D & J S Barnfield

Bancroft Gardens Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 31 May 2018 and was unannounced.

Bancroft Gardens Residential Home is a three storey residential home which provides care to older people including people who are living with dementia. Bancroft Gardens is registered to provide care for 16 people. At the time of our inspection visit there were 12 people living at the home. The home has a front door that leads into a small reception area with a lift. Residential care and support is only provided in the communal lounge areas and bedrooms that are located on the first and second floors. The majority of this living space is located above a retail food establishment.

People in care homes receive accommodation and nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection we rated the service Good overall, with Safe being rated as requires improvement because we were not confident risks were managed safely. At this inspection we found the service remained overall Good, however 'in Safe' we continued to find evidence that had potential to place people at unnecessary risk. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. However, staff had not always followed the provider's processes and procedures to ensure safety checks within the home were implemented consistently. Some risks for particular health conditions were not included within care plans which had potential for staff not to provide consistent support.

Risks for fire safety and fire evacuation were not consistently followed by staff and we were concerned by the challenges presented by the design and layout of the building. Following this inspection, we wrote to the provider asking them to tell us how they would address our immediate concerns, and we also worked closely with the Fire Authority. The provider sent us their response and action plan and the Fire Authority visited the home on 5 June 2018. The provider has agreed to take improvement actions without delay which should minimise risks to people, in the event of a fire emergency.

People and relatives were very pleased and complimentary of the quality of care provided at the home. People felt safe living with other people in the home and they were supported by a consistent and caring staff team. There were sufficient staff to meet people's needs and staff had time to spend with people, to get to know them and what hobbies and interests they enjoyed.

Staff were available at the times people needed them and there were enough staff to respond to people's needs and requests for assistance. Staff received training so that people's care and support needs were met by staff who knew how to support them. Staff understood their responsibility to safeguard people from harm and report any concerns they had to the management team.

People's changing needs were responded to promptly by staff and other healthcare professionals were contacted when needed. People were treated with respect by staff who addressed them by their preferred names and who supported them in line with their personal preferences and wishes. End of life care was sensitively discussed and people's wishes were recorded so staff knew how to support people in line with their wishes.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported best practice.

People's nutritional needs were met and most of the people told us they enjoyed the food. Where people had specific dietary needs, such as soft and pureed foods, these needs were met.

Staff knew and understood how to limit the risk of cross infection and followed safe infection control practices.

The provider continued to be responsive to people's needs and people were occupied and stimulated with a variety of activities and events. Staff continually sought information from relatives and friends so they could get to know people better and relatives were involved, included and updated whenever changes were identified.

The registered manager promoted a homely atmosphere within the service. People and relatives said, everyone got on well and it was like a family.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks assessments for fire safety and fire evacuation were not consistently followed by staff and the challenges presented by the design and layout of the building, increased the risks to people. Some risks for particular health conditions were not included within care plans which had potential for staff not to provide consistent support. People received their care from a consistent staff team and there were enough staff to meet people's needs. Staff understood safeguarding procedures and knew the actions to take to keep people protected. Medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Bancroft Gardens Residential 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 comprehensive inspection visit took place on 31 May 2018 and was unannounced. The inspection was undertaken by two inspectors.

We reviewed the information we held about the service. We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time observing and talking with people in the communal areas of the home, or their bedrooms with their permission. This was to see how people spent their time, how staff involved them in how they spent their time, how staff provided their support and what they personally thought about the service they received.

We spoke with five people who lived at Bancroft Gardens and four visiting relatives. The registered manager was not present during our visit. We spoke with a deputy manager, two care staff, an activity co-ordinator, two domestic staff and a cook. (In the report we refer to these as staff).

We looked at two people's care records and other records relevant to their support, such as medicines records and daily records. We looked at quality assurance checks, audits, people and relative meeting minutes, compliments, complaint records, training records, fire safety records, medicines and incident and

accident records. This was to see whether the care people received was recorded and delivered according to people's care plans.

Requires Improvement

Is the service safe?

