

Bethany Lodge Kent Limited

Bethany Lodge

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

This inspection took place on 20 and 21 June 2017 and was unannounced. The previous inspection was carried out in March 2016 and concerns related to the policies and procedures relating to the administration of medicines, some records relating to monitoring and checks, person centred detail recorded within people's care plans and systems and processes to audit the service. We asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements, although some other areas required some minor improvements.

Bethany Lodge Care Home provides accommodation with personal and nursing care for up to 24 adults who need care and support with physical disabilities and complex needs, such as congenital disorders, degenerative illnesses and acquired brain injuries. At the time of the inspection there were 23 people living at the service, most were younger adults although the service also supported people who were older.

People were living with a range of care and nursing needs, many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff. There were two lounges, a dining room, and separate toilets and showers or bathrooms. All bedrooms were single with specialist beds and hoisting tracks. There was also an arts and crafts room in the grounds and a hydrotherapy pool at the sister service nearby.

The service had a registered manager who was not available on the days of the inspection, however; the registered manager from the sister service was able to assist in all areas of the inspection. 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.

Overall medicines were well managed. People received their medicines safely and when they needed them. Staff followed correct and appropriate procedures in the storage and dispensing of medicines. Some people were prescribed medicines to take 'as and when required', there was guidance in place for staff to follow for most people but some people were missing the guidance.

A number of audits and checks were carried out each month by the registered manager or senior staff, but the medicines audit had not been effective in identifying the shortfalls in medicines guidance highlighted during our inspection.

People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required. Staff followed the guidance of healthcare professionals where appropriate and

we saw evidence of staff working alongside healthcare professionals to achieve good outcomes for people.

Recruitment files contained the required information about staff. This helped to ensure that the staff employed to support people were fit and appropriate to be working with people. There were enough staff on duty and they had received relevant training and supervision to help them carry out their roles effectively. Staff were supported to complete an induction when they began work at the service. They were supported, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training, competence checks and support to meet the needs of people.

Staff knew how to keep people safe from abuse and neglect and any incidents were appropriately referred to the local safeguarding authority. Incidents and accidents were monitored to make sure the care provided was safe. Fire safety had been addressed through training, drills and alarm testing. Maintenance had been carried out promptly when repairs were needed. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Staff encouraged people to be involved and feel included. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People's privacy and dignity was respected.

People had a choice of meals, snacks and drinks, and could choose where they would like to eat. Staff encouraged people to eat their meals and gave assistance to those that required it.

Staff understood the principles of the Mental Capacity Act and knew how to support people who were not able to make their own decisions. People's rights were protected.

Staff treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

Activities were offered to people; with a range of one to one and group activities to meet individual needs and preferences.

Complaints had been properly documented, and recorded whether complainants were satisfied with the responses given. People said they knew how to complain if necessary and that the registered manager was approachable.

Staff told us they were clear about their roles and felt well supported by management. Staff said there was good communication. Feedback was sought from people, relatives and professionals.

We have made the following recommendations:

We have made a recommendation about the records management of some medicines.

We have made a recommendation about the medicines audit.

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 received their medicines when they needed them and in a way that was safe. They were stored safely. Minor improvements were required in the guidance of as and when required medicines.

The provider carried out appropriate checks when employing new staff, and there were enough staff to meet peoples' needs.

People were kept safe from abuse or improper treatment.

Is the service effective?

Good ●

The service was effective.

The monitoring of fluid intake had improved and people received enough to drink. People were provided with a range of nutritious foods and drinks.

Staff were well supported. New staff received an induction and all staff received training, supervisions and appraisals to enable them to support people effectively.

People's health care needs had been appropriately met and monitored to help maintain their well-being.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good ●

The service was caring.

Staff acted sensitively to protect people's privacy and dignity.

Staff engaged well with people.

People were supported to be independent where possible.

Is the service responsive?

Good ●

The service was responsive.

Care planning was person-centred and people's individual choices and preferences were observed in practice.

People were supported to participate in activities that they enjoyed.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

The service was well-led.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively. Medicines audits required some minor improvements.

Events which affected people using the service had been appropriately reported to the Commission.

Staff were clear about their roles and responsibilities and felt well supported.

Records were accurate, up to date and were stored securely.

Good ●

Bethany Lodge

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 20 and 21 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience on the first day and one inspector on the second.

