Wellburn Care Homes Limited

Garden House

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Garden House is a residential care home situated in Berwick upon Tweed. It provides accommodation and personal care for up to 36 older persons, some of whom are living with dementia. There were 34 people using the service at the time of the inspection.

A registered manager was in post and our records showed they had been registered with CQC since November 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in November 2014 and we found no breaches of the legal requirements we inspected at that time, however we made a recommendation that medicines should be improved in line with best practice. This inspection was carried out on 16 November and 2 December 2016 and was unannounced.

We checked the management of medicines and found that improvements had been made in this area. There were safe procedures in place for the ordering, receipt, storage and administration of medicines. Medicine records were complete and up to date.

Regular checks on the safety of the premises and equipment were carried out, including fire safety equipment, equipment used in the moving and handling of people, and electrical, gas and water safety. The premises were clean and well maintained and there were regular infection control audits and procedures in place to help prevent the spread of infection. Individual risks to people were assessed and monitored including risks of losing weight or experiencing falls.

Staff had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns. There were no concerns of a safeguarding nature at the time of the inspection. Safeguards were in place for the handling of people's money, and external audits showed that these were satisfactory.

There were suitable numbers of staff on duty during the inspection. We observed that they had time to care for people in an unhurried manner and were readily available. Safe recruitment procedures were in place which helped to protect people from abuse.

We checked whether the service was operating within the principles of the Mental Capacity Act 2005 (MCA) and found that capacity assessments had been carried out and applications had been made to deprive people of their liberty in line with legal requirements where necessary. Where decisions had been made in the best interests of people who lacked capacity, these were recorded appropriately.

People had access to a range of health services and told us they were happy with their access to healthcare.

Support was provided with eating and drinking, and nutritional assessments were carried out. Where people were at risk of malnutrition, specialist advice was sought. People's weights were recorded and monitored and special diets were catered for. The cook was aware of how to fortify meals for people at risk of weight loss, and food was home cooked and locally sourced.

The premises had been adapted to meet the needs of people living with dementia, including the use of contrasting colours to aid people who may experience visual or perceptual problems associated with their condition. We found that music listened to by staff in the laundry invaded space used by people, and that there was a radio and a television playing at one point which was potentially unsettling. Neither was very loud, but neither could be easily heard. We spoke with the registered manager about this and she said she would address this.

Staff received regular training supervision and appraisals. They told us they felt well supported by their supervisors.

We observed that staff spoke kindly and politely with people during our inspection. Privacy and dignity was maintained and people and their relatives told us that the staff were lovely and spoke highly of the care they received. People were involved in decisions about their care and consulted through surveys and meetings.

Person centred care plans were in place. These included information about people's life history, current needs, future wishes and individualised information to help staff to care for people in the way that they preferred. Where people were unable to communicate verbally, there were detailed descriptions of how that person expressed their needs and wishes non verbally to ensure that their needs and wishes could still be taken into account.

A range of activities were available, and people had access to a minibus twice per month for trips into the community. There was access to outdoors including walks along the promenade which was close by.

People, relatives and staff told us they thought the service was well led and spoke highly of the registered manager. They were aware of how to make a complaint if necessary, and told us the registered manager was approachable and helpful. A complaints procedure was in place and records showed the nature of the concerns, the action taken, and whether the complainant had been happy with the outcome. Staff told us they were allocated designated tasks and knew what was expected of them on a daily basis. Heads of department supported the registered manager by supervising staff and there were regular management meetings. The registered manager carried out audits and checks on the quality and safety of the service and the provider also visited the service on a regular basis to monitor this.

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.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service. Safety checks of the premises and equipment were carried out.

Safe recruitment procedures were followed which meant people were protected from abuse and there were suitable numbers of staff on duty.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff were skilled and experienced and had received regular training and supervision.

People were supported with eating and drinking and nutritional assessments were carried out. Appropriate action took place in the event of concerns about the nutritional needs of people.

