved with different events and when they wanted to go out, there was enough staff available to support them.
- Safe and effective recruitment practices were followed to help ensure that all staff were of good character and suitable for the roles they performed at the service. Staff confirmed that all checks were completed before they started work.
- Commissioners of a service in the home also felt that the provider's recruitment and selection process was of a high standard.

Using medicines safely

- People received their medicines as prescribed and we saw when people were offered their medicines, they had a drink and were informed about what the medicines were for.
- Medicines were recorded after they had been administered on the medicines record or the reason for any refusal.
- Where people needed medicines as required, there was detailed guidance about why they needed these which staff understood.
- We checked a sample of medicines and found that the quantities of tablets matched the records of medicines received into the home and administered.
- There were safe systems in place to manage the medicines and medicines were stored securely in the home.

Preventing and controlling infection

- The home was clean and smelt fresh and all areas of the home were well maintained.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff.
- We saw staff used gloves and aprons where needed and wore hair nets when handling food.
- The service had achieved a five-star rating for the hygiene and practices in the kitchen and for the management of food safety; this is the highest rating that can be achieved.

Learning lessons when things go wrong

- There were systems in place to review the service when things went wrong to ensure that lessons were learnt, and that action was taken to minimise the re-occurrence.
- For example, the registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people were admitted to the home, assessments were undertaken to establish if the service could meet people's needs and expectations.
- Care plans were developed from these assessments and reviewed which helped to ensure that where people's needs changed, this was reflected.
- People had a care plan which identified care needs and included guidance on how to meet those needs in accordance with people's wishes.
- People were satisfied with the care and support they received, and we saw that the support they received matched what had been recorded within their care records. One person told us, "I can't fault the staff really. They are very good."
- We saw the staff delivered suitable care and support in line with best practice.

Staff support: induction, training, skills and experience

- People felt the staff had the necessary skills and knowledge to provide their care and support. One person told us, "They are very well trained and know what they are doing."
- When new staff started working in the service they completed an induction and worked alongside experienced members of staff until they were assessed as competent to work unsupervised.
- Arrangements were in place to enable staff to complete the care certificate. The care certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet.
- Staff spoke positively about the training opportunities and one member of staff spoke knowledgeably about recent training for supporting people with dementia. They told us, "This training covered looking at the environment for people and understanding why people may wander or can't find their way around. We talked about the importance of labelling or using signs on doors, so they can find a way in. It also covered the use of doll therapy and how this can help people. We have a range of dolls here for people."
- Staff in different roles within the home completed the same training. One member of staff told us, "It doesn't matter what you do here, we are all part of one team and we all do the same training."
- There were arrangements in place to discuss staff's wellbeing, performance and their personal development during supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People could choose when they got up in the morning and breakfast was available throughout the morning. One person told us, "It doesn't matter what time you get up, there's always someone around to make breakfast for us."

- People could choose where they wanted to eat their meals and there was enough room in the main dining room for people to eat in comfort.
- We saw the lunch meal being served and there was a relaxed atmosphere. People were encouraged to be independent throughout the meal and staff were available if people wanted support and extra food or drinks.
- People were complimentary about the meals served and one person told us, "I am very fussy about what I eat, they accommodate me."
- People's weight was monitored where concerns were identified, and people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties.
- Where people needed a fortified diet, one member of staff told us, "We have prescribed liquid foods for people, but we also make sure we use cream or butter and offer nutritious milk shakes which people prefer."

Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support

- People felt they were supported to keep well and accessed health care services including their GP, occupational therapist and chiropractors. One person told us, "If I need a doctor, the doctor would come straight away."
- People also received nursing care where they needed to have wounds dressed or when treatments were needed. One person told us, "I need to have injections; the district nurse comes in to do this."
- Where staff identified health concern, prompt referrals were made. One health care professional told us, "The staff are very good at letting us know if they are worried about anything and they can always spot something which is urgent. Any advice we give, is always followed."

