

# Care UK Community Partnerships Ltd

## Heavers Court

### 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

The provider, Care UK Community Partnerships Ltd, is registered to provide accommodation, personal care and/or nursing care for up to 60 older people at Heavers Court. This service specialises in supporting people living with dementia. However, the provider is only contractually obliged by the commissioning local authority to provide personal and nursing care to people. Another organisation maintains the premises and equipment and provides the cleaning, laundry and catering services. Notwithstanding this arrangement, as the registered provider, Care UK Community Partnerships Ltd retains overall responsibility for ensuring all the legal requirements are met in relation to the accommodation, care and support provided to people. At the time of this inspection there were 54 people using the service.

This inspection took place on 17 October 2018. At our last comprehensive inspection of the service in September 2017 we gave the service an overall rating of 'requires improvement'. This was because the mealtime service was not always tailored to meeting people's needs. Some aspects of the environment were not tailored to support people living with dementia. At times, there was also not enough for people to do to meet their social and physical needs. We saw the range and quality of activities on offer was variable. Because of the issues we identified, we found the provider and the other organisation did not always work as well as they could to ensure people experienced good quality personalised care that met their needs.

At this inspection we found the provider had taken on board our findings from the previous inspection and used this to drive improvement at the service. The provider was now working more proactively with the other organisation to meet the needs of people using the service. Communication between the two organisations about the timings of the meal service was better and meals were served promptly. The registered manager had driven improvements to the presentation and quality of meals so that these were attractive, well balanced and nutritious. Staff supported people to eat and drink enough to meet their needs.

Changes to the environment had been made to make this more suitable for people living with dementia. New flooring was put in to make it easier for people to move freely around. Memory boxes were used to help orientate people to their rooms. New signage was due to go up by the end of the year which would make it easier for people to find their way around the premises.

Activities provision at the service had improved. People had been involved in designing an activities programme that reflected the preferences, choices and needs of people using the service. There was a range of activities and events for people to participate in to meet their social and physical needs. People's families and friends were encouraged to take part in events and activities at the service to help them feel included in the lives of their loved ones.

Staff continued to be well supported to safeguard people from the risk of abuse and knew when and how to report any safeguarding concerns about people to the appropriate person and agencies. Staff were provided with up to date information about the risks posed to people and knew how these should be managed to

keep people safe from injury or harm. The provider used learning from accidents and incidents to take appropriate action when things had gone wrong. At this inspection we saw improvements had been made following an incident involving a person to help reduce the risk of a similar incident reoccurring.

The provider maintained arrangements to monitor the safety of the premises and the equipment. They sought assurances from the other organisation, responsible for the premises and equipment and the cleaning, laundry and catering services, that they had appropriate measures in place to check these aspects of the service did not pose unnecessary risks to people's safety. The provider's staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and serving food. Medicines were stored safely and securely, and people received them as prescribed.

There were enough staff at the time of this inspection to meet people's needs and keep them safe. The provider maintained a robust recruitment and selection process and carried out appropriate checks to verify staff's suitability to support people.

People's needs were assessed to determine the level of support they required. Staff continued to receive relevant training to help them meet people's needs. Staff had work objectives that were focussed on people experiencing good quality care. These were monitored and reviewed by managers through supervision and appraisal. Staff knew people well and understood people's needs, preferences and choices.

People and their relatives remained involved in planning the support people required. Senior staff reviewed the support provided to people monthly and when changes to people's needs were identified, records were updated promptly so that staff had the latest information about how to support people appropriately. People were supported to keep healthy and well and helped to access healthcare services when needed. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant health professionals.

Staff were caring, patient and considerate. They asked people for their consent before care was provided and prompted people to make choices. Staff ensured people's privacy was maintained when being supported with their care needs. People were encouraged by staff to be as independent as they could be. Staff only took over when people could not manage and complete tasks safely.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives and staff were asked for their views about the quality of care and how this could be improved. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

The registered manager was approachable and supportive. The registered manager had good understanding and awareness of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

The provider continued to maintain arrangements to monitor and assess the safety and quality of the service. When these checks highlighted aspects of the service that fell below required standards the registered manager responded accordingly to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained. The provider worked in partnership with others to continuously improve the delivery of care at the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service had improved to good.

Communication about the mealtime service had improved. The timing of this service was better, and people received their meals promptly. Staff encouraged people to eat and drink enough to meet their needs.

The environment had been improved to support people living with dementia to orientate and move more freely around the premises.

Staff were trained and well supported to meet people's needs. They were aware of their responsibilities in relation to the MCA and DoLS.

