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BarDen House

Inspection report

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Tel: 01524425398

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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

This unannounced inspection took place on 21 September 2017.

Barden House is registered to provide care and support to ten people living with mental health conditions. The home is situated in a residential area of Morecambe. All bedrooms have ensuite facilities. There are also three shower rooms and one bathroom. The home has access to a bus route and local amenities.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The service was registered with the Care Quality Commission in July 2016. This was the first inspection of the service.

At this inspection carried out in September, people spoke positively about the care delivered. People told us staffing levels were conducive to meet their needs. We observed staff being patient and spending time with people who lived at the home.

People told us and we saw evidence that people felt safe and secure. There was a warm and welcoming atmosphere at the home. Staff understood the importance of nurturing a home environment to promote people's well-being.

Staff treated people with kindness and compassion. We observed staff being patient with people and offering reassurance when required. People who lived at the home told us staff were kind and caring.

There was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care. There was a commitment from the registered manager to promote people's independence and involve them in the way the home was managed. We saw evidence of people making suggestions to improve the service and these being actioned.

Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable arrangements were in place for managing and administering medicines. The senior management team carried out audits of medicines to ensure systems were followed correctly by staff. We noted action had been taken by the registered manager when areas for improvement within medicines processes were identified.

Recruitment procedures ensured the suitability of staff before they were employed. Staff told us they were unable to start their employment without all the necessary checks being in place.

People's healthcare needs were monitored and managed appropriately by the service. People told us guidance was sought in a timely manner from health professionals when appropriate. We saw evidence of partnership working with multi-disciplinary professionals to improve health outcomes for people who lived at the home.

Care plans were person centred and took the needs and considerations of the person into account. People who lived at the home said they were involved in the care planning process. People were asked to consent to having care and support provided. Care plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

People were happy with the variety, quality and choice of meals available to them. They told us they were involved in choosing their own food at the home. People's nutritional needs were addressed and monitored.

People were offered opportunities to carry out activities of their own choosing. Staff understood the importance of providing person centred support to encourage and motivate people to be active.

People who lived at the home praised the living standards offered at the home. The home was described as a 'home from home.' Bedrooms had been personalised and individualised with people. Premises and equipment were appropriately maintained.

The registered manager had a training and development plan for all staff. We saw evidence staff were provided with relevant training to enable them to carry out their role. This included bespoke training in relation to people who lived at the home.

Staff we spoke with were aware of the principles should someone require being deprived of their liberty. Good practice guidelines were consistently implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected.

Feedback was routinely sought about the service provided from people who lived at the home through monthly residents meetings and six-monthly questionnaires.

The registered manager had an auditing system at the home to ensure that safe and effective care was provided at all times. This included auditing medicines processes and the environment. In addition the provider was auditing their own progress at developing a person centred organisation. This showed us the service was committed to providing person centred care.

Systems were in place to ensure statutory notifications were provided to the Care Quality Commission (CQC), however this was not consistently implemented. We have made a recommendation about this.

People who lived at the home and staff all provided positive feedback about the registered manager. Staff were positive about ways in which the service was managed and said the home was a good place to work. Staff described teamwork as "Good," and said there was regular communication between senior management and staff.

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.

People who lived at the home told us they felt safe.

Recruitment procedures were in place to ensure people employed were of good character. Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Suitable arrangements were in place for the management of all medicines.

Premises and equipment were suitably maintained to ensure they were fit for purpose.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's nutritional and health needs were met by the service.

Staff had access to ongoing training to meet the individual needs of people they supported.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

There was an emphasis on providing person –centred support to encourage and motivate people to be active members of their community.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good

The service was well led.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The registered manager had good working relationships with the staff team and staff commended the manager's skills and abilities.

The registered manager was aware of their roles and responsibilities and displayed a commitment to developing and maintaining a high quality service.

BarDen 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 21 September 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority contracts team and commissioners as part of our planning process to see if they had any relevant information regarding the service. We received no information of concern.

During the inspection visit we spoke with three people who lived at the home. Following the inspection visit we spoke with two professionals who worked closely with people who lived at the home. We did this to obtain their views about the quality of the service provided.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the registered manager and two members of staff.

