

RCH Care Homes Limited

Brentwood Care Centre

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brentwood Care Centre is a care home providing personal and nursing care to up to 112 people. The service provides support to older people and people with dementia. At the time of our inspection there were 72 people using the service. The home is split over three separate floors, each with communal lounges and dining areas.

People's experience of using this service and what we found

When we last visited the service the registered manager had not been in post very long and we had concerns about the sustainability of the improvements they had started to make. On this inspection we were assured that the registered manager had stabilised the service and made progress with improvements. They had clear oversight of the service and communicated well with people, relatives and staff.

They had support from a quality lead manager and had recently appointed a new deputy manager who was also the clinical lead for the service. Quality checks and audits clearly showed actions with timescales for objectives to be carried out.

On the day of our inspection the newly appointed activity co-ordinator was on annual leave. Despite, the service obtaining interactive devices for people to use which have been proven to be especially beneficial for people living with dementia, they were not being used to their full potential. There were some activities on offer, but these were very limited, and staff commented they felt they did not have enough time to spend talking to people as they were too busy carrying out care tasks.

People received support with their end of life care. However, people's care plans required more information.

We made a recommendation the service review its end of life care planning process in line with best practice guidance.

Staff understood how to protect people from poor care and abuse. Staff assessed risks people might face and enabled them to take positive risks. The service had enough appropriately skilled staff to keep people safe. Staff supported people to take their medicines safely and as prescribed. The provider had minimised the risks of infection, such as COVID-19.

Most people's care plans reflected their range of needs. People and those important to them were involved in planning their care. Staff enabled people to access health and social care support. They supported people to eat and drink in line with their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from kind and compassionate staff. Staff supported people to make decisions about

their care. Staff promoted and respected people's privacy and dignity.

Staff communicated with people in ways that met their needs. People felt able to raise concerns and were confident they would be listened to and action taken.

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

Rating at last inspection

The last rating for this service was requires improvement. Report published (04 November 2020). The service has now improved to Good.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brentwood Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors 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. The Expert by Experience made phone calls to relatives after the site visit to obtain their views on the service.

Service and service type

Brentwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brentwood Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. There was a registered manager in post.

Notice of inspection

The visit to the service was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included feedback from the local authority and professionals who work with the service, safeguarding alerts and statutory notifications, which related to the service. Statutory notifications included information about important events, which the provider is required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We focused on speaking with people who lived at the service and observing how they were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people and 12 relatives for their feedback on the service.

We spoke with the registered manager, the deputy manager who is also the clinical lead, dementia lead and other senior staff responsible for the running of the service. We spoke with six care staff and two domestic staff. We also met with the director of care and quality who visited the service during the inspection.

We also looked at a range of documents relating to the management of the service, including care plans, staff files and a range of quality audits. After the inspection we received additional information from the provider, as requested. We had contact with two health and social care professionals for their feedback about the care provided at the service.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their safeguarding responsibilities. They had submitted notification to CQC as required. All staff worked effectively to safeguard people from the risk of abuse.
- Staff told us they had training around how to safeguard people. They told us they felt able to speak with senior staff about any concerns and described how they would take their concerns further if necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments provided staff with the information and understanding of how to support people to be independent and safe. These included the home environment, mobility, falls, continence care, nutrition and hydration, and pressure ulcers.
- Staff were knowledgeable about risks and how to keep people safe. A staff member told us, "We have a morning 'flash' meeting and discussions are had around any changes to people's needs including their risk assessments."
- The registered manager monitored and managed people's changing needs and risks through regular reviews, updates from staff and discussion with people and their families.
- People and family members told us they felt safe using the service. One relative told us, "[Name of registered manager] keeps an eye on everything, they know what is going on."
- Staff supported people to use equipment, such as mobility aids and hoists safely. The equipment was checked as required and stored safely.
- People's care plans and risk assessments were personalised around their individual circumstances and needs. These included guidance to staff in areas such as skin integrity and bed rails and were reviewed regularly.

Staffing and recruitment

- We observed throughout our inspection there were enough staff to provide safe care and support. People's feedback was varied around staffing levels. One person told us, that they did not have to wait for a staff member too long after they had rung their call bell. Another person told us, "I really think they need more staff. I have to consider the time it takes staff to come into my day."
- Staff told us, they felt they did not have enough time to provide any well-being support and they only had time for care tasks. One member of staff told us, "It would be lovely to have time to stop for a chat, but we are too busy with all the people that require 2:1 care." We discussed our findings with the registered manager who told us, they had recently recruited an activity lead who was on annual leave and they hoped this person would provide additional support for people's well-being.
- Relatives feedback was varied, one relative told us, "The staff are always so busy, they don't have time for

personal time with people, they are very caring though." Another relative told us, "There is always someone around to speak to if we have any concerns, the staff are busy, never sitting around chatting."