The premises were adapted to meet the needs of people living with dementia. Décor and signage supported people with orientation.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Dignity was preserved and personal care was offered discreetly and sensitively.

People were involved in decisions about their care and treatment and the day to day running of the service.

Staff had received training in end of life care and the end of life wishes of people was recorded where appropriate.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and these were reviewed and updated regularly.

A range of activities were available including trips into the local community.

A complaints procedure was in place, Complaints were logged and dealt with appropriately by the manager in line with company policy.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. The manager was supported by a deputy manager. People staff and visitors told us the managers were helpful and approachable.

Regular audits to monitor the quality of the service were carried out. Staff and relatives told us that the service was well organised.

Feedback systems were in place to obtain people's views such as surveys and meetings.

Garden House

Detailed findings

Background to this inspection

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

This inspection took place on 16 November and 2 December 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we spoke with the local authority safeguarding and contracts teams who told us they had no concerns about the service. Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the home including statutory notifications. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

During the inspection, we spoke with five people who used the service, four relatives, the registered manager, six care staff, one activities coordinator, a housekeeper, one domestic and a cook.

We observed care and support being provided, and examined four care records and three staff recruitment files. We also examined a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

At our inspection in November 2014, we found no breaches of regulations related to the safety of the service, but we made a recommendation that medicines should be managed in line with current best practice guidance. At this inspection, we found that improvements had been made to the management of medicines.

There were safe procedures in place for the ordering, receipt, storage and administration of medicines. Medicine administration records (MARs) were fully completed with the required information. The temperature of the medicine room and fridge were checked regularly to ensure medicines were stored at the correct temperature. This is important because the effectiveness of some medicines can be compromised if stored incorrectly. We checked the management of controlled drugs (CD's) which are medicines liable to misuse and are therefore subject to more stringent controls. We checked the CD register and found that medicines were correctly recorded and all entries were signed by two staff. We checked the stock balance of two CD's and found these tallied with the quantity recorded in the register. A log of medicine errors was maintained. We found there had been one error and that this had been dealt with correctly. It was reported immediately, no harm had occurred and the staff member responsible was retrained. Staff had received training in the safe handling of medicines, and competency checks were carried out on all staff to ensure they remained competent to administer medicines safely. Staff had been trained to administer insulin to one person using a special pen type device. We saw evidence of training and competency assessments which had been carried out by the district nurse.

Safety checks of the premises and equipment were carried out. We checked safety records and found that gas and electrical safety checks had been completed, and a Legionella risk assessment had been carried out. This meant that the provider sought to safeguard people staff and visitors from risks including those associated with Legionella bacteria. Small electrical appliances had been subject to portable appliance testing (PAT). Equipment for the moving and handling of people such as hoists were subject to Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) testing. Wheelchairs were checked visually on a regular basis by maintenance staff and these were clean, well maintained and serviced to ensure they were safe for use by people. The nurse call system was also serviced regularly. Water temperatures were checked regularly to ensure that people were not at risk of scalding. Window restrictors were in place to prevent accidental falls from height, and wardrobes were secured to the wall to prevent the risk of them toppling over and causing an injury.

Risks associated with the spread of infection were assessed. We spoke with staff who told us they had received training in infection control, and regular audits were carried out. We spoke with the housekeeper who managed domestic staff and they told us, " I carry out three monthly infection control audits and I monitor what staff are doing. I would pull them up if I saw that they weren't following the correct procedures. I am responsible for ordering personal protective equipment (PPE). There is always equipment available." PPE includes gloves and aprons. We observed staff using PPE correctly during the inspection. We spoke with laundry staff who told us they were aware of the correct procedures to follow to ensure that clothing, bedding and towels were laundered hygienically. This included the correct segregation of items

and washing at the required temperature. We spoke with a member of domestic staff who was aware of the correct procedures to follow to avoid the spread of infection, and of the need to store potentially harmful cleaning materials and chemicals safely. We observed that they did not leave any cleaning materials unattended as they carried out their work. We observed and people told us that the service was clean. One person said, "Every day they come in and they clean and empty the bin, clean the bathroom and bring fresh towels."