People were supported to keep healthy and well. Staff referred any concerns about a person's health promptly to the relevant health professionals.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service had improved to good.

Activities provision had improved. Activities and events better reflected the individual preferences and choices of people to meet their social and physical needs.

People's support plans were current and reflected their choices and preferences for how they were supported. These were reviewed regularly by senior staff.

The provider maintained arrangements for dealing with people's complaints appropriately.

## Is the service well-led?

Good 

The service had improved to good.

The provider was working more proactively with the organisation responsible for maintenance and facilities to ensure people's needs were met.

People, relatives and staff were encouraged to get involved and give feedback about how the service could improve.

The provider continued to monitor, assess and improve the safety and quality of the service. The provider worked in partnership with others to develop and improve the delivery of care to people.

# Heavers Court

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection which took place on 17 October 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people using the service and two visiting relatives. We also spoke with the registered manager, deputy manager, regional director, operations manager, a senior carer and three care support workers.

We looked at records which included five people's care records, medicines administration records (MARs) for 10 people, staff training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Since our last inspection, the provider had continued to support staff to safeguard people from abuse. Staff were provided training in safeguarding adults at risk. They understood the procedures to follow for reporting concerns to the appropriate person and/or authority. Staff also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. Records showed the registered manager reported any safeguarding concerns about a person promptly to the local council and cooperated fully in any subsequent enquiries and/or investigations.

Accidents and incidents involving people were recorded and reported promptly to the registered manager. The registered manager reviewed all accidents and incidents in line with people's support plans and associated risk assessments to identify any underlying causes, triggers or trends which may have contributed. They used the information and learning from accidents and incidents to make improvements when things went wrong. For example, following an incident where a person was injured by garden furniture, the registered manager had updated risk assessments related to the use of this equipment and then shared this information with all staff so that they understood what measures they should take to reduce the risk of this type of incident reoccurring.

Staff were provided with up to date information about the risks posed to people and how these should be managed to keep people safe from injury or harm. For example, for a person who had poor mobility there was guidance for staff about how the person should be supported to reduce the risk of them falling and sustaining an injury. Staff had a good understanding of the risks posed to the people they cared for and how they should support them to stay safe.

The provider continued to maintain arrangements to monitor the premises and equipment to check these did not pose unnecessary risks to people's safety. Senior staff carried out a range of environmental health and safety checks and shared issues or concerns they found through these checks with the organisation responsible for maintaining and cleaning the premises and equipment. The registered manager worked closely with senior staff from the other organisation to ensure that timely and appropriate action was taken by them to remedy and rectify identified concerns to reduce any ongoing risks to people's safety. A relative said about the premises, "It's clean and tidy and [family member's] room is spotless."

There were enough staff to support people safely. One person said, "From what I've seen don't see any problems." A relative told us, "I never see people left alone. There's always staff around to talk to people." The registered manager used a dependency tool to review the number of staff required at the service to meet people's needs and keep them safe. Staffing levels were reviewed at the start of each shift by senior staff to ensure there were enough sufficiently skilled staff on duty and where additional support was needed this was put in place.

The provider maintained robust recruitment and selection processes to check that staff were suitable and fit to support people. Recruitment records for four staff employed at the service since our last inspection showed the provider had checked their eligibility to work in the UK, had obtained character and



employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks.

Arrangements were in place to obtain, store, administer and dispose of medicines in an appropriate and safe way. Our checks of stocks and balances of medicines and medicines administration records (MARs) showed people consistently received the medicines prescribed to them. Medicines audits were used to review staff's working practices in relation to medicines. This helped the provider check that all staff were working in a consistent and safe way when administering medicines.

Staff were supported to minimise risks to people that could arise from poor hygiene and cleanliness. Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in food handling and hygiene, so they were aware of the procedures that needed to be followed when preparing and serving meals to reduce the risk of people acquiring food related infections that could lead to illnesses.

# Is the service effective?

## Our findings

At our last inspection of the service in September 2017 we found that the provider had not always worked effectively with the organisation responsible for maintaining the premises and equipment and for providing the cleaning, laundry and catering services, to meet people's needs. The mealtime provision did not enable staff to tailor this aspect of the service to meet people's individual needs. We also found some aspects of the environment were not tailored to support people living with dementia.

At this inspection we found the provider had taken action to work collaboratively with the other organisation to improve these aspects of the service. We observed the lunchtime service in three separate dining areas in the home. Communication between the two organisations about the timings of the meal service had improved. Staff were better informed about when lunch would be served and supported people to take their seats, just before the lunchtime meal arrived in hot trolleys in the dining areas. Staff from both organisations worked well together to serve meals promptly so that people did not have to wait long for their food. This helped to reduce any anxiety and confusion that could be caused by delays to people receiving their meals.