Our findings

Everyone continued to feel safe living at the home which was confirmed by those people we spoke with. People told us they felt, "Very safe" living at Bancroft Gardens. One person told us they felt safe because, "The front door is always locked." One relative felt their family member was safe due to the location of their bedroom. They explained, "There are people looking after [Name] and the room they are in, people are passing all the time." People and relatives said because staff were always close by, they felt safe.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member told us, "I would report it straightaway." There was information about the local authority safeguarding procedures displayed within the home so staff, people and relatives knew who to contact outside the home if they had any concerns. Staff told us they would not hesitate to report poor practice, such as staff transferring a person without using the proper equipment. One staff member said, "I would refuse. I would insist we would use the hoist and I would report it because it would say to me that was habit forming." Staff said they would report any unexplained bruising. "I would question it. I would check the notes and see if it had been reported. If there was nothing, I would report it."

People told us and our observations confirmed there were enough staff available to meet people's needs and to keep them safe. One person told us, "Staff come when you ask." Another said, "I never have to wait long." A relative said, "There is always somebody around." Another relative said they had no concerns about the staffing numbers and if they ever needed a staff member, they found one without delay.

There was inconsistency in how risks to people were managed safely. Risk assessments were used to identify and reduce the risks to people living in the home. We saw risk assessments identified when the risks to people's health increased. For example, one person's nutritional risks had increased when they lost weight and this was kept under review. However, when some risks had been assessed, we found staff did not always support people safely to manage those risks. For example, where people needed pressure relieving equipment to reduce the risks of skin damage, we saw this was in place. However, we found that pressure relieving mattresses were not always on the right setting to support the person's weight and effectively minimise pressure on the vulnerable areas of their body.

One person had diabetes but there was no diabetes care plan informing staff how the risks of this condition should be managed and what action should be taken to minimise those risks. We spoke with one member of staff who told us they were confident they would be able to identify when a person with diabetes was unwell.

The layout of the building presented environmental challenges and in some cases, the provider had taken necessary measures to keep people safe. For example, due to the age and layout of the building there were limitations in space in some bedrooms which would have made using specialist equipment to transfer people safely, such as hoists, very difficult. To minimise this risk, the provider had installed ceiling hoists in those bedrooms to enable transfers to be done safely and minimise risks both to people and staff.

However, risks related to safe fire evacuation were not consistently followed which had potential to put people at increased risk. People had fire risk assessments and PEEPs (personal emergency evacuation plan) in their care plans. We asked one member of staff what they would do in the event of a fire, they said, "We would check the board to see where the fire was located and try to move people away to safety. I would try to evacuate if it was severe." This staff member told us they would use the stairs (external) at the side of the building and went on to say, "We have been told if it was impossible, you should go to the windows."

The provider's fire risk assessment stated not to use the external fire escape because it was not suitable, but did not fully explain why. This was confirmed by the provider's fire consultant. This meant there was only one escape route in and out of the home (front door) and if the fire was in that area, this would restrict people's ability to leave the building. Speaking with staff, there was inconsistencies in how they would evacuate people in a fire emergency, even though they had received fire safety training. Some staff told us they would use the external staircase (which we saw was broken and unsafe) and some staff said they would use the lift which was against fire authority advice.

The home was located above or next to, two food retailers. We were told by the provider that one retailer had two gas safety incidents in the last 18 months. Because of this, their fire risk assessment and staff's inconsistent evacuation knowledge, we shared our safety concerns with the fire authority immediately after our visit. We also wrote to the provider and asked them to send us an action plan immediately telling us, how they would improve their fire evacuation procedures.

The fire authority visited the home on 5 June 2018 and identified a number of improvement actions that must be completed. They will return within a short time period to check safety measures have been taken to improve people's welfare in the event of a fire. The provider wrote to us on 6 June 2018 telling us they had met with the fire authority and had taken immediate action to improve the fire safety and fire awareness within the home. The fire authority will complete a further visit to ensure actions have been taken and we will continue to communicate with the fire authority and the provider to monitor the improvements.