Fire safety tests of equipment, alarms and lighting were carried out, and staff received regular fire safety training. The fire risk assessment had been updated in June 2016 and personal emergency evacuation plans (PEEPs) were in place which outlined the level of support people needed during an evacuation from the building. Two fire drills had been carried out.

Individual risks to people were also assessed. There were no bedrails in use at the time of the inspection, but procedures were in place related to the safe use of bedrails should they be used. Risks associated with moving and handling of people and falls were assessed on a regular basis and kept under review. Accidents and incidents were recorded and reviewed by the registered manager to check for patterns or trends. Risks related to the potential for skin damage to occur were assessed and care plans were in place to mitigate these. The registered manager told us they sought to maintain the safety of people who used the service and said, "I carry out checks and keep on top of things like weights and falls. The audits help me to check for patterns of times of falls, for example. I keep pathways clear (corridors) and make sure the building is warm and not cold. We would supervise any visitors to the home that we hadn't met before or didn't know well."

People and their relatives told us they felt safe living in the home. One person told us, "I feel very safe here and well looked after." A relative told us, "(Name of relation) is very happy and comfortable here. We have absolutely no complaints."

Staff told us, and records confirmed that they had received training in the safeguarding of vulnerable adults. One staff member told us, "I would report any concerns to my manager and would go over their head if I needed to, but I have never seen anything like that." Staff were confident that they would recognise signs of abuse or neglect. There were no safeguarding issues under investigation at the time of the inspection. Policies and procedures were in place to advise staff what to do in the event of concerns arising.

We checked the management of people's money and found that appropriate procedures were in place to manage money held by the home, safely. We checked the records of two people and then checked the balance of money held in the safe. We found that records were accurate and that withdrawals had been accounted for and receipts provided. Regular checks of balances were carried out to ensure there were no discrepancies.

Records showed and we observed that there were suitable numbers of staff on duty. Staff supported people in a calm and unhurried manner and staff we spoke with told us there were enough staff. One staff member told us, "Staffing is fine, everything gets done." The registered manager told us, "I am waiting for two new staff to start, one for day shift and one for night shift. Based on our dependencies we will be over recruited then." Dependency assessments are used by services to determine the number of staff required to meet the support needs of people who use services. We checked the recruitment file of three staff and found that suitable procedures were in place for the recruitment and selection of staff. Appropriate checks were carried out including the provision of two references, and checks carried out by the Disclosure and Barring Service (DBS). The DBS checks that applicants are not barred from working with vulnerable people. This information helps employers to make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us they were very happy with the care they received at Garden House. One person told us, "I would recommend this place to anybody."

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

We checked whether the service was operating within the principles of the MCA. Applications to deprive people of their liberty had been submitted for authorisation to the local authority in line with legal requirements. Mental health and MCA care plans were in place. These recorded an assessment of capacity and where people lacked capacity, decisions taken in their best interests, such as the decision to live permanently in Garden House, were recorded. Care plans were detailed and individualised. Where one person had limited communication, there was a clear description of how they indicated their choices and wishes non- verbally. We spoke with a member of staff who demonstrated a good understanding of issues related to capacity and consent. They explained the care needed to maintain people's safety but to also respect their rights and told us, "We have done mental capacity training and I know about human rights. We can't restrain people but we need to make sure people are safe in the environment." Where people had been deprived of their liberty, they were allocated a relevant person's representative (RPR) where appropriate. A RPR represents a person who has been deprived of their liberty. They provide support and representation that is independent of commissioners and providers of the service received.