During the meal, people were offered choice and encouraged to eat as much as they wanted at their own pace. Staff continued to be well informed about people's individual dietary needs including their specific likes and dislikes and preferences. We saw a good example of this for one person where staff informed catering staff not to give the person too much pork because they may have trouble chewing it. Staff checked people were happy with their meals and offered appropriate assistance if people needed this. For example, staff offered to cut up people's food to make this easier for them to eat. People with food allergies or that required special diets due to their healthcare, cultural or religious needs were catered for. For example, for people who wished to eat food reflective of their cultural heritage, an alternative option was available to meet this need. The registered manager had worked closely with the other organisation to improve the presentation and quality of meals so that these were more attractive, well balanced and nutritious for people. This was particularly important for people on specialist diets such as soft pureed foods so that they would experience a more dignified and inclusive dining experience.

We noted that two people appeared to struggle with standard cutlery when eating their meal. We also saw that the glasses used to provide drinks were indistinguishable and at times some people became confused as to which drink was theirs, so staff kept having to redirect them to the correct glass. We gave feedback about this to the registered manager who told us they would ensure staff were reminded about the availability of adapted cutlery if this was required. They also said they would give feedback to the other organisation about the glasses as they were about to purchase new cutlery, crockery and glassware for the service. Other improvements planned by the other organisation included providing better information to people about menus which was due to be rolled out by the end of the month. Staff from both organisations were also due to attend 'dignity in dining' training at the end of the month. This was specialist training to prepare staff from both organisations for forthcoming changes to best practice in relation to supporting people, who have difficulty eating due to their healthcare conditions, to experience a safe yet enjoyable dining experience.

Changes to the environment had been made to make this more suitable for people living with dementia. The registered manager had worked closely with the other organisation on how the environment could be improved and we saw new flooring was put in to make it easier for people to move freely around as the previous carpeting was not suitable for people living with dementia. On the top floor of the home memory boxes were now in place outside people's bedrooms to help orientate people to their room. In other parts of the home, pictures and photographs were also on people's bedroom doors to help them locate their room. The regional director told us plans were in place to install memory boxes in other parts of the home. New signage had also been ordered and due to go up by the end of the year which would help make it easier for people to find their way around the premises.

People's needs had been assessed to determine the level of support they required. The information from these assessments had been used to plan and deliver people's care and support in line with current legislation and standards. For example, people's records contained information about how their needs should be met, in line with their wishes and preferences, to help them achieve good outcomes and enhance the quality of their lives. Staff told us they supported people to achieve good outcomes by ensuring people received the care and support that had been planned for them.

Staff continued to receive relevant training to help them to meet people's needs. This included specialist training for staff to help them manage people's specific needs relating to their healthcare conditions such as diabetes. Staff had supervision meetings and an annual performance appraisal with their line manager. These meetings enabled staff to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

We noted that line managers had commenced monthly supervision meetings with staff from August 2018. The registered manager told us prior to this date, these meetings had not been held on a regular basis and this had been identified by the provider through an internal audit as an area that required improvement. The registered manager was confident that the new programme of supervision could be maintained. They said they were able to manage their own workload better since the new programme commenced as this had reduced the need for staff to approach them with any issues and problems that could now be more appropriately discussed at their monthly supervision.

Staff supported people to keep healthy and stay well. A relative told us, "Since [family member] moved in here he's so much better now. He's put on weight. He loves it here." Staff had access to information in people's records about how people should be supported to manage their health and medical conditions and to access the services they needed to support them with these. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant health professionals. For example, we saw when staff had become concerned that a person was not eating and drinking enough they had reported their concerns and sought timely specialist support from the relevant healthcare professionals.

People's ability to make and consent to decisions about their care and support needs continued to be monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications made to deprive people of their liberty continued to be properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

# Is the service caring?

## Our findings

We observed positive interactions between people and staff during the course of this inspection. Staff greeted people warmly and used people's preferred name in conversations. Staff made sure to ask people how they were and sought their consent before providing any support. People were not rushed and given the time they needed to make choices or decisions about what they wished to do. People appeared relaxed and comfortable with staff and did not hesitate to communicate their need for staff's support. In conversations staff were friendly and chatty and encouraged people to join in. We saw a good example of this during the lunchtime meal service when a staff member sat with two people at their table and started an entertaining conversation with them about squirrels in the communal gardens. Staff made sure when activities took place everyone was invited to participate so no one would be excluded. If people chose not to take part, this was respected.