Infection control protocols ensured cross infection risks were minimised. There was hand sanitising gel by the entrance, to encourage visitors to the home to follow safe hand hygiene practice. Bathrooms and toilets were clean and tidy and there was plenty of hand gel, towels and toilet paper available. Staff wore personal protective equipment to reduce the risk of cross contamination and disposed of their equipment safely. Two domestic staff told us they followed the provider's cleaning schedule to ensure every part of the home was regularly cleaned. Domestic staff had received training in infection control and demonstrated a good knowledge of how to follow good hygiene practices to reduce the risks of infections spreading. For example, they told us they used different coloured mops in different areas of the home and put any soiled linen straight into special 'red' bags that were put straight into the washing machine. One relative told us, "It is tidy and clean but it is not clinical."

At the last inspection we found checks on equipment and services had lapsed. This time we found improvements had been taken. We checked several items of equipment and saw they had recently been serviced to ensure they were in good order and fit for use. Electrical equipment had been tested in February 2018. Gas safety checks were completed on 7 February 2018 and there was a certificate of employer's liability insurance until 21 October 2018. Water checks by Irrigonics Ltd on 8 March 2018 checked the quality and safety of the water.

People's medicines continued to be administered safely by trained and competent staff. Medicines were stored securely and within safe temperature ranges. Regular checks of medicines stocks ensured any errors were kept to a minimum and action was taken when an issue was identified. Time critical medicines were

given when required and for medicines given 'as and when' needed, protocols ensured staff administered these safely.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. A relative said staff provided effective care because staff knew people well and knew how to care for them. One relative wrote a compliment card saying, "Given how (person) came to you and how they are now, it is as a direct result of the care and attention given." Another relative felt staff knew their relation well, saying, "They understand what's important and do it."

The registered manager used an external provider to deliver staff training at Bancroft Gardens. There was a training schedule for the year which ensured that all staff received annual 'refresher' training in key areas such as manual handling, safeguarding, first aid and fire safety. Staff told us they received regular training that gave them the skills and confidence to meet the needs of people effectively. Staff training certificates were displayed on a wall to show people and visitors, what topical areas staff were trained in. One staff member told us they were proud of their training and the results and scores they had achieved. Another staff member told us the registered manager was very proactive in ensuring training was completed and felt supported in their role. They told us regular one to one meetings enabled them to discuss any issues or problems.

Different methods of training were provided which suited different ways of learning. The registered manager was involved with a project linked to a local theatre company which delivered training in innovative ways. For example, some staff were attending a 'listening with your eyes' workshop facilitated by the theatre company to improve their communication skills.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

There were basic mental capacity assessments in place which indicated what decisions people could make for themselves and when they needed staff to act in their best interests. However, we found there was limited information to demonstrate how capacity was assessed or how they had reached the conclusions that a person lacked the capacity to make that particular decision. The deputy manager assured us they would improve their assessments and record their discussions.

Staff said they encouraged people to make their own decisions by giving them choices. Two people confirmed they could get up and go to bed when they wished to. During our visit, we saw staff give people choices, such as where to go, what to do, and what to eat and drink. Staff said they would respect people's right to decline their offers of assistance for personal care but would ensure people's wellbeing was maintained. "All we can do is offer and maybe talk to the family if it becomes a real issue."

The registered manager retained copies of Power of Attorney's to ensure people's representatives had the legal right to make decisions about people's health and welfare and financial affairs.

People and their relatives spoke very positively about the food because it was fresh and cooked on the premises. During our visit we saw one person ask for seconds, "I want everything please because it's so lovely." There was a varied menu with a meat and vegetarian option offered daily. One person told us the food was, "Very good" and went on to say, "It is all fresh vegetables. You don't get tins of this or tins of that. It is all fresh food and nice meat from the butchers. You get a good variety as well. If there is anything on the menu you don't like, you only have to ask the cook and they will do you something different." Another person told us, "The food is good and the mealtimes aren't bad." The cook knew if people had special diets, such as soft or pureed diets. They told us they made fresh cakes and always used fresh vegetables and ingredients where possible.