We looked at a variety of records. This included care plan files relating to two people who lived at the home and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification, medicine administration records, training records and minutes of meetings.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe at the home. Two people who lived at the home said they were unsure if they felt safe. One person said this was due to their mental health condition and anxiety. One person who lived at the home told us, "I feel safer here than I have ever felt in years."

During the inspection process we reviewed care records related to one of the people who told us they did not feel safe. We noted from daily records the person initially did not want to stay at the home and had tried to leave on a number of occasions. However documentation completed by staff evidenced these episodes had since reduced and the person was showing improved signs of living at the home. This suggested the person was feeling more secure and content at the home. We spoke with a professional who worked closely with the person and they told us in their opinion the person was safe at the home.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The registered manager said staffing levels were flexible and varied according to the needs of people who lived at the home. People told us they had no concerns about the numbers of staff available to meet their needs. One person said, "There are always plenty of staff about."

On the day of the inspection visit we saw people's needs were met in a timely manner. We observed people requesting assistance. Staff responded immediately. Staff had time to sit and interact with people who lived at the home. There was a calm and relaxed atmosphere at the home. Staff told us they were happy with staffing levels. One staff member described them as, "generous."

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff records. Records showed full employment checks had been carried out prior to staff commencing work. Two references had been sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. Staff confirmed they were unable to commence employment until all necessary checks had taken place.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The service was proactive in ensuring staff were aware of the importance of reporting safeguarding concerns. Guidance was on display in the staff office giving staff direction and instruction. One poster stated, 'Staff have a duty to act quickly and responsibly. You owe it to the people you support to do so.' This showed us the service proactively encouraged staff to respond to concerns in a timely manner.

We spoke with staff. They told us they had received safeguarding training. They were able to describe

different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action. One staff member said, "I would speak to the person, write down what they told me and would report it to one of the managers straight away." In addition, staff understood the processes for reporting concerns externally if there was a need to do so.

We looked at how medicines were managed within the home. We spoke with people who lived at the home about their medicines. People told us they received their medicines when required. One person said, "I get my medicines when I need them."

We found medicines were stored securely inside a locked cupboard. Storing medicines safely helps prevent the mishandling and misuse of medicines. Tablets were blister packed by the pharmacy ready for administration. There was a fridge for storage of medicines that required temperature specific storage. We saw the temperature of the fridge was checked on a daily basis. This ensured optimal temperatures were maintained for temperature specific medicines.

PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'. We saw the provider had protocols in place for managing PRN medicines. The protocols gave staff clear direction as to what the medicines were prescribed for, when to administer and the amount to be administered. This promoted safe usage of the PRN medicines.

We observed medicines being administered. We noted good practice guidelines were followed and medicines were administered according to people's needs. For example, medicines were administered at different times over lunch to meet people's individual needs and preferences.

Staff told us they were unable to administer medicines unless they were trained to do so. Staff who administered medicines had received training from the supplying pharmacist. Monthly medicines audits had taken place to ensure medicines had been administered safely and appropriately.

We looked at how the service managed risk. Risks were addressed within people's care plans. A variety of risk assessments were in place. These included falls risk assessments and assessments for supporting people with personal care. Staff were encouraged to review risk assessments and record any relevant information upon the risk assessment after significant events. We saw action was taken when people were placed at risk of harm. For example, one person's risk assessment had been updated following an incident taking place which had resulted in restrictions being placed upon the person's liberty.

We spoke with a professional and they praised the way in which risk was managed at the home. They told us the service promoted a person centred approach to risk which enabled people to retain as much independence as possible, whilst keeping them safe.

We looked at how fire safety was promoted at the home. We found suitable checks took place to maintain a safe environment. Personal evacuation plans were in place for all people who lived at the home and there was an up to date fire risk assessment.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a record of all accidents and incidents. Accident reports were descriptive and showed actions taken after significant incidents. This included debriefing the staff team when appropriate.

