

The Woodlands Care Home Limited

Woodlands Care Home

Inspection report

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08 March 2017
13 March 2017

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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

The inspection took place on 8 and 13 March 2017 and the first day was unannounced. This was the first inspection under the current registration with the Care Quality Commission.

Woodlands Care Home provides personal care for up to 19 people with dementia care needs in single bedrooms. At the time of the inspection the home was full.

The registered manager had worked at the service for several years. 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.

Staff recruitment procedures were not always being robustly followed to ensure only suitable staff were employed by the service. This was addressed promptly following the inspection.

We identified some shortfalls with medicine stock checks and monitoring, so medicines were not always being safely managed. The registered manager addressed the findings and took action to better monitor medicines management.

Systems for monitoring the service were in place, however they were not robust and did not always identify shortfalls. The registered manager took action to address the areas of concern promptly and to introduce more robust monitoring processes for the service.

People, relatives and health and social care professionals were happy with the care and support being provided at the service.

Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns.

Risk assessments and action plans were in place for individual risks so these were minimised. Systems and equipment were being maintained and serviced to maintain their safety.

There were enough staff on duty to meet people's needs.

Staff received training to provide them with the skills and knowledge to care for people effectively.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS were in place to ensure that people's freedom was not unduly restricted. Staff understood people's needs and acted in their best interests.

People's dietary needs and preferences were being identified and met. People's nutritional needs and status were assessed and monitored.

People's healthcare needs were identified and they received input from the GP, community nurse and other healthcare professionals when required.

Staff understood the individual care and support people needed and provided this in a kind and caring manner.

Staff offered people choices and treated them in a respectful and dignified way.

Care records were personalised and up to date and changes in people's condition were identified and included in the care plans.

The service provided a wide variety of activities for people to take part in and there was a good atmosphere in the service.

There was a complaints procedure in place and people and relatives felt able to raise any concerns they might have.

The registered manager and deputy manager were approachable and listened to people, relatives and staff so that any issues could be promptly addressed. The registered manager strived to continually improve the experiences for people living at the service.

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.

Staff recruitment procedures were not always being robustly followed to ensure only suitable staff were employed by the service. This was addressed following the inspection.

We identified some shortfalls with medicine stock checks and monitoring, so medicines were not always being safely managed. The registered manager addressed the findings and took action to better monitor medicines management.

Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns.

Risk assessments and action plans were in place for individual risks so these were minimised. Systems and equipment were being maintained and serviced to maintain their safety.

There were enough staff on duty to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received training to provide them with the skills and knowledge to care for people effectively.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS were in place to ensure that people's freedom was not unduly restricted. Staff understood people's needs and acted in their best interests.

People's dietary needs and preferences were being identified and met. People's nutritional needs and status were assessed and monitored.

People's healthcare needs were identified and they received input from the GP, community nurse and other healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People, relatives and health and social care professionals were happy with the care and support being provided at the service.

Staff understood the individual care and support people needed and provided this in a kind and caring manner.

Staff offered people choices and treated them in a respectful and dignified way.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and up to date and changes in people's condition were identified and included in the care plans.

The service provided a wide variety of activities for people to take part in and there was a good atmosphere in the service.

There was a complaints procedure in place and people and relatives felt able to raise any concerns they might have.

Is the service well-led?

Good ●

The service was well led.

The registered manager and deputy manager were approachable and listened to people, relatives and staff so that any issues could be promptly addressed. The registered manager strived to continually improve the experiences for people living at the service.

Systems for monitoring the service were in place, however they were not robust and did not always identify shortfalls. The registered manager took action to address the areas of concern promptly and to introduce more robust monitoring processes for the service.

Woodlands 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.

The inspection took place on 8 and 13 March 2017 and the first day was unannounced. This was the first inspection under the current registration with the Care Quality Commission. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including any notifications sent to us by the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority for feedback. 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.

During the inspection we viewed a variety of records including risk assessments and care records for three people, medicine administration records for eight people, staff recruitment and training records for four staff and a selection of other records including incident and accident records, maintenance records and policies and procedures. We observed interaction between people and staff at various points during the inspection.

Prior to the inspection we sought feedback from a local authority representative. During the inspection we spoke with six people using the service, six relatives and two other visitors, two visiting healthcare professionals, the registered manager (who is also the provider), the deputy manager, four care staff, the office manager, the cook and the activities coordinator. Following the inspection we requested feedback from two healthcare professionals and received feedback from one of them.

Is the service safe?

