

Brambles Care Limited

Brambles Care Home

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 3 March 2017 and was unannounced. We last inspected this service on 20 August 2014 and no concerns were identified. This was the provider's first inspection following a change to their registration.

Brambles Care Home is registered to provide personal care and accommodation for up to 28 people. There were 26 mostly older people using the service during our inspection; who were living with a range of health and support needs.

Brambles is a large detached property situated in the village of Wye. There were 28 bedrooms over two floors with a passenger and stair lift to aid access to the first floor. People also had access to two large communal lounge and dining rooms, bathrooms, toilets and large gardens.

The service had a registered manager, who was not available during the inspection; however the deputy manager was. 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 and associated Regulations about how the service is run.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. 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.

A robust system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit and appropriate to be working with people. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during 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. Staff continued to receive training, competence checks and support to meet the needs of people. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The

registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way. People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

Staff actively encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs very well and activities were centred on the person. Feedback we received from people, their relatives and health professionals was wholly positive. We were told about consistently high standards of care; which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and commitment to provide the best service for people.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with staff. Staff supported people in a way that enhanced their wellbeing and improved their quality of life. People were supported to maintain their independence in different ways.

People were complimentary about the food and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy and nutritious diet.

Staff told us that the service was well led and that they felt well supported by the registered and deputy managers to make sure they could support and care for people safely and effectively. Systems were in place to ensure care at the home was of a good quality. People's feedback was regularly sought and action was taken to implement improvements. The deputy manager and care coordinator had a good oversight of the service and were able to assist us in all aspects of our inspection.

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.

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

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good ●

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were well supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was 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.

The established staff team delivered care with consideration and kindness in a warm, inviting and family atmosphere.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff encouraged people to be independent when they were able.

Is the service responsive?

Outstanding 

The service was very responsive.

People's care and support was planned in line with their individual care and support needs, to enhance their sense of wellbeing and independence.

Staff knew people well and had an excellent understanding of individual'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 but said they had no complaints.

Is the service well-led?

Good 

The service was well-led.

The registered and deputy managers created an open culture in which staff told us they felt well supported and involved in running the home.

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

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

Brambles Care Home

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 2 and 3 March 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 feedback. 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.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included five 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 10 people who used the service and three relatives. We also spoke with the deputy manager, the care supervisor and three members of staff. After the inspection we received feedback from two social care professionals who had had recent contact with the service.

Is the service safe?

Our findings

People told us they felt safe and liked living at Brambles. One person told us "I feel like the staff are friends. I am very well looked after and feel very safe." Staff knew people well and responded quickly to meet their needs. A Relative commented, "I'm very confident that my mother's safety is given consideration at all times by staff."

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine administration records had been completed neatly and showed people had received their medication consistently. There were directions for staff about giving medicines people could take as and when they were needed; which ensured people were regularly offered pain relief or laxatives, with proper time gaps between doses. Medicine records contained photos to help staff ensure the right person received their medicines. Regular medicine audits were carried out by the deputy manager and care supervisor; we saw clear records of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were clear 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 people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these 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.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were enough staff to meet people's needs. People told us that call bells were answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. Three care staff and a senior were on duty each morning, during the afternoon this reduced to two care staff and a senior.

Overnight there were two care staff. In addition the registered manager, deputy manager and care supervisor worked a variety of hours throughout the week. There were also kitchen, domestic and maintenance staff working each day. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. Any gaps were either covered by the staff team or, if needed, regular agency staff were used. The deputy manager explained that the rotas were flexible, for example, when needed they would arrange for an extra member of staff if people's needs changed. Staff told us they are able to tell management if people's needs changed and they would respond accordingly.

The premises were clean and well maintained. An ongoing maintenance plan was in place; during the inspection one of the lounges was being re-decorated. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. 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. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans, these were in the process of being updated during the inspection. They gave details of the assistance each person would need in an urgent situation. Staff had regular fire safety training and could accurately describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Accidents and incidents involving people were recorded and the registered manager reviewed and monitored these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

Is the service effective?

Our findings

People told us that staff looked after them well; one person told us "The carers and other staff are always kind, cheerful and helpful. They all know what they are doing." A relative commented, "Mum is well settled and often expresses her satisfaction. The entire team are regarded as an extended family." Staff worked well together as a team, everyone we spoke to commented on the team work and friendly, homely atmosphere at Brambles. Throughout the inspection we observed people and staff to be relaxed in each other's company. Staff communicated clearly with each other and handovers between each shift made sure that they were kept up to date with any changes in people's needs.