Before the inspection, the provider completed a 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. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. The provider had also sent us an action plan following the last inspection.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. Not everyone was able to verbally share with us their experiences of life at Bethany House. We therefore spent time observing their support and carried out a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents. These included four care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with four people who used the service and with the registered manager from the sister service, two nurses, four members of staff and a social care professional. Following the inspection we received feedback from one social care professional who had had recent contact with the service.

Is the service safe?

Our findings

People told us and indicated that they felt safe living at Bethany Lodge, one person said "Yes, I feel safe everywhere."

At the last inspection medicines were not always managed safely. At this inspection we found that this had improved. However, there were other areas of medicines management that required improvement. Some people were prescribed medicines to be taken 'as and when required'; most people had guidance in place that specified when they should take these. Some people did not have this specific guidance in place and this placed them at risk of not receiving these particular medicines at the right time or for the right reason.

We recommend the provider reviews their guidance for 'as and when required' medicines; to ensure all people have this in place when they are prescribed medicines for as and when required.

Otherwise, people received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Regular medicine audits were carried out. This helped to ensure people received their medicines safely.

We looked at four staff files. They all contained two references, proof of identity, health checks, interview notes and an application form detailing employment history. This showed that full and safe recruitment procedures were followed before staff started to work at the service. All of the files seen contained evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. These checks helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

There were enough trained staff on duty to meet people's needs. Staffing levels were reviewed and altered to reflect people's changing needs. For example, additional staff may be allocated for activities, trips out or supporting people to appointments. One to one staff support was provided when people needed it. The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. During the inspection staff were busy but not rushed. Staff we spoke with felt they usually had enough time to talk with people and that there were enough staff to support people. There was always a senior member of staff available for the service to contact. At times staff from the provider's sister service, worked at Bethany Lodge or vice versa. This helped to cover gaps on the rota as a result of staff sickness, annual leave or training. There were times when agency staff were used to cover gaps, we were told that when agency staff were used it was usually the same employee; this helped to provide continuity for people.

There were policy and procedures in place for safeguarding adults from harm and abuse, this gave staff

information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding and understood the importance of keeping people safe. Staff were able to describe the procedures to follow should they suspect abuse and were confident that if they raised any concerns, they would be taken seriously. Staff knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly and were aware of the whistle blowing policy.

Checks took place to help ensure the safety of people, staff and visitors. Fire drills took place, each drill was recorded; this meant that the provider could monitor staff attendance and participation in drills. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Health and Safety audits were completed monthly and were reviewed to see if any action was required. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. These checks enabled people to live in a safe and suitably maintained environment.

People had personal emergency evacuation plans (PEEP). A PEEP sets out the physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents were recorded and reports were reviewed by management, to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. A quarterly analysis of accidents, incidents and action taken was completed.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were individual guidelines in place to tell staff what action they had to take to minimise the risk of harm to people in different situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Is the service effective?

Our findings

People told us and indicated that staff looked after them well, one person told us, "I'm well looked after." Staff worked well together by sharing information and communicating effectively. Handovers between shifts and a recently introduced handover diary, made sure that they were all kept up to date with any changes in people's needs.

At our last inspection there was no accurate monitoring and recording of people's fluid requirements and needs. At this inspection we found that this had improved. People's needs were recording in their care records and monitoring sheets had been introduced. Staff told us they reported any concerns about individual's fluid intake to the nurse on duty or the registered manager. During the inspection we observed people being supported with plenty of drinks to help ensure their hydration needs were met. There were minor inconsistencies in the way that some staff completed fluid charts which is an area for improvement; to make sure that records are clear and not open to interpretation.

People's dietary needs and preferences were discussed with them or with people who knew them well, such as relatives, and were regularly reviewed. Guidance for staff in regard to people's specific nutritional support was recorded in the kitchen and informed the cook preparing their meals. Menus were flexible, with choices and alternatives offered each day. People told us that the food was good and that their likes and dislikes were well catered for. When asked if they enjoyed the food, one person commented "Lovely yes. Spiffing!"

Some people required their nutritional needs to be supported in alternative ways, such as via a Percutaneous endoscopic gastrostomy (PEG). They received support from trained staff who were confident and knowledgeable, and who followed guidance from other health professionals. People's weights were monitored, and those who were at risk of malnutrition or recognised as losing weight were referred to the appropriate health professionals. For example; one person's care records stated that, if they lost more than 2kg this should be reported and a referral made to the Dietician. We saw that this guidance had been followed and a recent referral completed.