- Staff recruitment and induction training processes continued to be safe.

Using medicines safely

- There were care plans and protocols in place to advise staff on the support people required with medicine they took as required, such as for pain relief.
- We observed nursing staff supporting people with their medicines in a safe and dignified manner.
- Medicines were stored and disposed of safely.
- Medicine errors were picked up during regular audits and investigated thoroughly, and actions taken to reduce the likelihood of them happening again.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. A member of staff told us there was plentiful PPE and "If person tested positive, everything including a bin is on a trolley outside their room."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection when this key question was looked at (July 2019) it was found to be requiring improvement. On this inspection it has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

During our last inspection of this key question we had concerns about the use of agency staff not being competent in carrying out tasks, the knowledge of staff working with people who were living with dementia and peoples' mealtime experiences. During this inspection the registered manager had made improvements therefore this key question has improved to good.

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

- There were detailed assessments of people's needs and preferences. Our observations and the feedback we received confirmed staff knew people well.
- Care plans were in the process of being reviewed and we had a discussion with the registered manager in that the care plans required stream lining. They explained that they were in the process of carrying out a piece of work to ensure everything in the care plans was still current.
- The provider had invested a lot of money in sourcing interactive equipment to enhance the life of people living with dementia. The dementia unit had been fully refurbished after consulting on best practice.
- During our last inspection of this key question we had some concerns around the capability of staff working with people living with dementia. Since our last inspection, the provider had employed a dementia specialist, who worked as the unit manager and was knowledgeable about people living with dementia they led by example and cascaded information down to the rest of the staff team.

Staff support: induction, training, skills and experience

- Staff received the necessary training and guidance to develop their skills. We observed staff were capable and knowledgeable in their role. They were confident when carrying out tasks such as supporting people to move round the service. Feedback about staff skills from people and relatives was positive. A relative said, "Oh yes, the staff know what they are doing [name of relative] has improved so much since moving into this home."
- There were systems to track what training staff had, with prompts, such as when they needed refresher training.
- Staff received regular supervision from senior staff where they could discuss any support and training needs. Staff confirmed these meetings were positive and supported their role.

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

- During our last inspection we had some concerns around people mealtimes. During this inspection we found things had improved.
- People received personalised support to minimise the risk of malnutrition or dehydration. We observed

adaptive cutlery being used and people being shown 'show' plates for them to make an informed choice about what they would like to eat. One person who was cared for in bed receive dignified support with their meal. The staff member did not rush them.

- Individual risks were discussed at management meetings and guidance given to staff where necessary, such as increasing monitoring where required. The deputy manager was visible during the mealtime and gave guidance to staff when necessary.
- People we spoke with told us they enjoyed the food. One person told us, "The food is excellent, always the best quality and you have a choice. Another person said, "I can't praise it highly enough."
- Staff were knowledgeable about people's different needs at mealtimes. One staff member told us, " We assess [name of person] daily and if they are sleepy we offer softer food as [name] is tired and less likely to want to chew."
- Mealtimes were enjoyable and sociable occasions. People were asked where they would like to sit. People were encouraged to be independent and support was personalised. For example, one person wore an apron, some people had plastic cups others glass. Staff explained that this was necessary as some people may get distressed and throw the glass.

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

- The service had been refurbished and some areas when in the process of being completed. Advice had been sought from a dementia specialist in the refurbishment of the dementia unit. Walls and carpets were natural colours. Toilet seats were coloured which is in line with good practice.
- The dementia unit was quite sparse there were no memory boxes or different coloured doors. We discussed this with the management team who told us, they had sought guidance in the refurbishment and the people who lived in the home did not use the tactile items they had previously had in the communal areas. They did not feel that the memory boxes mounted on the wall outside of people's doors or different coloured bedroom doors helped with people's anxiety or memory. Instead they had the names of people on their bedroom doors. No one was seen wandering aimlessly not knowing where to go.
- People's bedrooms were personalised, and relatives told us that they could bring in any items they felt would help their loved one settle into the home.
- The design of the service promoted independence and choice. There were limited keypads, with an emphasis on minimising restrictions on people's freedom. People could move about freely and were able to eat in any dining area. The deputy manager told us, "What is different about this service is [name of registered manager] passion, people are free to walk around freely unlike some care homes where they are restricted."

