

Aldingbourne Care Limited

Aldingbourne Cottage

Inspection report

Westergate Street
Westergate
Chichester
West Sussex
PO20 3QR

Date of inspection visit:
09 May 2017

Date of publication:
13 June 2017

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

Aldingbourne Cottage is a 10 bedded care home without nursing providing 24 hour care for people with a learning disability, autism and/or physical disability. It is situated in the village of Westgate, Chichester. At the time of our inspection there were nine people living at the home.

The service had two registered manager's in post. However the person who supported us during this inspection was responsible for the day to day management of the home and therefore we have referred this person as 'the registered manager throughout this report. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

People were supported to take their medicines as directed by their GP. Records showed that there were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely and our observations also confirmed this.

Food at the home was good. There was a four week rolling menu displayed in the kitchen. People had regular meetings where they had an opportunity to discuss and plan menus. Staff provided support to people to help ensure meals were balanced and encouraged healthy choices.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the MCA.

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training.

such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and laughing with people and offering support as required. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

The registered manager's operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management was open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.

The provider had a policy and procedure for quality assurance and the registered manager told us that they and the deputy manager worked alongside staff and this enabled them to monitor staff performance.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered managers and provider to monitor if people's needs were being met.

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.

Potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink and specialist diets were catered for.

Is the service caring?

Good ●

The service was caring.

People were treated well by staff and were supported to ensure their privacy was respected. People and staff got on well together

People were encouraged to express their views and communicated these in a variety of ways which staff understood. These included verbal communication, body language or gestures.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Is the service well-led?

Good ●

The service was well-led.

There were two registered manager's in post who were approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The registered manager carried out a range of audits to ensure the smooth running of the service.

Aldingbourne Cottage

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 inspection took place on 9 May 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability not all people living at Aldingbourne Cottage were able to share their experiences of life at with us. We did however talk with people and obtain their views as much as possible. We also observed how staff interacted with people who used the service and supported them in the communal areas of the home.

During the inspection we looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

During our inspection, we spoke with three people using the service, one of the registered managers, and two care assistants. Following the inspection, we telephoned three relatives to obtain their views on the service provided for people at Aldingbourne Cottage.

This was the first inspection of the service since it was registered with the Commission in May 2016.

Is the service safe?

Our findings

People felt safe at the home. Observations showed there were enough staff to provide support to people. Relatives said they were happy with the care and support provided. One relative said, "I am very happy with the way my relative is looked after; I know he is safe and secure".

The registered manager had an up to date copy of the West Sussex safeguarding procedures and staff had access to this. People were protected from abuse and harm and staff had received training in safeguarding; they knew who to contact if they had any concerns. Staff were able to recognise the signs of potential abuse and knew what action to take if they suspected people were being abused. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

In order to help keep people safe there were risk assessments in people's care plans. These identified who was at risk, what the risk or hazards were, the potential outcomes of the hazard or risk and actions to reduce the risk. We saw risk assessments in place which included; hand infection, day to day living, use of bathroom, self-harm, accessing the community, kitchen danger and risk when travelling in vehicles. For example the risk assessment for one person explained how staff should support the person when travelling in a vehicle. The risk was for the person concerned and others travelling with them. The person could take off their own seat belt and could try to jump over seats. The risk was minimised by ensuring that the person only travelled in the back of the vehicle behind the front passenger seat. A member of staff should be seated alongside them and the driver should ensure that child safety locks were applied before commencing any journey. The information provided for staff to mitigate the risk was clear and this helped to ensure risks were appropriately managed.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. The registered manager told us that regular maintenance checks of the building were carried out and if staff identified any defects they were quickly rectified.

The registered manager told us there were a minimum of two members of staff on duty between 8am and 8pm. From 8pm to 8am there was one member of staff on duty and this person could sleep between 10pm and 6am. The registered manager told us that staffing levels were currently under review as a new person was due to move to the home in the next few weeks. However at present the staffing numbers were sufficient to meet people's needs. Staff we spoke with confirmed this. The provider employed a total of seven care staff with the two registered managers working in addition to the care staff. Three new care staff had been recruited, but the registered manager said they were waiting for all employment checks to be completed before they could start work. Staff told us, and observations showed, there were enough staff on duty.

Staff files showed that safe recruitment processes were in place. Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer

recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

Staff supported people to take their medicines. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment; staff confirmed this. We observed lunchtime medicines being administered and staff did so safely and in line with the person's prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. People who were prescribed when required (PRN) medicines had clear protocols for their use. The provider had policies and procedures in place to ensure the safe ordering, administration, storage and disposal of medicines and this helped to ensure that people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. People confirmed this and said staff were good. People said the food at the home was good and they were able to make choices about the contents of the weekly menu. Relatives said they were happy with the support provided by staff. One relative said "My relative has only lived at Aldingbourne Cottage for a few weeks and they have settled in really well. I am very happy with everything, it gives me peace of mind to know they are well looked after".