People told us and we saw, drinks were regularly offered throughout the day. When we visited one person in their bedroom we saw they had two drinks and a jug of squash on their overlap table.

People told us they received good healthcare and records showed people were supported to see opticians, chiropodists, incontinence nurses and the GP. District nurses regularly visited the home to check on people's health and ensure they had the appropriate equipment to meet their healthcare needs, such as pressure relieving equipment. One person told us, "You are well looked after and if you are poorly and want a doctor, they phone for the doctor and he will always come that day."

Relatives told us staff kept them informed of any changes in the health of their family members and when the doctor had been called. Relatives, especially those not local to the home, said this made them feel confident effective care was provided which reassured them

Bancroft Gardens is an old building with some limitations of useable space. The registered manager had made some adaptations to ensure people could continue to receive safe, effective care, such as installing ceiling hoists in some bedrooms. There was also an electric hoist in one of the bathrooms, to enable those with limited mobility to enjoy a bath. Whatever the physical limitations of the building, people enjoyed the setting and particularly valued the views. One person told us, "It is a nice setting here overlooking the park and the river."

The living accommodation was accessed via a staircase or a lift. The registered manager told us in March 2018 the lift had ceased working in late February 2018. At the time of our visit, the lift was still out of action. Letters were sent to families informing them of the issue on 5 March 2018. Relatives told us this had not been a problem to them or their family member, however for some people less mobile, it had presented challenges for them to leave the home if they were reliant on the lift being in working order.

Good

Is the service caring?

Our findings

People continued to be cared for by staff who treated them with kindness and compassion. One relative said they had seen a care staff member show affection to their family member. "The staff kiss (relative), that's so nice. I can tell if people are genuine and they (staff) are." Another relative said, "They care here."

People told us the staff were, "Very kind" and one person described them as, "Stars". Another person said, "The staff are very nice. They are always helpful and look after us very well." A third person described staff as "Excellent" and went on to say, "They are friendly and they do their job. They are very co-operative." When we asked another person if they would recommend the home, they replied, "Yes I would because the staff are so good and they would do anything for us to keep us happy."

The registered manager encouraged a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. People and their relatives told us they valued their relationships with staff and said it felt like an extended family. One relative told us, "It is small so it has more of a family atmosphere. A lot of the staff have been here quite a long time, they don't get a turnover of staff so they know the residents. It is friendly and cosy." Another said, "I walked in and it just felt cosy and homely."

One staff member explained how important it was to make people feel a part of the community of the home when they arrived. "When new people come in, to make them feel welcome, we have a bit of a chat about ourselves and themselves. This is a family environment and everybody is cared for at that level." Staff told us they wanted to care for people and they told us they enjoyed caring for and supporting people at the home.

Relatives felt the registered manager often went the 'extra mile' to care for their family members. One relative told us of an occasion when their family member was very poorly and said, "[Registered manager name] sat up with them all night one night. That is the sort of person she is." When talking about the registered manager, one relative said, "She does everything possible to make you feel welcome."

The registered manager displayed the names and photos of all the staff who worked at the home, to support people and relatives to understand staff's responsibilities and to help develop relationships with them.

Staff told us they enjoyed working at Bancroft Gardens because they worked with a small group of people who they had time to get to know well. A care worker told us, "I like this home because it is small and more personal. You can get to know your residents." A member of non-care staff told us, "It is a nice, small staff team who know everybody." Relatives confirmed staff faces were familiar and staff knew them and their relation very well which improved relationships and communication.

Each person had a 'Life History' in their care plan. This explained the person's background so staff knew about people, what was important to them and significant events in their lives. This 'snapshot' gave staff information to start a meaningful conversation with people, even those they did not know well. The life histories contained photos to give a pictorial prompt to provoke memories. One member of staff explained why it was important to know about people. "You are important and you are respected as a person and that

is essential as far as I'm concerned. I find it a real privilege getting to know them."