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

- During our last inspection of this key question we had some concerns around people's health needs and the documentation not offering sufficient guidance for staff. The registered manager had worked hard in improving the documentation of people's health care needs and we were assured that they now had clear oversight. Staff knew people's health needs and were able to tell us how they worked effectively to minimise any risks. For example, one staff member told us, "[Name of person] has diabetes we have to support them with their choice of foods, and they have their blood sugar taken regularly."
- People were supported to access support in relation to their individual needs. Referrals had been made to the relevant people for example speech and language therapists and nutritionists. One relative told us, "[name of relative] weight had dropped they referred her to the nutritionist who is coming in the next two weeks."
- People had support with their oral health. Care plans were detailed, with information about what support people needed to brush their teeth or go to the dentist.
- We had a discussion with a visiting healthcare professional who told us, "I have been coming out regularly I

have no concerns they always follow my instructions for example, encourage people to wear different slippers."

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA. Staff had considered restrictions such as use of sensor mats to minimise the risk of falls or supporting a person without capacity to take their medicines.
- Care plans outlined when a person had been assessed as lacking capacity and a decision had been made in a person's best interest. The language around capacity was positive and personalised, with a focus on encouraging people to make decisions where possible.
- The registered manager had effective systems to track authorisations and reviewed as required. They worked with the local authority to ensure they met their legal responsibilities.

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.

At our last inspection of this key question was rated as requires improvement this has now improved and has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

During our last inspection of this key question we had concerns, as some feedback from people about the care they received from staff was negative. They did not feel they were treated with dignity and respect by all staff. During this inspection the registered manager had made improvements therefore this key question has improved to good.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed some good kind and caring interactions between people and staff. The staff always knocked on people's bedroom doors and asked if they could enter. People were treated with respect when they required personal care. For example, when they were being encouraged to use the bathroom staff spoke to them discreetly.
- People and their relatives were positive about how kind and caring the staff were. Comments included, "Always kind and caring." And, "The staff are lovely and supportive [name of relative] is really positive about them they are happy here." And, "We are very happy with the care [name of relative] is receiving. The staff are always chatty and friendly. [Name of relative] is well looked after."
- People's cultural and religious needs were respected by staff and details documented in people's care plans.
- Senior staff promoted a caring atmosphere and spoke about people and staff in a caring respectful manner.
- People's choice was promoted throughout the service, such as mealtimes and activities. The service was designed to offer flexibility and enable people to make decisions about their care and their life.

Respecting and promoting people's privacy, dignity and independence

- During our last inspection people told us some staff did not promote their privacy. Feedback from people and relatives on this inspection was positive about the staff, they felt respected. We observed staff promoting people's dignity and privacy. For example, when being supported with eating and personal care.
- Staff spoke to people respectfully and asked permission before providing any care. We observed staff knocking on people doors and closing the door to enable people to be cared for in privacy. We heard banter and encouragement from staff throughout the inspection. People appeared relaxed and happy with staff.
- People were encouraged to be independent. For example, during mealtimes staff adapted the support provided to each person in line with their needs.

Is the service responsive?

Our findings

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

At our last inspection of this key question was rated as requires improvement this has remained the same requires improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us that people were supported to participate in their chosen social and leisure interests on a regular basis. For example, one relative told us, "[Name of relative] goes to quizzes, does painting, puzzles and they have movie days [Name] is always busy". However, on the day of our inspection we saw very little activity engagement with people and staff. The provider had invested massively in some interactive equipment including a Tovertafel which is a games console designed for use in healthcare settings. The console contains a high-quality projector, infrared sensors, a loudspeaker and a processor with which interactive games are projected onto a table. Unfortunately, on the day of our inspection there was not a staff member available to support people to use the device. The service also had a tiny tablet which is an interactive touch screen. On the day of our inspection one person was trying to use the device, but the staff member allocated to them did not know how to use it effectively.
- The management team told us they have an activity member of staff for two days and have just appointed an activity co-ordinator, who would be ultimately responsible for ensuring people were given the opportunity to engage in meaningful activities. However, this person was on annual leave.
- Staff showed us an activity room which was equipped with bicycles which were connected to large screen which meant people could select anywhere in the world they would like to visit and this would be displayed on the large screen whilst they cycled. We did not observe anyone using these facilities on the day of our inspection. Staff told us, "We do not have time, I would love to be able to paint [name] nails for them but I simply do not have enough time". However, relatives gave us examples of their loved one using the bicycles and the other interactive equipment.
- We observed some people with an interactive dog or cat on their lap. One relative told us, "My [name] love the interactive dog it sits on [name] lap and barks.
- We observed the dementia lead supporting someone who used to work in a library, load a library trolley and take it around throughout the home for people to choose a book. The person was thoroughly engaged in this task and staff told us their anxiety had improved enormously for being able to do what was to them a meaningful activity. This staff member ensured they interacted with every person who they visited and prompted the person they were supporting to help with the books.
- People were supported to keep in touch with family and friends, despite the challenges of the COVID-19 pandemic. They supported people to celebrate special days such as birthdays with their loved ones.