The registered manager told us about the training provided for staff. On-line training was provided and each member of staff had their own computer log-in so they could access their own training. Once training had been completed the registered manager could view the staff member's results. The registered manager said that if a staff member did not achieve a satisfactory mark they would be asked to re-sit the training until a suitable pass mark was achieved. Training undertaken by staff included: health and safety, infection control, managing challenging behaviour, food hygiene, safeguarding, managing epilepsy, person centred care and good recording practice. Face to face training was also made available to staff as required. This helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. The registered manager told us they and the deputy worked alongside staff to enable them to observe staff practice. This ensured staff knew how people liked to be supported and were aware of people's care needs. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager said that all new staff members completed an induction when they first started work. The induction programme included receiving essential training, policies and procedures and shadowing experienced care staff so they could get to know the people they would be supporting and working with. Induction training included completing the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider currently employed a total of seven care staff. Of the seven staff, four had completed additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

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. The registered manager and staff understood their responsibilities in relation to the MCA. Staff had attended training in this area and understood how the principles of the legislation applied in their work.

Staff understood the importance of consent and we observed them gain people's consent to their care throughout our inspection.

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 working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications under DoLS for all people living at Aldingbourne Cottage. To date none had been authorised by the local authority as they were being dealt with on a priority basis.

Staff had regular supervision meetings with the registered managers and were able to discuss issues relating to their role, training requirements, residents' needs, any problems, staffing and any suggestions for improvements. Staff confirmed that these meeting took place and said they found them useful and informative.

Meals were provided for people by care staff and they took it in turns to cook the main meal of the day. People were involved as much as possible in preparing and planning meals. There was a rolling menu and people were consulted about choice at regular service user meetings. For breakfast people made an individual choice, normally cereals and toast and meals times were flexible. The lunchtime meal was a snack type meal such as egg on toast and on the day of our visit, it was a selection of sandwiches. The main meal of the day was in the evenings and there was a choice available for people. The home had a weekly menu that was in picture format so people could see what was on offer. If the choice of the main meal on offer was not to an individual's liking an alternative meal would be made. Staff told us that one person was on a gluten free diet and suitable food was prepared to meet their dietary needs. There was a suitable stock of food for this person which included snacks and biscuits so that the person's gluten free diet could be maintained. A record was kept of each person's nutritional intake. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person had a medical file entitled, 'Keeping me healthy plan'. This had information about 'What I need help with', 'What we are doing about it', 'Who is responsible' These provided staff with information about people's medicines, diagnoses, contact details of GP and healthcare professionals; there was also information about how the person managed pain. We also saw people had a 'Hospital Passport' which contained important information should they need to go to hospital. We noticed that although there was good information for hospital staff there was no information regarding the person's capacity to make decisions or who hospital staff should consult when making best interest decisions. The registered manager told us that if a person needed to go to hospital, they would be accompanied by a member of staff, so they were supported by someone they knew. This would help to ensure people received consistent, effective support.

Each person was registered with a local GP surgery and staff contacted the surgery if anyone had any health problems. Records showed that regular health checks were carried out. Appointments with other health care professionals were arranged through referrals from their GP. The registered manager told us staff accompanied people to any healthcare appointments. Staff completed a record after each appointment to show the outcome of the visit together with any treatment or medicines prescribed. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

Is the service caring?

Our findings

People appeared happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "My relative has a very good relationship with the staff, many of whom have been there for several years".

Staff took time to explain to people what they were doing and communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "I enjoy working with everyone, it a nice place to work and all the people we support are really nice and easy to get along with".

Staff were able to describe to us how they upheld people's privacy and dignity when providing personal care and support. For example one staff member said "I always ensure any personal care is given in private and I always respect a person's decision if they do not wish me to give them personal care". We saw that people were dressed appropriately for the time of year and people were supported to maintain their personal appearance.

We observed staff chatting and engaging with people and taking time to listen. We observed positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. People were confident and comfortable with the staff who supported them. We saw that people were dressed appropriately for the time of year and people were supported to maintain their personal appearance so as to ensure their self-esteem and self-worth.

We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. For example one person was banging a table and staff responded quickly, asking the person what they wanted. The situation was well managed and the quick response and calm manner of the staff member kept the situation under control.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each person's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the

opportunity to be involved as much as possible in how their care was delivered. The registered manager showed us a resident's satisfaction questionnaire that they had developed. However this had not yet been implemented. This was a form where people could rate the quality of care provided to meet their needs. There was a range of subjects such as personal assistance, support with appointments, overall impression of the home, meals and menus, activities within the home and activities outside the home, opportunities to express views, the supportiveness and friendliness of staff and the home's response to complaints. Scores could range from poor to excellent and there was room for comments to be included on each subject. The register manager said relatives and/or staff would support people to complete these questionnaires.