People's health was monitored and care was provided to meet any changing needs. Health care professionals were regularly involved to make sure people were supported to remain as healthy as possible. People were supported to receive input and support from doctors, nurses and other specialists they needed to see. Staff responded if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended. People who had specific medical conditions, such as diabetes or epilepsy, had guidance for staff to follow. They described symptoms they may display and how to support them. For example; one person had clear, specific guidance on monitoring their Diabetes and received regular input from a specialist nurse.

Pressure wound management was effective. Records had been made about people's wounds which had been photographed and measured to document their progress. Nursing staff were knowledgeable about dressing types and records showed that wounds were regularly monitored. A tissue viability nurse (TVN) had

been involved where necessary and where people had experienced wounds, they had healed or were healing successfully with the treatment plans in place. When people were identified as at risk of developing pressure areas, special equipment was in place to relieve pressure and people were regularly supported to reposition so that pressure was not placed on any one part of the body for too long. Individual catheter care management plans were in place and gave detail as how often catheters and bags should be changed, and how to identify any blockages. Nursing staff were knowledgeable about catheter care and explained how they monitored urinary output to check for any signs of infection so that this could be addressed promptly. We saw that the guidance was followed by staff to ensure that a clear picture was maintained. Health professionals were complimentary about the staff and their levels of knowledge and understanding, which helped to ensure people remained as healthy as possible.

The service was clean and free from odours. People's bedrooms were personalised with their own choice of décor and their possessions, photographs and pictures. Toilets and bathrooms were clean and the building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

During their probation period new staff received an induction, this involved time where they spent time reading people's care records, completing a workbook, training, policies and procedures and getting to know the service. They spent time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. The Care Certificate was in use and we were told that each new member of staff was assessed to determine which units they needed to complete. Staff new to providing care and support were required to complete all units.

Staff received training and support to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training and e learning, a training schedule was maintained. Staff were supported to gain recognised qualifications in health and social care. Staff told us they felt well supported and received supervision and appraisals. Supervisions gave the staff opportunity to discuss their responsibilities and to develop in their role. Group supervisions also took place, focusing on various health topics, such as sepsis, pressure areas or PEG feeding. These group sessions gave staff the opportunity to widen their knowledge and encouraged discussion between staff.

During the inspection we observed that staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. Staff knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff told us about how they cared for each person on a daily basis to ensure they received effective individual care and support. People had communication guidance in place; this explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving examples of different actions or signs people used and what these meant.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to

their freedom and liberty. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Management and senior staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Our findings

People indicated and told us they were happy living at Bethany Lodge, when we asked people about the staff team comments included; "Yes, they're lovely" and "I wrap staff round my little finger!" It was evident that there was a person centred culture and that staff were committed to supporting people to express their views and feelings. The staff team worked well together to provide good care for people.

Throughout the inspection we heard laughter; people and staff were seen to have fun together and shared a laugh and a joke. Staff knew people well. They told us that when they were new they had got to know people by reading care plans, working with staff that were experienced and spending time with people, and their relatives where possible. This meant that staff were able to support people with their lifestyles, in a way they preferred. Through discussion, it was evident that staff were clear about the support each person needed and how they preferred to receive it. In each person's care records there were descriptions of what was important to people and how to care for them, in their preferred way. Staff told us that people were given the information they needed in a way they understood so that they could make choices.

We observed only kind and gentle interactions between staff and people throughout the inspection. During mealtimes staff engaged with people whilst supporting those who needed it, to eat their meals. One person was encouraged to eat their meal by staff providing 'hand over hand' support, meaning their independence was encouraged. Hand over hand support means that the member of staff used their hand over the persons hand to help guide them whilst eating. At other times we observed staff supporting people to drink in their bedrooms or stopping for a chat when people wanted to talk. The staff team were polite and cheerful and those we spoke with were positive about working in the service.

Staff supported and encouraged people to maintain their independence, no matter how small this may be. For example, encouraging people to wash themselves where they can or to help brush their teeth. Staff were observant and attentive; they listened to people and knew each person's preferred way of communicating. Through observations it was clear that staff had a good rapport with people and interacted in a way that demonstrated they understood individual needs. Staff talked about and treated people in a respectful manner, and involved people in conversations.

Staff were considerate of people's dignity and treated people with respect. For example, staff knocked on people's bedroom doors before entering and asked permission before placing a food protector around them. Staff were mindful about people's state of dress and quickly acted to rearrange people's clothing in a discreet and thoughtful way if it became necessary. People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them

well, and would be able to help health care professionals understand their communication needs. People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Although rare, staff were experienced in providing end of life support to people; good links had been made with the hospice team who the registered manager liaised with and who provided support and guidance and assured that good practice was maintained.