Staff were quick to alleviate people's anxieties or concerns if these should arise. We saw a good example of this during the lunchtime meal service when one person became disinterested in their meal. A staff member picked up on this immediately and sat down next to the person and asked them how they were feeling. The person explained they were missing their family and wanted to see them. The staff member told the person that after lunch they would call the person's relatives, so they could have a chat. The staff member then encouraged the person to talk about their family members and the jobs they did. The staff member clearly knew the person's family well as they discreetly prompted the person when the person couldn't remember details of what each family did. As the conversation went on, the person appeared more relaxed and started to eat their meal.

People's records contained information about their personal communication styles and preferences which helped staff understand how people communicated their choices and decisions about their care and support. For some people using the service, English was not the first language and where their language need could be met by staff members, the registered manager ensured wherever possible the person would be supported by these staff. We saw a good example where a person's language need could not be met by the staff team and a staff member learnt basic keywords in the person's language to engage the person in conversation and reduce the risk to them of becoming socially isolated.

Records also contained information about people's life history and the things that were important to them in their lives for example family members and friends. Since our last inspection the provider had implemented a new engagement tool where 'speech bubbles' were placed on people's bedroom doors, where people consented to this, which outlined summary information about the person and what was important to them. This information helped staff to learn more about the person they were supporting, initiate conversation and build positive and caring relationships with them.

Staff maintained people's right to privacy and to be treated with dignity. People's records prompted staff to provide support in a dignified and respectful way. We saw a good example of this when two staff members supported a person to transfer from their armchair to a wheelchair by use of a hoist. Staff took their time and were careful, patient and considerate when moving the person, explaining what they were doing and

why. The person appeared comfortable throughout the transfer and joked with staff as they were being supported. Staff told us how they would ensure people's privacy and dignity when being supported which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

People were supported by staff to be as independent as they could be. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff told us they prompted people to do as much as they could and wanted to do. Staff only took over when people could not manage and complete tasks safely and without their support.

# Is the service responsive?

## Our findings

At our last inspection of the service in September 2017 we found, at times, there was not enough for people to do to meet their social and physical needs. The range and quality of activities on offer was variable. The provider was taking steps to address this at the time of that inspection.

At this inspection we found the provider had taken action to improve the range and quality of activities on offer to meet people's social and physical needs. Since our last inspection a team of staff, known as lifestyle coordinators, had facilitated a series of workshops with people using the service and care support workers to help improve staff's understanding of the types of activities people wished to engage in. Using the information from these workshops the lifestyle coordinators had planned a programme of activities and events, tailored to people's preferences. A 'residents committee', made up of people using the service, was set up and met monthly to discuss and review the activity programme and any improvements to this that were needed. This helped to ensure that people's preferences and choices for planned activities and events were being met.

During our inspection we saw a range of activities on offer for people to take part in. These included arts and crafts, bakery and cookery sessions, musical entertainment and quizzes and games. As part of the current programme of events staff were delivering specific activities focussed on 'visiting' a different country each month that may have some cultural significance to people using the service. At the time of our inspection people were learning about India and staff led an Indian food tasting session where people were encouraged to try Indian snacks and savouries. A traditional Indian outfit on a mannequin was on display and people were encouraged to touch and try the outfit on. The service was also celebrating 'Black History Month' and there was a display in the main reception area to help stimulate discussion about the contribution and achievements of people from African Caribbean communities throughout history. Staff also undertook one-to-one activities with people, for example, we saw staff sitting and chatting with people about subjects and topics they were interested in or doing puzzles. Throughout the day we observed people were engaged by staff in conversation and activities and people were only left alone if this was their wish and preference.

Special occasions and significant events were celebrated at the service and people were encouraged to fully participate in these. For example, at Easter, people made decorations for the home and took part in a bonnet making competition with a prize awarded for the best bonnet made. Birthdays were celebrated, and photos were displayed of a party held for a person who celebrated their 106th birthday at the home, which was attended by the local mayor. There were good links to the community and children from local schools regularly visited the home to undertake activities with people. People's families and friends were encouraged to take part in events and activities at the service to help them feel included in the lives of their loved ones. A relative said, "They always ask how I am and ask if I want a cup of tea."

People and their relatives remained involved in planning the support people required to meet their needs. Staff took account of their preferences and choices and made sure their social and cultural needs and values and beliefs were respected when providing the support people required. For example, for people who

wished to practice their faith they were supported to attend religious services and a weekly prayer group at the home.