Health needs were assessed and we saw that care plans were in place to meet the physical and psychological needs of people. People had access to a range of health professionals, including GP's, nurses, dietitians and chiropody services. Staff had also been trained by a podiatrist to cut people's toenails and had their competency to do so checked. People also had access to foot care professionals when necessary. We spoke with one person who told us their health needs were well catered for, they told us, "I had my flu jab this morning, and I am waiting for a physiotherapist to come." Hospital passports had been completed which alerted hospital staff to the needs and preferences of people if they had to go into hospital. One hospital passport we read included, things staff must know about them, things that were important to them, likes and dislikes, a preference for black tea, dislikes cheese, how to tell if they were in pain, and any risks to their safety or wellbeing. This meant that hospital staff were given as much information as possible to enable them to care for the person in the way they preferred.

The premises were suitable for people living in the service. People's bedrooms were nicely personalised and homely, and there were attempts to make the environment dementia friendly. This included the use of signage to assist orientation, coloured toilet seats to aid recognition, and multi- sensory wall features to add

interest. Scarves were tied to handrails in the upstairs unit for people to touch and explore. Dining rooms and lounges were furnished with chairs that contrasted with flooring and walls, to assist people with perceptual and visual problems to see them more clearly. We saw that two people wanted to sit quietly in the bar area, on their own. The bar room was decorated to be homely and provided a cosy bar style area for people to sit or participate in activities. We spoke with the registered manager who told us that alcohol would be inaccessible when people were there unsupervised. The kitchen had been refurbished and made larger since the last inspection. We observed that at times there was a TV playing and also a radio in the upstairs lounge. Neither were particularly loud, but did make it difficult to focus on either. We also noted that music playing in the laundry for staff could be heard in the main corridor upstairs, and may not always be suitable for people living there, and may also contribute to excess noise. We spoke with the registered manager about this who said she would address and monitor this. People had access to outdoor space and could take regular walks along the promenade if they wished.

People were supported with eating and drinking. We observed mealtimes and saw that people were supported sensitively and discreetly by staff. They also ate their meal where they preferred, if they did not wish to attend the dining areas. Dignity crockery, which is used to support people living with dementia, was available. This crockery is coloured and is used to aid people to see their meal more easily and to encourage them to drink more. It was available in a variety of styles to suit individual needs including double handled cups. People told us they enjoyed the meals. One person said, "The food is excellent here." Another person said, "The food here is really good." We spoke with the cook who was aware of special dietary requirements and had received nutrition training. They told us, "The (registered) manager keeps us updated with anyone who is losing weight. We fortify all the meals; we fortify milk, add full cream and milk powder to meals to increase calories. If someone has diabetes, we don't deprive them but I would adapt the same meal to make it suitable for them. For example, if I made a fruit salad I would make theirs with diluted juice instead of fresh orange to reduce the sugar content." Pureed meals were also provided. We observed that there were ample supplies of food, and the cook told us they sourced food locally, including vegetables, meat from the local butcher, bread rolls fresh from the local baker, and fish from the nearby fishing town of Eyemouth. Home baking was also provided. A list of daily choices for meals, drinks and snacks was available with alternative options.

Nutritional assessments were carried out, and weights were recorded regularly. Any weight loss was recorded in red, and this was monitored by the registered manager. Where people were at risk of malnutrition, specialist advice was sought.

Staff received regular training and people and relatives told us that staff had the necessary skills to provide care effectively. One relative told us, "There isn't anything I can fault. The staff are excellent at picking up on things." Staff told us that they received regular training, one staff member said, "We pretty much have to do training all of the time. Everything is good here." We were provided with a training matrix and checked individual staff records. We found evidence that training had been provided in areas considered to be mandatory by the provider including moving and handling, safeguarding, health and safety, DoLS, dementia, end of life care and infection control. Staff were given lead 'champion' roles for specific areas, including an infection control champion for example. They attended regular meetings at the local hospital and were responsible for cascading information to the staff team. This meant that the provider sought to remain up to date with current best practice. The registered manager told us that training was in the process of being reviewed, as all training was repeated on an annual basis which was sometimes unnecessary.