Staff told us they had an induction when they started working at the service, this involved office time with a manager where they spent time reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a comprehensive programme of training before they started working with people. New staff were completing the Care Certificate; a set of standards that social care workers follow in their daily working lives. 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. Staff told us they supported each other and could ask their colleagues for help or advice if they needed to.

Staff completed a mixture of e learning and face to face training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for all staff. Our observations found that staff were both competent and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as Parkinson's, diabetes and dementia awareness. Competency checks were completed after each training session to check staff knowledge and understanding. One member of staff told us, "We have regular training, it helps with our job." Many staff had achieved at least a level two National Vocational Qualification (NVQ) in health and social care; with a number of staff having or studying towards NVQ three or higher. NVQ's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

The service had adopted an innovative approach to encourage high levels of staff morale and motivate best practice in care delivery with an Employee of the Month Award scheme. Staff were judged by the management team and people for outstanding application in their roles; this was recognised with the display of a photograph and certificate in the reception area and a financial reward. During the inspection we observed the award for the previous month being given and celebrated by other staff members.

Staff had individual supervision meetings and an annual appraisal with either the deputy manager or care supervisor. This gave staff the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Good training and supervision helped to ensure that people were cared for by staff who were confident, competent and supported by the management in their development.

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 MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

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.

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. The management and staff had knowledge of and had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff showed good knowledge and understanding of the MCA. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example; one person needed support to choose what to wear. Staff described how they would pick out alternatives to show the person to assist them in making their choice.

People's health was monitored to help maintain their well-being. District and practice nurses, physiotherapists, occupational health practitioners, opticians, chiropodists and the GP all visited the service to assess people and contribute to their care and support on a regular basis. Where people had particular healthcare needs; such as diabetes or catheters, care plans had been put in place. These informed staff of the actions they should take to support people.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we observed staff discussing with people what was on the menu and recording their preferred meal choices. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. 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.

Is the service caring?

Our findings

People told us they were happy living at Brambles and their comments about the staff were positive. One relative commented, "The care for my father is second to none; all of the staff are caring, friendly and very professional." People and relatives told us that they were involved in decisions about care and that communication was good, one relative commented, "They involve us every step of the way. We always know what's going on."

We observed the interactions between staff and people throughout the days of our inspection. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. Staff knew about people's background, their preferences and their likes and dislikes.

People were encouraged to be as independent as possible. Staff explained how they supported people to wash their own hands and face, for example, and to choose their clothing. Staff told us how important it was for people to retain their independence. 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. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well.

Care plans had been compiled from staff gathering information from people, relatives and health professionals. Risk assessments had been signed or verbally agreed by people to show that they had been involved in decisions about their care wherever possible.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. Staff supported people in a way that they preferred. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. Staff talked about and treated people in a respectful manner.

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 moving freely around the home, moving between their own private space and communal areas at ease.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "We're a family. The residents needs come first." 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.

Is the service responsive?

Our findings

People and their relatives told us they always received the care they needed and that staff were very responsive to their needs. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff and positive relationships with people and their families had been developed. Staff kept relatives up to date with any changes in their loved one's health. One relative commented, "We're always told what is going on." Another told us, "The compassion the care and the understanding has been superb. All the staff are very caring and the home is immaculate, the activities keep the residents entertained and motivated very important especially in my father's case as when he first moved in he was confused but thanks to the excellent staff he is now very happy."

Staff knew people very well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. The service demonstrated a strong ethos of person centred care, for example, the service had adapted the lighting in a person's bedroom as they were partially sighted and found the standard lighting a problem. As a result of upgrading the bedroom lighting to meet their specialised needs, the person became more independent with an improved quality of life.

One person had a small fridge in their room to store some of their own food and drink. One person had decided that they wanted to continue to receive a delivered a meal service from the community on some days as they had done this before moving to Brambles, they had been supported to ensure that this continued to work well for them and meet their needs. Another person had a kettle in their room as they liked to make their own drinks. This meant that people had been supported to be as independent as they wished to be and were involved in planning their own care and support. This helped to ensure people have an enhanced sense of wellbeing and quality of life. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed. One person told us, "Just press the buzzer and they always come and help quickly."

When people were considering moving into the service, they and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Within people's plans were life histories, where available, 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 gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks, activities and situations. Each person had a healthcare plan, which would give 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 kept up to date 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.

Contact details of family members and other important people were recorded in care files and people were supported to keep in touch. Some people went out with their families, and families also visited the service. Relatives and friends were encouraged to visit and participate in activities and events, for example; during the warmer months garden parties provided an occasion for all to come together and celebrate.