Is the service responsive?

Our findings

At our last inspection people's care plans were not always personalised and people were placed at risk of not receiving personalised care that met their needs. At this inspection we found that this had improved. Care records were now specific, personalised and detailed meaning that staff had the necessary guidance to follow to ensure they were able to meet people's needs.

Staff demonstrated a clear understanding of the people they supported, they told us they followed the care plans and guidance, and worked with colleagues seeking and offering help when needed. Within people's plans were life histories, guidance on communication and personal risk assessments. In addition there was guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks and activities. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which gave healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were regularly reviewed and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff. Where able, people were encouraged to be involved in the content of their care plan, if they were not able then where possible family or friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. One member of staff told us, "The manager and nurses discuss care plans and we give input. People and their families get involved too."

The staff team ensured that care was offered to individuals in a way that was flexible and individual to their needs, for example, each bedroom was decorated to reflect the person's interests. Where able, people had been involved in deciding how their room was decorated and what objects they would have on display; for example one person had decorated their room with objects and memorabilia relating to the football team they supported, some people had chosen games consoles to use in their rooms and other rooms had been designed to support sensory stimulation.

People were supported to take part in a variety of activities. Staff supported people to undertake a choice of leisure and therapeutic activities both within the service and in the community. Activities included music therapy, physiotherapy, quizzes, bingo, singers and entertainers. Planned social events took place such as garden parties and Christmas shows. Trips to the seaside, shopping outlets, local garden centres, bowling and the cinema also took place. People also enjoyed using the hydrotherapy pool available at the sister service.

Residents meetings and feedback questionnaires gave people the opportunity to raise any issues or concerns. They provided people with an opportunity to discuss and comment on the day to day running of the service. People talked about what they would like on menus and what activities they would like to happen and upcoming events that they were looking forward to.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. One formal complaint had been made. The registered manager had recorded this, investigated and responded with a recorded resolution. A new form to monitor verbal complaints or concerns had recently been introduced, to enable the registered manager to maintain an accurate record of all concerns received. A number of thank you cards and compliments had been received.

Is the service well-led?

Our findings

The service had an established registered manager who was also the owner. They were supported by a team of registered nurses, healthcare workers, a cook, domestic and maintenance staff. Staff told us they felt well supported and had no concerns about the way the service was managed. One staff member commented, "I like to think we do a good job. I find it rewarding." Professionals told us that they found management to be approachable and responsive. One commented, "One of the better homes, always communicate well between visits."

At our last inspection we reported that there were no effective systems in place to assess and monitor service quality. At this inspection we found that this had improved. Feedback was sought from people, relatives, staff and health professionals. We saw that feedback had been responded to. For example, a feedback form had asked for photos and names to be able to identify staff. Bethany Lodge responded to this by placing a photo board in the reception area displaying the staff photos, staff names and the staff roles. We were also shown updated quality assurance forms that had been designed in order to obtain more detailed feedback. These forms asked for feedback about the environment, the staff and the care and support given.

At the last inspection we also reported that systems in place to audit and monitor quality were not consistently effective. At this inspection we found that there was an increased awareness of responsibilities and improved management oversight as a result of increased and improved auditing. Audits such as medicines, care plans, accidents and incidents, health and safety, infection control, fire safety and equipment were completed both weekly and monthly. Overall the audits identified any shortfalls and action was taken to address them, however, the shortfalls we identified in medicines guidance for 'as and when required medicines' had not been highlighted through auditing.

We recommend the provider reviews their medicines audits to incorporate reviewing 'as and when required' guidance for each person.

The provider had employed an external company to complete a 'critical care analysis' following the last inspection which helped to identify where improvements could be made. An external company were also employed to complete a quarterly Health and Safety inspection and analysis to further improve oversight.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. In order to ensure consistent communication, a handover diary had been introduced; important pieces of information or messages were recorded in here and shared at handover. It was recorded who had received the information. This helped to ensure staff who might be on days off did not miss out on receiving important information. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Staff told us they were clear about their roles and who they were accountable to. They felt they worked well as a team; the care people received was good. The registered manager was not available to support the inspection, however the registered manager from the sister service was able to fully support us and provided the documents we required, they clearly knew the people, staff and service well. Staff appeared confident and comfortable to approach them.

Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality. Links with the local community through churches of different denominations had been developed. The registered manager attended meetings with the local clinical commission group and had liaison meetings with local GP services. We were told about improved and strong relations with the local surgery which had had a positive impact on the input people received.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.