New staff underwent a period of induction, and completed the care certificate if they had not already done so in their previous employment. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective,

compassionate care. Where staff had previously completed this training, this was verified by the registered manager. New staff were assessed on their ability to interact with people who used the service as part of their interview process. Staff received regular supervision and an annual appraisal. Heads of department were responsible for carrying out regular supervision. We saw records of supervision sessions and staff told us they received supervision on a regular basis and that they felt well supported.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person told us, "I like it very much here,; the staff couldn't be any more helpful. The staff will get you anything you need and I have no worries now." A relative told us, "The care isn't good here; it's wonderful! I have seen a huge improvement in my relative since they came here." Another relative told us, "Staff are very sociable and always smiling, ; they will do anything they can to help. We were very lucky to find this home."

Staff told us they enjoyed their caring role and found it rewarding. One staff member told us, "I love working here. I like to see people's faces when you help them, and their reactions to music or activities."

We observed staff providing care and attention to people on both days of the inspection. They were polite and courteous and provided reassurance and spoke kindly to people. We observed one person being lifted in a hoist by two staff. One staff member spoke reassuringly to the person and the second staff member held the person's arm and maintained physical contact throughout as they guided the person gently to their chair. Staff also supported people during their meal, and took the opportunity to chat and make conversation. We heard staff say, "Are you enjoying your meal? Is that nice? Did you used to make soup?" Staff sat with people at the same level to assist them with eating. They remained focussed on the person they were supporting and were attentive and ensured people's dignity was maintained following their meal by offering support to ensure they were clean and tidy in appearance.

We observed that the dignity of people was maintained. Staff were observed knocking on doors, before entering, and asking permission before carrying out interventions. Records were stored securely to ensure that confidentiality was maintained. We observed staff speaking with relatives and moving away from public areas to speak with them in private where they could not be overheard by other people or visitors.

People's religious needs were met. We overheard staff speaking about the importance of one person receiving communion and ensuring that this was arranged for them. There were links with churches and we were told that people were supported to attend church or worship in the way they preferred.

People and their relatives told us they were involved in decisions about their care and that they were kept informed and were included in discussions about their care and treatment. One relative told us, "Staff are really good at consulting us and feeding things back." There were regular 'resident and relative' meetings and minutes recorded the content of these. This meant that the provider sought to involve people and their supporters in the running of the service.

Staff had received training in end of life care. We saw that people's wishes and preferences about their care at the end of their lives had been recorded. End of life care plans included clear instructions to staff as to the person's wishes in the event of their death regarding who to contact, special requirements and funeral arrangements.

Good

Is the service responsive?

Our findings

People told us that their needs were responded to. One person told us, "I am well looked after. The carers do little bits extra and bring things I want. The girls (staff) are lovely. If I ring the bell they come." A relative told us, "My relation had a room with no view and they managed to accommodate a change of room and they can now see out. It has made a big difference. The staff are very good at picking up when they aren't quite themselves; they are really quick at picking things up and telling us."

Pre admission assessments took place before people moved into the service. This meant that care needs were identified before admission so that the registered manager could be sure they could meet the needs of people before they moved into the service. Care records were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. People were consulted about their care plans where possible and we saw that they were supported by relatives if necessary.

The care plans we read were very individualised and contained specific details about the care needs of people. We read a care plan related to the moving and handling of one person. The care plan outlined the level of support the person required to ensure they did not become distressed when being placed into a sling to enable staff to use a hoist to move them safely. It stated clearly how they should be reassured and what worked well. Care plans contained details about physical and psychological needs, and past and current medical histories were recorded. Communication care plans were also detailed and contained information which supported staff to take into account people's choices and preferences, including when they were unable to communicate these verbally. For example, one person could not tell staff when they had eaten enough, but staff were aware that they indicated they did not want any more to eat if they turned away from staff supporting them. They also showed that they did not like the choice of meal by keeping teeth clenched and refusing to open their mouth which meant that staff sought an alternative to try. Care plans also included details of people's individual responses to pain, so that staff could assess when some people who were unable to express this verbally, were experiencing pain or discomfort. One care plan said someone may be experiencing pain if they were observed to wince, didn't laugh at things they usually would, or weren't their usual chatty self. Other care plans outlined how staff should observe for signs of distress.