End of life care and support

- Not all people living at the service had sufficiently detailed care plans around the support they might need

at the end of their life. Staff told us how they had supported a person at their end of life and how they work alongside the local hospice to meet the needs of people who required palliative care. However, care plans did not reflect the care provided and improved end of life care plans would ensure people received consistent care, in line with their needs and preferences.

We recommend the service review its end of life care planning process in line with best practice guidance to ensure people and families have opportunities to inform into future preferences and care needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised.
- Care plans were reviewed regularly. However, records were hard to navigate and needed streamlining to ensure staff always had the most relevant up to date information.
- There were formal reviews where people, families and staff were able to consider whether any changes were required to people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided in a variety of formats, for example activity timetables and menus were available in picture form. Food options were shown to people for them to make an informed choice.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff were able to tell us the signs they look for which included facial expressions and hand gestures when someone wanted something or was in pain or discomfort.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People told us they felt able to raise concerns and felt listened to. Comments included, "I have no complaints. If I did, I'd go to the manager. I am aware of the procedure." And, "If I am unhappy about anything, they do listen to me when I tell them."
- There were effective systems in place to track compliments and complaints and ensure action was taken where necessary. Senior staff reflected on complaints and shared learning with other staff to improve the quality of the service.

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.

At our last inspection of this key question was rated as requires improvement, this has now improved and has been rated good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our last inspection the registered manager had not been in post long and the home had been through an unsettling time due to having no consistency of management. Staff morale was low, relatives and staff were unsure if the new registered manager would stay as they had lots of changes over the last few years.
- During this inspection, we could see the registered manager was committed and passionate about the service and had worked extremely hard to turn things make improvements. They were aware things still needed to be improved and were open and honest when discussing with us their vision for the future. For example, they took on board our comments about the activities and explained that the new position that had been filled should enable people to access meaningful activities in a structured way.
- Senior managers were visible. During the day we observed the deputy manager working throughout the service and engaging with people and staff. A member of staff told us, "The good thing about the manager is that they listen to you." The registered manager told us they worked one weekend in three to enable them to have oversight of the service at weekends and for them to be accessible to more people.
- We were concerned that the registered manager was spreading themselves too thinly and would not be able to sustain their oversight of the day to day running of the service but were reassured in that a new deputy manager had recently been recruited who was also the clinical lead for the service. Due to the size of the service it would benefit from the support of a deputy manager.
- During our last inspection we were concerned about the use of agency staff. The registered manager and now resolved this concern and reduced the use of agency staff by recruiting permanent staff and ensuring they were clear about their roles and what was expected of them. Staff had been given additional responsibility and were enjoying this. For example, the head of housekeeping had taken the lead in infection control.
- Staffing was well organised, and roles clearly defined. Staff worked well together and understood their responsibility within the service.
- There were regular clinical and management meetings which helped the registered manager and provider to understand what was happening across the service. Senior staff worked together to communicate and ensure people received consistent and safe support. The registered manager told us they held staff meetings at three different times to enable people to attend.
- Regular audits took place to check on the quality of the care and accommodation. These audits made a

difference and improved people's quality of life. Audits we observed clearly evidenced actions and timescales setting clear objectives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked hard try to instil a positive caring culture. People were treated as individuals and were central to the care they received.
- People and relatives told us the service was responsive and well managed. They spoke very highly about the registered manager and staff. Relatives told us, "The manager is here a lot even at weekends." Staff told us, " It had definitely improved since the new registered manager took over, she really cares about the people that live here and that matters."
- We observed a positive atmosphere throughout our visit to the service. Staff were calm and people were happy. Relatives told us, " The staff are always positive they do a hard job they always have a smile on their face."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Relatives were positive about communication between themselves and the service. One person told us, "They keep me fully informed; I feel totally involved which is just how I like it." Feedback about the registered manager was positive and relatives were aware of the improvements which had been made. One person told us, "The environment is so homely now, it is just how we would have our home. I love the new fireplaces." Another person told us, "There was a member of staff I was not happy about, I didn't like their manner, they have gone now the staffing has been really sorted out. Now the staff look happy like they want to be here."
- Staff told us they enjoyed working at the service and morale was good. Daily meetings were held called 'flash' meetings which ensured everyone was kept aware of any important changes and therefore all staff were kept up to date with the needs of the people they cared for.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notifications appropriately to CQC.

Working in partnership with others

- The service worked well with health and social care professionals to promote people's wellbeing. The registered manager and the staff communicated well with us throughout the inspection and openly discussed with us where they were looking to make improvements.
- A social care professional fed back that senior managers had communicated well with them when concerns were raised. Any investigations and complaints were concluded swiftly with actions taken as required.