People's care plans promoted people's personal preferences and their sense of self-identity. For example, in one person's care plan it stated they liked to wear matching jewellery and perfume. During our visit we saw staff had supported people to dress to meet their personal preferences. We asked one relative if staff demonstrated respect, they responded, "I've never seen anything where I would say they weren't respectful."

People's spiritual and faith needs were met. A minister from a local church visited every month and representatives from other faiths attended if a need was identified. Some people went out with their families to church.

Relatives told us they could visit when they wished to. One relative particularly mentioned that because of the size of the home, they also built friendships with the other people living there and their families. "You get to know the families. When you come to see your relative, you come to see everybody."

Good

Is the service responsive?

Our findings

People continued to feel involved in their own care decisions and people said they could share their ideas and feedback to the provider to improve their overall experiences. Recent satisfaction results were positive and showed people's feedback was asked for and valued. Typical comments were, 'Everyone is so kind and thoughtful' and 'Very well run with outstanding care.'

Care plans focused on ensuring people received care that provided comfort and quality of life. Relatives told us they felt involved in ensuring care was planned to meet their family member's needs. "It is an open system and I would be able to say to [names of the register manager and deputy manager], what are you doing for [relative's Name]." Each person had a 'snapshot' of their care needs in their bedrooms which staff could refer to ensure the care they provided remained responsive to the person's individual needs and preferences. For example, it gave information about how people liked their drinks to be prepared, what they liked to eat, whether they had any specific communication needs and their preferences for personal care. The information supported person-centred care and staff followed this. One relative felt the care their family member had received at Bancroft Gardens had improved their health considerably.

People's communication needs were assessed and guidance for staff explained how they should support people to understand information. For example, one person's care plan guided staff to 'speak clearly to them' and 'give time to find the right words'. Where people needed spectacles, we saw they had them and staff had ensured they were clean. Care plans recorded people's sensory impairments so staff knew how to communicate clearly with each person.

The service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. The registered manager worked with other healthcare professionals including the local hospice, district nurses and the GP to ensure people had a pain free death. No one at the time of our visit received end of life care. Some people had documents detailing the action which should be taken in the event of a cardiac arrest. The registered manager arranged for these to be reviewed by the GP to ensure they accurately reflected people's current medical needs.

Staff received a varied range of different training to support their practice around end of life care. For example, end of life in dementia care and palliative care training at the local hospice. Staff spoke positively about their role in supporting people in their final days stressing the importance of people having choice and dignity. One staff member explained, "We will be with them all the time and will bring in extra staff. [Name of registered manager] insists on that if somebody is poorly." Another said, "Everybody has somebody with them 24 hours so they are never alone. When a resident passes away they lay them out and dress them beautifully." This member of staff explained how they also supported the other people in the home after a person had died. "There is a lot of work supporting the people left because they have built up friendships."

Relatives told us that the wishes of their family members at the end of their life had been discussed.

Relatives felt assured that their relations would receive exemplary end of life care because they had observed the care other people had received in their final days. One relative told us, "Name of registered manager] sat with [name] all night. I have seen it before; they will stay the night and be there with them."

People's social, physical and emotional needs were supported through a range of leisure interests. There was a weekly entertainment programme which consisted of a variety of activities such as bingo, word searches, scrabble and also trips into the local community. There were regular physical activities such as creative mobility and mobility plus, to build strength and maintain balance and movement. The activities co-ordinator told us the main purpose of the activities was to make them stimulating and inclusive and explained, "I've got to know the residents so I know what they enjoy doing so I try to ensure the activities reach out to most, if not all of them." They told us how important it was to make activities accessible to everyone so people of all abilities could join in. For example, they used extra-large bingo cards with bottle tops rather than counters so people could easily pick them up. One activity had been decorating people's walking frames to help them identify them. People were also encouraged to maintain hobbies and interests such as gardening. Two people had entered a local produce show and their certificates were proudly displayed on the door to the main lounge.