Our findings

Recruitment procedures were in place but were not always being followed to ensure only suitable staff were employed by the service. Application forms had been completed, however in one instance although there was an employment history for the last 10 years there was no information to state what they had done during the previous seventeen years. The registered manager said he would follow this up with the staff member. In another file we saw that the referees provided did not include the two most recent employers and there was no explanation recorded for this. In addition, home addresses rather than the place of work address had been provided and the references did not contain any identifying information in respect of the place of work and had not been verified for authenticity. The registered manager obtained a reference from a more recent employer on headed paper for the member of staff involved following the inspection.

Other records viewed contained two references including one from the most recent employer. All the records included Disclosure and Barring Service (DBS) checks, health questionnaires, proof of identity including copies of passports and evidence of people's right to work in the UK. Photographs of each member of staff were available on the computer system. There were enough staff on duty to meet people's needs. The registered manager said he would ensure recruitment practices were tightened up at the service and took prompt action to address the shortfalls identified. People confirmed there were enough staff to provide care and support and relatives and staff also felt there were enough staff on duty to meet people's needs.

Medicines were not always being managed safely. On the first day of inspection we carried out a stock check of boxed medicines. For three people we found a discrepancy between the number of tablets in stock and the number recorded on the medicines administration records (MARs). The registered manager carried out an investigation and found in two instances the incorrect number had been recorded as being carried forward on the MARs at the end of January 2017 and in the third the person had refused the medicine but the code for refusal had not been entered on the MAR. We also found that for one medicine, one element of specific administration instructions was not being followed. In another case we found two boxed medicines that were past the expiry date but they had not been taken out of use. The medicines had not been used and were returned to the dispensing pharmacist. Monthly audits had been carried out but had not picked up these shortfalls. People had received their prescribed medicines and there were no medicine errors identified. The registered manager took action to investigate and address the shortfalls by the second day of inspection and this had included seeking advice from the dispensing pharmacist. The registered manager said he would be carrying out robust monthly audits of all medicines and more frequent spot checks to ensure medicines were being managed correctly. Staff involved with medicines management and administration accepted the shortfalls and said they would ensure they were diligent in future so that medicines were managed safely.

Stock checks carried out of twelve other boxed medicines and medicines in monitored dosage packs tallied with the number of tablets administered. We checked the stocks of three controlled drugs (CDs) and these were accurate and had been recorded in the CD register. All medicines were being correctly and securely stored in the service. We found one discrepancy with the storage of an eye drop medicine in the fridge,

however the storage instructions supplied differed for the same medicine and the deputy manager checked with the dispensing pharmacist to ensure they stored the drops correctly. Fridge and room temperatures were being checked daily and identified that medicines were being stored at recognised safe temperatures.

Information about people's medicines was recorded in the care plans. We saw that people on warfarin therapy had regular blood tests carried out and the results and dosage instruction documents were kept with the MARs. Staff followed the instructions and gave people the correct doses. People were offered their 'when required' (PRN) medicines regularly so that they could receive them if needed. However, 'PRN' protocols to cover the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit were not in place. The deputy manager said she would discuss this with the dispensing pharmacist and put them in place. Following the inspection we received evidence that this had been carried out.

People confirmed staff administered their medicines correctly and when they were meant to have them. MARs had been completed and where people were on a variable dose or needed more than one tablet to make up the required strength of a dose, the number of tablets given had been recorded on the MARs. Where people were non-compliant with taking medicines and required them to be given covertly, we saw this had been assessed and forms had been signed by the GP and dispensing pharmacist giving permission for this. The registered manager said the service had periodic input from the dispensing pharmacist and the clinical commissioning group (CCG) pharmacist who reviewed medicines and provided input and advice to the service. For example, the CCG pharmacist reviewed medicines to check for potential interactions and also in relation to falls risk and prevention. The registered manager said any issues were passed on by the CCG to the GP for action.

People were being protected from the risk of abuse. Staff told us they had received training in safeguarding and were able to discuss different types of abuse. We asked staff what they would do if they witnessed an incident of abuse and they were clear to report any concerns to the deputy manager and the registered manager. Staff understood whistleblowing procedures and knew the outside agencies they could contact to report concerns including the Care Quality Commission, the local authority and the police. Policies and procedures for safeguarding and whistleblowing were in place and staff knew the action to take to report any suspicions of abuse.