Various activities were offered for people to participate in. A comprehensive monthly activity programme and newsletter was compiled from suggestions and ideas that people had given. This explained to people that they could take part in any activities they wished, and that they could talk to staff about any other suggestions they may have. People were also asked to contribute to the newsletter. Activities included games, bingo, quizzes, craft and flower arranging, sing a longs and baking. External entertainers also regularly visited the service to provide activities such as arm chair exercises and music for health. The newsletter also contained details of forthcoming dates and events as well as information about when the hairdresser, chiropodist and beauty therapist would be there. The provider had introduced a weekly manicure for people who wanted this service; they could visit them at the on-site hairdressing salon or the therapist would come to their room, other services were also offered that people could choose from. Other details included details of Brambles Fellowship dates along with word searches, puzzles and poems. People were complementary of the activities offered and their opportunity to join in as they wished. During the inspection there was a 'newcomers' coffee and cake morning, where people came together to welcome and get to know people who had recently moved in. An ad hoc quiz was held which people appeared to enjoy participating in with staff and visitors. Larger events such as garden parties and trips out were held throughout the year; there were many photos of these occasions on display and in albums.

The service operated a small in-house shop; this promoted independence as it enabled people to purchase items such as toiletries and confectionary. The shop was staffed by volunteers from the village, this helped to build links and promoted a sense of belonging within the local community, this helped to reduce the risk of social isolation and was enjoyed by those who used it. People told us that if they requested that the shop started to sell an item then staff would make sure it was stocked. The service had forms other community links with local schools, Brownies and bell ringers; for example people living at the service had been invited to a local school to celebrate the Queen's 90th birthday and regular invites were sent out to community groups to join the service in their events. The deputy manager showed us that they were in the process of arranging for the service and members of the local community to take part in an intergenerational singing challenge; this was a nationwide challenge planned by NAPA (National activities providers association) in an attempt to bring people together and improved people's wellbeing.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that people had asked for specific meals to be added to the daily menus; during the inspection we saw that this had been actioned. The registered manager, deputy manager or care supervisor took time to speak individually to each person living at Brambles on a daily basis; and recorded any concerns or niggles they may have. This meant that any little issues could be quickly rectified. People confirmed this happened.

We looked to see how complaints were managed; but there had been none received by the registered manager in the last 18 months. People and relatives told us that they would speak with the staff or registered manager if they had any concerns but told us; "There's nothing to complain about." People knew the process for making complaints, and details of advocacy services were available for people. A number of compliments about the service had been received; and the registered manager retained these.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led and praised the registered provider for how they ran the service in such a homely manner. We were consistently told how happy people were with the care provided at Brambles and how people enjoyed living there. The registered manager was supported by a committed and conscientious team including a deputy manager and care supervisor and a team of senior and care workers along with ancillary staff. Staff morale was high and the atmosphere within the home was warm, happy and supportive. One staff member told us, "They {management} are supportive, if we bring anything up about staff or residents they sort it straight away. They are nice, supportive and listen."

The registered manager, who is also the registered provider and owner of the service, was on holiday at the time of the inspection. However the deputy manager and care supervisor demonstrated that they knew people well and had an excellent knowledge of people's needs. During the inspection we observed that people engaged well with the deputy manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection. The culture of the service was open, honest and caring and fully focused on people's individual needs.

The healthcare professionals we spoke with all complimented the service on the quality of care and support it provided. Professionals' comments included, "The team at Brambles are great, they provide a good service to the residents and communicate well."

Staff were kept informed about people's care needs and about any other issues. Staff handovers between each shift, communication books and team meetings were used to update staff. There was 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. Through our observations it was clear that there was a good team work ethic and that staff were committed to ensuring that there was a homely atmosphere and providing a good quality of life to people. The deputy manager told us that there was an open door policy; where any staff could come and ask questions or give ideas. Staff told us they felt listened to. One member of staff said, "{The registered provider} is always there and very fair. Can go to them with any concerns about anything."

The deputy manager was aware of their responsibilities and had a good management oversight of the home in the absence of the registered manager. The management team worked together to audit all aspects of care, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action plans were put into place to ensure action was taken. The deputy manager told us they felt well supported by the provider in their role.

Systems were in place for regular quality monitoring checks. Recent quality assurance surveys from people, relatives and health care professionals gave consistently positive feedback. The deputy manager explained that this had recently been collated and that they intended to complete an analysis and overview of the feedback for people to view. 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.

The service had developed links with the local community through churches of different denominations and links had also been developed with other local care home providers.

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 where necessary.