Adapting service, design, decoration to meet people's needs

- The home was designed in a way so that people could move around easily and there were handrails along corridors.
- The communal rooms were large with enough room for people to move around and chairs for people to sit.
- There was equipment in bedrooms and bathrooms to enable people to be independent where possible.
- An extension to the home had been built to give people more space and a more private area to sit in. There was also a reminiscence room which included pieces of furniture and ornaments from different decades for people to look at, recall and to use.
- People's individual bedrooms included personal items and they had been able to design them to help create a homely feel.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to make decisions about their care and support and were offered choices.
- We saw staff gained people's consent before providing any care and were also asked where they would like to sit or how they wanted to spend their time.
- Where people needed health care, they were asked whether if they wanted support during any appointment or could receive care in private or with family present.
- Where it was identified that people lacked capacity to make certain decisions, assessments had been completed and decisions were being made in their best interests.
- Where restrictions had been identified, we saw applications had been made for people to deprive them of their liberty to ensure any restriction was lawful.
- One health care professional told us, "The staff make appropriate referrals for DoLS."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood and responded to people's diverse needs and encouraged them to express themselves.
- 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, including what style of clothes to wear. People told us they liked to look smart and clean.
- People were supported to maintain relationships with family and friends. Staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together.
- One health care professional told us, "The staff are genuinely interested in people's care."

Supporting people to express their views and be involved in making decisions about their care

- People could choose how they spent their time and told us the staff provided flexible support to enable them to choose how they wanted their care. For example, one person told us, "If I want a lie in, then I just let them know. They will come back later and don't make me feel uncomfortable."
- People were given opportunities to discuss their care and support and were asked if they wanted to involve family members or friends in the discussion.
- For those people who did not have family support or wanted independent advice, there was information available to them on the involvement of advocacy services.
- One person was receiving support from an advocate to help them to decide where they may want to live.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity was respected. One person told us, "The staff ask my opinion and they definitely treat me with respect," One relative said, "The staff are very good. They look after everyone."
- People's rooms had been designed so they could have a key to their bedroom and they had the space they needed to have any personal care in private.
- Staff spoke with people discreetly about matters of a personal nature.
- A social care professional commented that dignity and respect was seen throughout the service at provider level and from within the staff team.
- Staff took time to help people feel valued and important. Staff understood that supporting people to remain independent could take a longer and we saw they were patient with people and encouraged them to do tasks for themselves.
- People continued to bake and help with the meals they prepared to encourage their independence.
- People could stay in control of their financial arrangements and make decisions about their personal care.

- People were confident that personal information was kept secure and staff understood the importance of confidentiality and respecting people's private information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ People were involved in their care and making decisions about what they wanted from their support. Staff had an excellent understanding of what was important for each person and passionate about supporting people to achieve as much as they could.
- □ Every person had been asked about their ambitions and were encouraged to talk about what was important to them and about experiences they wanted. People were able to 'Make a wish'. One member of staff told us, "We ask people what they'd like to do or achieve and try and make this happen." For example, one person had expressed a wish to go on holiday in a caravan and the provider had organised this for them, their family and friends to go on holiday and the staff provided the support. Staff spoke with pride, endearment and motivation about how much people had achieved.
- □ Staff used people's personal history and experiences to plan and organise different activities in the home. One member of staff told us, "We want to organise things that are meaningful for people." All the people we spoke with told us how much they enjoyed the activities and how important they were to them. Activities included organising a large group of limited-edition vintage sports cars to come to the home so they could experience what it was like to sit and ride in the cars. A themed day was also organised to share experiences from Australia and staff told us they had arranged for a Koala bear to be sponsored in the person's name.
- □ People told us they enjoyed spending time with animals and the home had birds, fish and a rabbit. We saw one person smiling as they sat with the rabbit on their knee, stroking it. One person told us, "Most of us here have had pets and it's something that we miss, so this helps."
- □ Therapy pets also visited the home, including a dog with a disability. One person told us, "It's adorable." People were also provided with opportunities to spend time with more unusual pets and had been visited by reptiles and tarantulas.
- □ The provider and staff were committed to supporting people to celebrate special occasions and went out of their way to ensure each person was made to feel special on these occasions. People felt the staff, the registered manager and the provider helped them to celebrate their birthday by enabling private birthday celebrations in the home. One member of staff told us, "Some people just want a private birthday with family. We still make them feel special and have a cake, but they can spend this time with their family who visit."
- □ The staff were willing and keen to learn and support people and took every opportunity to do this, even if it wasn't a working day for them. People received personalised care from staff who had an exceptional understanding of their needs and preferences including where people had a sensory impairment. Staff were exceptionally knowledgeable about how different technologies could support people to express themselves and assist them to communicate. We saw people using electronic tablets to make choices and find out information about what was important to them. One member of staff explained how people used on line systems to keep in touch with people who were important to them, which people valued.