During the inspection visit, we undertook a walk around the home. We found the home was organised and tidy. People who lived at the home were encouraged to be involved in the cleaning of the home. Window

restrictors were in place to restrict windows from opening widely which may present risks. Although window restrictors were in place we found these were not tamperproof and could be by-passed so windows could open freely. We discussed the importance of ensuring restrictors could be tamper-proof and secure and referred the provider to the HSE guidance, 'Health and Safety in Care Homes," 2014. The provider agreed to review all window restrictors in place to ensure they met the required standards. Following our inspection visit we received written confirmation this work had been undertaken.

Equipment used was appropriately serviced. We saw there was a comprehensive management plan to manage the risk of a legionella outbreak at the home. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check and electrical portable appliance check had been carried out.

Good

Is the service effective?

Our findings

People who lived at the home told us there health needs were appropriately managed by staff at BarDen house. One person said, "They take me to the doctors if I need to go."

We saw evidence of input from a variety of health and social care professionals in order to promote people's health. This included general practitioners, psychiatrists and community nursing teams. Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. For example, one person was supported to visit the doctor when they were showing signs of being unwell.

The service working proactively to have people's health needs met. For example, the service had liaised with one health professional to try and get them to visit the home to assess a person when they had declined leaving the home to attend an appointment. In addition, we saw evidence of the service working closely with health professionals to raise awareness of people's health needs so that staff could be more effective in providing a service for a person.

On the day of our inspection visit we noted the registered manager was reviewing information from a specialist website. The registered manager told us they had been advised that a person who lived at the home was displaying classical signs of having a specific health condition. The registered manager was reviewing the information of this condition to gain a more in-depth understanding of the condition. This showed us the registered manager was committed to ensuring people's health care needs were understood and met.

We looked at how people's nutritional needs were met by the service. People who lived at the home gave us positive feedback about the food provided. One person said, "I have not had a bad meal yet." People were encouraged to be involved in meal preparation and choices of meals served. For example, we saw that food was discussed at a monthly residents meeting. People came up with choices as to what they would like to see on the menu.

We spoke with the registered manager about meal times. They told us people were encouraged to be involved in meal preparation and planning. They told us a person centred approach was taken at meal times. For example, one person chose to eat a small breakfast whilst another person had a five course breakfast.

People who lived at the home had free access to the kitchen. People were able to access foods and drinks if they wished. We were advised there were some times when the kitchen had to be locked as a precautionary measure to maintain people's safety. There were clear protocols and procedures in place for this.

We discreetly observed activities at lunch time. We observed one person in the kitchen with staff whilst the staff member cooked the person's lunch. Once lunch was prepared the member of staff and person ate their lunch together in the dining area. We noted it was a relaxed affair as both parties sat and chatted light

heartedly. One staff member said they thought it was really important that staff spent quality time with people at mealtimes as this reflected family life and helped promote a feeling of well-being for people.

When people were at risk of malnourishment we saw that assessments were in place to monitor people's weights. Although these were in place, sometimes people declined to be weighed. This was respected and documented within the care record.

One person who lived at the home had a medical condition which required them to have a specific diet. We spoke with staff about this and they were aware of the need to monitor the person's diet and offer alternative foods when necessary.

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 working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions documentation was suitably completed to highlight this.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLs.) The registered manager demonstrated a good understanding of DoLs and this was reflected in the organisations documentation processes. We saw an application had been made to deprive a person of their liberty when restrictions were required within the person's life to keep them safe. When restrictive practices were in place within a person's plan of care there was clear documentation to show that all restrictions had been considered and the least restrictive was implemented.

We spoke with a professional regarding the way in which the service kept people safe through restricting liberties. They told us staff took a person centred risk approach to ensure restrictions put in place were the least restrictive for the person. They praised the innovative and creative ways this was approached by management at the home.

We looked at staff training. Staff praised the training provided. One staff member said, "We get plenty of staff training. Its very training orientated here." We spoke with the registered manager about training. They showed us a training and development plan which was in place to ensure staff had the correct skills required to provide effective support. We looked at training certification and saw training was provided through a variety of means including e-learning and face to face training.

We looked to ensure staff were provided with a suitable induction at the outset of their employment. The registered manager showed us an induction booklet which all staff were provided with when they started working at the home. This detailed all aspects of work that were deemed as important and relevant to staff.