People's care records were current and contained information about the support they needed with their personal care, diet and nutrition, physical and psychological health and social needs. There were clear instructions for staff on how people's needs should be met whilst maintaining their safety from any identified risks. Senior staff reviewed the support provided to people monthly and maintained records of these reviews. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately.

The provider had appropriate arrangements in place for dealing with people's complaints or concerns if these should arise. Records showed when a formal complaint had been received the registered manager had investigated, provided appropriate feedback to the person making the complaint and offered an apology, where this was appropriate. However, we were made aware by one relative they had some outstanding issues about the care provided to their family member which they did not feel had been properly resolved. We discussed this with the registered manager who told us they would make arrangements immediately to talk to the family member to investigate their concerns and provide an appropriate response.

Staff had received specialist training to provide care and support to people at the end of their lives. This training helped staff to coordinate and plan the care and support people needed so that people did not have to leave the service to have this support delivered by another provider. This helped to ensure people would be afforded the comfort and dignity they deserved at the end of their lives.



# Is the service well-led?

## Our findings

At our last inspection of the service in September 2017 we found improvement was needed because the provider and the organisation responsible for maintaining the premises and equipment and for providing the cleaning, laundry and catering services, did not always work together as well as they could to ensure people experienced good quality personalised care that met their needs. Some aspects of the service provided were not being driven by the needs of people using the service.

At this inspection we found the provider had taken on board our findings from the previous inspection and used this to drive improvement at the service. The provider was now working more proactively with the other organisation. Over the last twelve months senior managers from both organisations had met to discuss how the mealtime provision and the environment could be improved for people. Minutes of these meetings confirmed these discussions had taken place and showed the decisions agreed and made by both organisations to make the required improvements. We found at this inspection improvements had been made to the mealtime provision and the environment was being updated and enhanced to better meet the needs of people living with dementia. We also found activities at the service had improved with appropriate training and support provided to both people and staff to build and deliver a programme together that better reflected the preferences, choices and needs of people using the service.

The provider had clear values and a vision for the service which was focussed on people experiencing good quality care. Staff's work objectives reflected these values and vision. Senior staff used supervision meetings to check staff were achieving these objectives through their working practices and making positive contributions to the overall quality of people's lives. The provider operated an employee recognition scheme which rewarded staff for delivering good quality care and support to people. Staff from this service had received rewards and recognition from the provider for their contribution and effort. Staff were motivated to provide good quality care and support to people. A staff member told us, "I enjoy helping people and enjoy making people laugh. I feel like I make a difference."

The provider maintained an open and inclusive environment where people, relatives and staff were encouraged to get involved and give feedback about how the service could improve. People's views were sought through the 'residents committee' and quality surveys. Relatives were also asked for their views through relative's meetings and quality surveys. Staff's views about the service were sought through individual supervision, staff team meetings and an annual employee survey. Responses from the most recent surveys indicated people and their relatives did not have major issues or concerns about the quality of care and support provided at the service.

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had good understanding and awareness of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. Our records showed

these had been submitted when required and in a timely way. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

A relative told us they appreciated the support given to them by the registered manager when their family member first started using the service. They told us, "[Registered manager] made us all welcome. She's so helpful." Staff told us they felt well supported by the registered manager and were comfortable approaching them with any issues or concerns they had. We observed the registered manager was visible and accessible to people and staff throughout the day. The registered manager clearly knew people and their relatives well and took time to check how people were and if there was anything they could do for them. The regional director and operations manager were also present in the home during our inspection. When carrying out their checks around the home they greeted people in a warm and friendly manner and people appeared pleased to see and speak with them. The management team at the service had been strengthened since our last inspection with the appointment of a new deputy manager. The deputy manager was a registered nurse and brought clinical expertise and experience that the registered manager said would be essential in supporting staff to continuously improve their working practices specifically in relation to nursing care.

The provider continued to monitor, assess and improve the safety and quality of the service. Senior staff at the service and from within the provider's organisation undertook regular checks of key aspects of the service. Checks covered areas such as the quality of people's care records and support plans, medicines management arrangements, checks of records relating to staff and environmental health and safety checks. Observations of the quality of care provided to people, which included reviews of the dining experience and activities provision, were also undertaken along with unannounced management visits of the service at nights and weekends. When these checks highlighted aspects of the service that fell below required standards the registered manager responded accordingly to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with others to continuously improve the delivery of care at the service. Since our last inspection the provider had been working with the local council to identify where improvements were needed in the quality of admissions and placements at the service and how the service could access appropriate support from the council when people's needs changed. The outcome of this joint work should help the service seek faster, improved support for people to reduce risks to people's safety and to the safety of others.