- The provider had purchased larger versions of popular games people said they liked to play, for example dominoes these to ensure they could continue to play games they enjoyed.
- There was a dedicated salon where people could have their hair cut and styled or receive other treatments including aromatherapy or nail care. One member of staff told us, "We have a nail technician visit and an aromatherapist. There is no charge for people, but we feel it's important that people have a professional to come and do this. Having treatments is special, and we value how important it is for people to feel and look their best. It makes a huge difference."
- Respect for the family and the history of the person was paramount in considering all aspects of the person's needs and planning their care. The staff spent time with people and their families and knew about their personal histories, how this may influence what they wanted to do and what they may want to talk about.
- The staff had an excellent understanding of people's social and cultural diversity. The staff were knowledgeable about people's backgrounds and preferences and were able to tell us how they supported people with their choices. Staff ensured that people's multiculturalism was represented within the home and could describe people's cultural beliefs and preferences and took time to help people feel important, and valued people's differences. Staff worked closely with people and families to ensure they could express how they wanted to participate in their religion in a way that was meaningful to them. We saw this included planning for people to meet their spiritual needs by attending a religious service. People chose if they wanted to attend the religious services in the home or to visit their family church and were enabled to do so. The staff recognised people's right to practice their faith and knew of different local places of worship.
- We saw people's care plans were detailed and regularly reviewed with people. To ensure people were fully involved with care planning and reviews, the staff had assessed people's communication needs so they were clear about how they could be supported to understand information and share their views. Some people were no longer able to communicate or share their wishes due to their health condition. Their families or other important people had been included in planning all their care. Staff spent time with people and their family to ensure they had every opportunity to express their views. The in-depth knowledge of people and their life histories helped staff to review people's care and understand what was important to them.
- Staff felt it was important to build relationships to ensure people could be supported to receive the best outcomes. One health care professional confirmed that staff advocated for people and supported them to make decisions that were appropriate and would challenge decisions that they felt were not in people's best interests. This included choosing where they wanted to live and planning for their future care.
- The registered manager knew how to meet the Accessible Information Standard and large print and easy read information was available for information about the service. The provider had access to electronic aids to communicate with people in languages other than English or to provide information in pictorial format. One member of staff told us, "We have to be innovative sometimes and this means using flash cards using tablets to help people understand. The good thing about using the tablet is we can make it brighter, larger and move it around. It's individual for everyone." A social care professional confirmed that from their experience information was accessible and across all aspects of the service.
- The staff recognised the value of involvement within their local community and were motivated and committed to enabling people to remain involve with others and be familiar with their local environment. People were supported to visit local facilities and go for walks. The staff also created their own community events in order to raise funds, for example by creating a cake sale, fetes and selling items people no longer wished to own.
- People spoke enthusiastically about links had been developed with a local school. The children visited the home each month and would read their books with people. In-between visits, the children and people wrote to each other to keep in touch. One person told us, "We all look forward to seeing the children. They are a delight."