We spoke with a member of staff. They told us they undertook an induction period at the start of their employment. This involved completing e-learning mandatory training and shadowing more senior members of staff. They told us they were happy with the induction process and the support provided.

We spoke with staff about supervision. Staff confirmed they received supervision from the registered manager. Staff said the senior management team was approachable and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Good

Is the service caring?

Our findings

People were complimentary about staff working at BarDen House. Feedback included, "The staff are nice. They always treat you with dignity and respect." And, "Staff listen to me."

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff discreetly ensured people were comfortable and not in need. They took time to sit with people and engage in conversation if people were showing signs of being anxious or in need of company. We overheard one staff member reassuring a person who lived at the home. They told the person they were doing well when the person doubted themselves. We observed one person spending time with a member of staff. The person was showing some signs of being anxious. Staff spent time with the person offering reassurance and emotional support. The person gave the staff member a hug and a kiss then told us, "Staff are nice."

Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. We observed staff asking people if they needed any assistance and providing support when necessary. For example we heard one staff saying, "Are you alright sweetheart?" to one person who was in a communal area. The person responded positively to this.

The service was aware of the need to promote and maintain people's independence. The registered manager told us the aim of BarDen house was to promote independence and support people to develop independence skills with the plan for people to transition back into the community. One person who lived at the home told us, "Staff really push us to do things we can and probably should do for ourselves."

Staff were encouraged to treat people with dignity and respect people's privacy. During our inspection visit we observed staff knocking on people's doors before entering rooms. Staff asked people's permission before allowing us to look in their rooms. This showed us staff were aware these areas were personal spaces belonging to people who lived at the home.

Staff understood the importance of developing positive relationships with people. They told us staffing levels allowed them time to interact with people in order to develop professional relationships. One staff member said, "I always make sure I sit down with people after tea."

Staff were aware of the importance of developing a welcoming and homely environment to enable people to feel safe and secure. The registered manager said, "We treat people here like our own family. We have the personal touch and want people to feel like it's their own home." We noted people who lived at the home were involved in the decorating of their own bedrooms with personalised items. Rooms we viewed were individualised, warm and welcoming.

Staff demonstrated a good understanding of the people who lived at the home. This enabled them to deliver person centred care. For example, they understood people's wishes and desires and how to support them in an appropriate and respectful manner. People were allowed to take measured risks.

Information was available for people in easy read formats. We saw evidence of easy read guides being available to people in relation to health conditions and MCA guidance. This showed us the service was working towards promoting equality and diversity as set out in the Human Rights Act 1998.

Staff were aware of the need to develop people's self-esteem and self-worth. For example, one person who lived at the home enjoyed helping out when things required fixing. Staff were aware of this and would encourage the person to get involved when things had broken. This increased the person's self-esteem as they felt they had contributed to the home.

Staff sometimes went the extra mile. One person who lived at the home had anxieties around death and dying. Staff worked with the person to look at these anxieties and supported the person to put together their own end of life plan. Staff told us this reduced the fears for the person as they had comfort knowing their preferred plans had been put in place. This made the person feel safe. We discussed end of life care for other people who lived at the home. The registered manager said this has been a difficult subject to approach with some people who lived at the home. They said training for staff in this area would be considered as part of their on-going commitment to making improvements within the service.

The service was aware of the importance of promoting people's voice. When people required support with decision making we saw evidence of advocacy services being accessed.

Good

Is the service responsive?

Our findings

People who lived at the home told us they were supported to live active lives of their own choosing. Feedback included, "Staff are always around to take me out, if I feel like going out." And, "I don't like going out but we play bingo."

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. On the day of our inspection visit one person went out for the day. Staff told us this was part of the person's daily routine and was important to that person. We observed other people who lived at the home being offered the opportunity to also go out if they wished.

Activities were also undertaken in the home for people, should they wish to participate. The home had an arts and crafts room where people could spend time making crafts. In addition, activities were placed around the home for people to use. For example, jigsaws were in the living area alongside magazines.