We asked one person if they ever got bored. They responded, "No, there is always something going on. This morning we had a game of bingo. On a Monday we have a lady who comes and does exercises with us. On a Tuesday a lady comes in and does all sorts of things with us like baking cakes and flower arranging. On a Wednesday we have a hairdresser come and a man comes on Friday afternoon to do exercise with us." This person also told us they enjoyed going out occasionally for a coffee in a local café. Another person showed us a flower arrangement they had recently done and told us they were still able to enjoy their hobby of sewing. They were currently sewing some poppies for a local church who were planning an event for Remembrance Day. There were lots of photographs which showed how much people enjoyed the activities and the social engagement with others.

We were concerned about the social isolation of one person whose bedroom was on the second floor. They normally enjoyed socialising with other people during the day, but had been unable to do this since the lift stopped working in February and, they had remained in their bedroom. The registered manager had put a video camera directed over the river and park opposite the home which was relayed onto a computer screen in the person's bedroom. We were told the person enjoyed looking at this and it enabled them to feel part of the community. We were also told that staff regularly visited the person in their bedroom to spend one to one time with them to limit their isolation.

People told us they had never had to complain but would feel confident to speak to either the registered manager or the deputy manager about any concerns they had, knowing they would be dealt with. One person said they had spoken with the deputy manager about an incident when a male member of staff supported their family member with personal care. "I told [deputy manager] and it has never happened again." One person said they would not hesitate to speak to staff if they were worried about anything but said, "Everything is running along nicely." Another said, "I would go to the boss [Name of registered manager], but I have never had reason to complain."

Good

Is the service well-led?

Our findings

People spoke positively about the care provided at Bancroft Gardens. When we asked one relative why they felt it was so good, they responded, "In a nutshell, they care." When we asked if the home was well managed they said, "For the people, without doubt." People and relatives were asked for their feedback about the service they received and we saw comments that were positive, matching what we had found during our visit.

The deputy manager worked alongside care staff three days a week and had 'office days' twice a week. This ensured they had time to complete their managerial tasks but had a good knowledge of the people who lived in the home and the challenges staff faced in their day to day work. People knew who the registered manager and deputy manager were and said they would talk to them if they had any worries.

Staff were encouraged to attend regular staff meetings which were used as an opportunity to share information but also reflect on what had happened in the home over the previous couple of months. For example, reflections on people who had passed away at the home and whether anything could have been improved.

There were a number of audits completed within the home. For example, care plans were audited monthly to ensure they were up to date and accurately reflected people's current needs. The registered manager was aware of changes in legislation which might impact on the service. For example, in response to the recent changes in legislation about people's personal data, the registered manager and deputy manager had attended a GDPR roadshow (General Data Protection Regulation). Other audits were completed such as health and safety, electrical checks, water quality checks, infection control. Where these audits identified actions, improvements were made. A recent external pharmacy audit was completed and identified actions such as dating photographs and improving information to support people when their medicines were disguised. We checked and found these actions had been addressed.

Following our inspection visit, we wrote to the provider asking them to tell us how they would keep people safe in a fire emergency. The provider responded before the deadline and agreed to look at their internal systems to make the necessary improvements. The provider worked with the fire authority and wrote to us following their meeting, telling us what action plan they were putting into place to improve their fire safety standards.

The registered manager had considered their legal responsibilities under the Health and Social Care Act 2008 and how they met the key lines of enquiry within the questions of safe, effective, caring, responsive and well-led. They had good supportive documentation to evidence how they were meeting the required standards. The registered manager had submitted statutory notifications to us when required and they displayed a copy of their rating within the home. However, they had not updated their website to include the rating and the deputy manager agreed to display the rating from this inspection without delay.

The registered manager maintained links with the local community, such as offering work experience

opportunities for students at the local college. They had received a certificate to acknowledge their role in supporting the local community. The home was an associate member of Registered Nursing Home Association which meant they received up to date information about any changes in healthcare. The registered manager attended the South Warwickshire Registered Managers Networking Meetings. At the last meeting we saw they had received talks about best practice around the MCA, DoLS and safeguarding.