We observed staff offering choices to people throughout the inspection including where they wished to sit, what they would like to eat or drink and whether they wished to join in activities.

A range of activities were available. An activities coordinator was employed for 20 hours per week and care staff supported with activities in their absence. We saw records of activities that had taken place, and these included photographs of events and activities people had participated in that month. People told us they enjoyed the activities on offer. One person told us, "We've had some fun in here with Halloween and fireworks. It is good, I do enjoy it! I was out the other day on a trip." Activities people had participated in included; board games, poppy making, quizzes, walks along the promenade, remembrance Sunday, poetry club and pamper sessions. A minibus was available to the service twice a month for trips out.

A record of complaints made about the service was maintained. We reviewed these and saw that the registered manager had responded to these in line with their procedures. Records included the nature of the concern raised and the response provided. We saw that where appropriate the record had been signed by the complainant to say they were happy with the outcome.

Good

Is the service well-led?

Our findings

At the time of our inspection, there was a registered manager in place. Our records showed they had been registered with CQC since November 2015. They were supported by a deputy manager. People, relatives and staff told us the home was well led. One person told us, "If you go to her she will do her best to find anything out for you. She rolls her sleeves up, and gets stuck in." A relative told us, "(Name) has been lovely. She's got lovely staff, her manner is very nice and I'm very happy with her. She runs a tight ship." A staff member told us, "(Name) is really approachable. She would act on anything you said and would sort any problems out. Another staff member said, "(Name) has been promoted through roles and knows the home and the residents well because she has been hands on. It makes a big difference. She is firm if necessary and has managed the transition from colleague to manager well."

The registered manager told us they felt well supported by operations managers who visited the service on a monthly basis to speak with people and to carry out audits. There was also a human resources (HR) manager available for support and advice in the company. The registered manager also told us that they attended regular provider forums hosted by the local authority commissioners and attended managers meetings within their own organisation to help meet their support and development needs. Regular meetings were held with people, relatives and staff which meant they were informed and consulted on discussions about the service.

There were systems in place to monitor the quality and safety of the service. The registered manager carried out a number of regular audits and checks including audits of health and safety, infection control, care plans, medicines, equipment, security, mattresses, weights, and accidents. We observed that where checks had picked up shortfalls, action had been taken to address these. People and their relatives were surveyed about their opinion regarding the service. Responses described 'wonderful' and 'supportive' care. A number of cards complimenting and thanking the service were on display.

Staff told us and our observations confirmed that the service appeared clean, tidy and well organised. Heads of departments had been appointed,; including a housekeeper who line managed domestic staff and the cook who line managed kitchen assistants. Each had specific tasks to carry out. This meant there were clear lines of accountability and staff were aware of their roles and responsibilities. One staff member told us, "Everyone is delegated jobs for the day. Today I'm doing room checks and making sure rooms are all tidy and everything is in the right place. Other jobs include writing daily notes, checking how people have been and if there are any concerns, activities, checking whether anyone wants an extra bath or a shower, or going out for walks."

Staff told us morale was good, and at the time of the inspection staff were busy preparing a snow scene as part of a competition between the care homes in the company. They told us that this was fun and that they hoped to win this year.

The registered manager submitted statutory notifications to CQC in line with legal requirements. Notifications are made by providers in line with their obligations under the Care Quality Commission

(Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

There were good links with the local community. People from churches and local schools visited the service and people were taken out to take part in community life such as visiting the pub and going for meals.