People were encouraged to have a say in what took place at the home. We saw activities were discussed as part of the residents meeting. During one meeting the people agreed to have a film evening at the home. One person who lived at the home agreed to be in charge and organise the event, purchasing treats for the event.

People who lived at the home said they were extremely happy with the service provided by the staff at BarDen House. Feedback included, "I have no complaints, staff do a good job here." And, "I've no complaints. Not a wrong word to say about them and that's something from me. I have high standards."

People who lived at the home were aware of their rights to raise complaints and were aware of who was responsible for dealing with complaints. One person said, "I would complain to one of the managers if I had a complaint"

We spoke with the registered manager about complaints. They confirmed they had a policy but they had not received any formal complaints. The registered manager said they had daily contact with people who lived at the home. This allowed them to speak with people and resolve any concerns they may have straight away. In addition, there was a suggestions box at the home where people, relatives and visitors could leave comments for improvement.

We looked at care records belonging to two people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. For example, people were asked what they liked to be called and the times they liked to go to bed. Care plans highlighted key points of people's likes and dislikes using person centred tools such as, 'Good day, bad day,' planning.

We saw evidence peoples consent was sought throughout the care planning process. When people had refused to sign to give consent this was documented with a reason as to why they had refused to sign. One

person who lived at the home told us, "I signed to consent to my care plan. I had a couple of meetings after to discuss it when I wanted to change it."

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed.

Good

Is the service well-led?

Our findings

People who lived at the home were happy with the way in which the home was managed. One person who lived at the home said, "The home is well managed considering they have to see to everyone's needs." And, "This is a good service. My last place was bad. Nowhere like this."

Both professionals we spoke with commended the way in which the home was managed and described a high functioning, well managed service.

At the inspection we looked to ensure the registered provider was aware of their responsibilities as set out within the Care Quality Commission Registration Regulations 2009. We noted we had received statutory notifications in a timely manner. However, during the inspection process we identified one notification had not been sent. The registered manager said they thought this had been sent but was unable to provide evidence to demonstrate this. They took immediate action and submitted the notification as required.

We recommend the registered provider implements a suitable system to ensure registration requirements are consistently applied.

Staff repeatedly told us the home was a good place to work. Feedback included, "I love it, its lovely here. It's like a home from home. The managers are lovely." And," It's a lovely place to work. [Registered managers] are great bosses." Staff described teamwork at the home as good.

There was regular communication between staff and managers. Staff completed a handover each shift to discuss the needs of people who lived at the home. This enabled staff to be aware of outstanding actions and any concerns to be aware of upon their shift. Formal team meetings had also taken place. We reviewed minutes from one meeting and noted discussions had taken place between staff and management about people's individual needs, policies and procedures, health and safety and suggestions for improvement.

People who lived at the home were consulted with on a regular basis. The registered manager held residents meetings for people to express their views on how the service was managed and organised. We saw evidence that discussions held within residents meetings were fed back to staff so changes could be implemented. For example, people who lived at the home had asked for a pet at the home. Following this request the home had adopted a cat. This showed us people's opinions were considered and valued by management at the home.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires had been given to people who lived at the home to complete. We viewed completed questionnaires and found positive feedback had been provided. We saw evidence the registered manager had reviewed all questionnaires and had set out an action plan as to how the service could be improved. This included reviewing the format of the questionnaire making it more accessible.

The registered manager told us they were dedicated to providing a high quality person centred service. We

noted the provider was self-assessing themselves using the 'Progress for Providers' toolkit. This is a tool which allows the provider to review person centred practices within the service as a means to improve service delivery. This showed us the service was committed to developing a service which promoted positive outcomes for people who lived at the home.

The registered manager had a range of quality assurance systems in place. These included audits of medicines, the environment, staff training and health and safety.

The home had two registered managers in place. The registered manager we spoke with said both registered managers had the same responsibilities but both had some varying roles within the home. They said each registered manager had different skills and knowledge and this was utilised to the best advantage within the management of the home. Regular communication took place between both managers.

We saw evidence of partnership working. The registered managers consulted with another registered manager from another service. They held quarterly peer support meetings to discuss best practice and share ideas. This showed us the registered provider was committed to ensuring a high quality service was delivered and maintained.