Is the service responsive?

Our findings

People were well looked after and said they liked living at Aldingbourne Cottage. Relatives said they were happy with the care and support provided. One relative said, "My relative is well cared for, they are very happy and settled at Aldingbourne Cottage".

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

Staff were given appropriate information about the support and care needs of people. Care plans contained a 'life history' and this contained a brief history about the person. Before anyone moved into the service, their needs were assessed. If the person's care was funded by the local authority an assessment was also obtained from the funding authority so that a joint decision could be made about the suitability of the home and if the person's individual needs could be met. These assessments formed the basis of each person's individual care plan.

The registered manager told us that they were currently working on care plans to ensure they were written in a more accessible format which was in line with guidance. Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support. This enabled staff to deliver care the way people wanted and care was not task led. Care plans had information such as: personal care, daily living skills, making decisions and choices, behaviour, self-harm, eating and drinking, accessing the community, shopping and eating out. Each care plan contained information such as 'Things that are important to me' and 'Things I like and dislike'. These plans went on to give staff the information they needed to provide support to people. For example the care plan for one person who had very limited verbal skills contained a 'communication passport'. This explained that the person was largely non-verbal. The person did use some verbal sounds and the passport explained to staff what these sounds meant. There was also information about gestures the person made such as pretending to steer a car and this meant that the person would like to go out for a drive. The plan explained to staff that they should never ignore the person and to always respond to them. If staff did not understand a sound or gesture they should offer pictures to help understanding or consult another member of staff. The care plans enabled people to receive the support they needed and informed staff on how this support should be given.

Care plans were regularly reviewed and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people's needs were being met. It also enabled staff to find out what people wanted to do and what, if any, plans they had for future goals, activities or trips out. However records of these reviews were not kept. We spoke with the registered manager about this who agreed that in future key worker meetings would be recorded. The registered manager told us formal reviews were carried out every six months and we saw records to confirm this.

Staff recorded what support people had received each day. Records showed how the person had been during the day and night and included information about any additional care people had been given or was needed. These reports provided evidence of care delivery and how people had been supported.

Due to the nature of people's learning disability, staff communicated and responded to people in different ways. We observed that the way staff interacted with different people was in line with their care plan. This meant that staff provided consistent support to people and this helped to avoid any confusion and enabled people and staff to understand each other. Staff said that people could express their wishes and preferences and these would always be respected. One staff member said, "We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again or would get another member of staff to offer support. They said although some people did not use verbal communication all the staff knew people well and were able to understand people's body language. This enabled staff to recognise signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also recorded on a handover sheet that was completed at the end of each shift. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. The routine for a typical day allowed time for each person to participate in activities of their own choice. Activities included: day services, gardening, bowling, shopping, arts and crafts, trips to the pub or for lunch, TV, DVDs, board games, puzzles and drawing. On the day of our visit five people had gone out to a local day service where they undertook individual activities of their choice. For those people who stayed at home we saw staff giving one to one support and interacting positively with people. A record of activities that people took part in were recorded in people's daily record; this helped staff to monitor the activities that people enjoyed.

The registered manager told us they encouraged people to share their experiences of living at Aldingbourne Cottage. People were encouraged to discuss any concerns or complaints they may have with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. There was a system for recording any formal complaints, however the registered manager told us to date no complaints had been raised. He told us that any complaints would be fully investigated and discussed with the staff team to help ensure any issue did not happen again.

Is the service well-led?

Our findings

Relatives confirmed the registered manager was approachable and said they could raise any issues with them or with a member of staff. They told us they were kept informed on any issues and that when they visited they were always made welcome. One relative said, "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to them on the phone or meet with them whenever I want".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The registered manager said they would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered managers and the deputy manager were approachable and had good communication skills and that they worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. They said that they and the deputy manager regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

The registered manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. They said they booked training with the local authority when it became available and that they regularly monitored professional websites to keep themselves up to date with best practice. If appropriate they would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the last staff meeting and these contained information about who had attended and gave information about the topics discussed. There was also information about decisions that had been made and action points to take forward. However there was no information about any outcomes from previous meetings so it was not clear if any learning had taken place. The registered manager said they would ensure these were incorporated into any future meetings.

The registered manager showed us quality assurance questionnaires that they had developed and these were going to be sent out to people, relatives, staff and outside professionals. However these had not yet been

issued. They told us these were due to be sent out to in the next few weeks and responses would be collated to see if any changes could be made to improve the quality of the service provided for people. This meant that the registered manager was striving to ensure the service provided was of a good standard. They also helped to identify areas where the service could be improved.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. These checks helped to ensure people received consistent, good quality care and support and demonstrated a commitment by the registered manager to be open and transparent in working towards continuous improvement.

Records were kept securely. All care records for people were held in individual files which were stored in the home's office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.