- People went shopping for food and personal items, one person told us, "It's good to get out and not have to rely on other people to get what I want."
- Some people were involved with making flower arrangements and when out for a walk, left these around the local community with a note explaining that people should take them. One member of staff told us, "We have had some lovely letters of thanks."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns and make complaints if needed. The provider had a clear complaints procedure which people told us they were aware of. The registered manager welcomed feedback, particularly if something was bothering someone and people understood the philosophy that anything can be sorted out if people talk about it.
- To ensure people understood how to raise any concern, this was discussed in resident's meetings and information was about making a complaint and services within the home were available in different formats.
- While people knew how to make a complaint, they told us they had not needed to as any small concerns were dealt with straight away. One person told us, "If I had a concern, I would feel comfortable speaking to a member of staff."
- People were also encouraged to provide feedback about the service and staff welcomed this. People had a keyworker, a dedicated member of staff that they could raise issues with and develop a trusting relationship with. People were specifically matched with this member of staff to try and get the best out of them, and to support them to provide feedback if they wished.
- We reviewed the complaints record and where any complaint had been received, this had been recorded and showed how this had been investigated.
- The care plan included information about the support people needed if they wanted to make a complaint and how people may show they were not happy.
- People could use the services of an advocate to help them raise individual concerns and details of the advocacy service was provided for people.
- Staff received a handover before they commenced their shift, so staff were aware of any concerns and could adjust the care as needed. This was detailed and included how the person had been over the previous shift, decisions on activities planned and any changes.

End of life care and support

- At the time of the inspection there was nobody receiving end of life care, however staff felt it was very important for staff to understand people's wishes and preferences in order to continue to care for someone, should they need it.
- People had discussed how they wished to be supported during the end of their life including whether they would like to stay in the home, their preferences around resuscitation and whether they had specific wishes regarding their funeral.
- Where people had expressed their views, this was clearly recorded including how staff could ensure their dignity was maintained and their preferences upheld.
- Information included what songs they would like to be sung, and poems or religious text to read. One member of staff told us, "It's really important to know what people's wishes are. We need to respect what they have requested and planned, down to which flowers they want. It's the last way we can show respect for people care for."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Continuous learning and improving care

- The registered manager carried out quality checks on how the service was managed. These included checks on care plans, medicines management, health and safety and care records. Where any concerns were identified, action was taken to ensure people were safe.
- A recent review by the local authority identified there were many examples of good practice around quality assurance policy, system and processes.
- Accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had been reviewed 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.
- People knew who the registered manager was and thought they were approachable and responsive. One person told us, "I have a good relationship with the management team here."
- People were satisfied with the on-going improvements that were being made. One relative told us, "I see different improvements every time I come here."
- People and their family were involved with the service in a meaningful way and people were provided with opportunities to talk about the service and how this could be developed. People felt they were listened to and action was taken. .
- Meetings were held with people to gain their views about the service provision. These meetings were recorded, and a clear action plan developed to monitor how any improvements were being made.
- An annual quality monitoring survey was organised as an additional method to gain people's views. The staff explained these are provided to all people and groups associated with the service to gain their views and help to drive improvements. People could complete these forms with family or an advocate to ensure they were able to share their views and were listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were aware of their role and responsibilities within the home and had a shared ethos of care that was understood by all. The staff were very knowledgeable about people's current needs and how to meet these.
- Staff felt the management team was approachable and that they could talk to them at any time. They

said they were always open to suggestions from them they listened to what they said to ensure there were further opportunities for improvement.

- There were regular staff meetings held to enable them to discuss any issues arising in the home. Staff members told us they would recommend this service for people looking for care or to staff looking for care work.
- The registered manager was fulfilling the regulatory requirements of their role including notifications to us about changes which affected the service. Our previous report and the ratings poster were displayed as we require. This is to ensure people; their visitors and members of the public can read about the home and our findings.

Working in partnership with others

- There were strong relationships with local health and social care professionals, schools, churches and social groups.
- There were links with local colleges and opportunities for young people to work in a care setting. One member of staff told us, "It's important the young people come into this setting and we like to think that they can see what good care looks like and get it right from the start."