We saw people were being cared for safely in the service and people and their relatives confirmed they felt they were safe there. Risks were being assessed so that action could be taken to minimise them. People's care records contained individual risk assessments for each identified area of risk and the action to be taken to minimise them. These included assessments for risks associated with falls, malnutrition, pressure sores, behaviour, mobilising, wandering and leaving the service. The service had purchased some profiling beds with integrated bedrails for people whose care needs indicated the need for a height adjustable bed so staff could provide safe care. We saw that these had been identified on the care records and we discussed the fact that if people did not need them for their safety then they should not be in use. The deputy manager addressed this at the time of inspection and confirmed that where bedrails were not required for safety they had been removed. The registered manager confirmed risk assessments for buildings, equipment and safe working practices were in place and identified that these had been reviewed in the last year, to keep the information current.

Accident and incident records were completed and we saw the actions taken were recorded on the form and follow up information was also in the daily records, so it was clear what had occurred. The service also took action to identify any trends and acted upon them. For example, where someone was at high risk of falls and had been falling regularly, they had been referred to the GP and the falls clinic and their care

records updated to reflect the risks and action to be taken to minimise the risk whilst still promoting their independence. The local authority had a planned training course for staff to become 'Falls Champions' and confirmed the registered manager had put forward staff from the service to attend this training. We discussed emergency situations with staff and they knew the action to take, for example, if they found someone unconscious or having fallen and complaining of pain, staff knew the action to take and to call the emergency services.

Maintenance and servicing of systems and equipment was carried out to ensure equipment was working properly and safely. We saw fire equipment was checked each month and any faults identified were reported so they could be addressed. An annual service of the fire systems and equipment was carried out to keep them in good working order. Other current servicing certificates seen included those for gas safety, portable appliance testing, legionella testing and lift servicing. The registered manager said he carried out a tour of the service each day to check for any areas in need of repair and that repairs were carried out promptly. We saw that the service was being well maintained and redecoration and refurbishment was carried out periodically to keep the service in good order.

Is the service effective?

Our findings

People and their relatives were happy with the way in which staff provided care and support and felt staff knew how to provide this. We asked staff about their training and they confirmed they had regular training and updates. One of them told us, "I'm always happy to do training as there is always room for improvement." The deputy manager said, "Residents are our priority and staffing, experience and training. Putting right practice into their work."

We observed staff providing people with care and support and they demonstrated a good understanding of people's individual needs. For example, one person needed regular reassurance and orientation and staff did so in a calm manner and were always clear in their explanations. As a result the person became calm and more relaxed. One healthcare professional told us, "Almost all the staff can tell me about the residents without looking at the care plans." Whilst the majority of training was carried out online, there was face to face training in topics including moving and handling, food hygiene and medicines administration. We viewed a sample of staff training records and certificates and staff had undertaken training in topics including first aid, food hygiene, moving and handling, safeguarding vulnerable adults, infection control, record management, health and safety and dementia care. Staff said they received supervision every two months and we saw this was recorded on the computer system. If staff needed additional supervision sessions to discuss something specific then these were carried out. Staff said they felt supported by the registered manager and the deputy manager and that any training needs were identified and fulfilled.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood people's rights to make decisions for themselves where they were able and we heard staff offering people choices and encouraging them to make day to day decisions for themselves. The registered manager had applied for DoLS authorisations for all of the people living at the service and staff and relatives were aware of the process that was gone through to assess people. Relatives told us they had received copies of the documentation so they were able to read and understand about DoLS. The care records had a section specifically for information about DoLS and recorded where authorisations had been granted and any conditions, for example, where it was agreed a person should receive their medicines covertly. The records also identified where someone had been assessed as having capacity and could make decisions about their care, so the DoLS authorisation was not granted. The service had an enclosed garden and people were able to move around the service and into the garden freely. Staff responded well to people if they were showing any anxiety about being in the service, for example, when someone approached the front

door but was not able to go out alone, staff distracted them and gently guided them away from the door. The person seemed quite content with this intervention.

People were being provided with food and drink to meet their needs and their weight was monitored. People were happy with the food provision at the service. One person said, "I'm quite contented, they look after you well and they feed you well." People's food preferences were asked about when people were assessed to come to the service and we saw these had been recorded. Food allergies were also recorded and the cook was able to tell us about diets to meet people's medical needs. For people taking warfarin they needed to avoid foods containing vitamin K and the types of foods they were not to have were included in their care records. In the kitchen we saw a comprehensive list of foodstuffs that were contraindicated for people taking warfarin and the cook was clear about the foods people could have and their preferences. People were weighed each month and the records included their body mass index score and their malnutrition universal screening tool (MUST) score were calculated and recorded. The deputy manager explained that if someone was identified as having lost weight and being at any risk of malnutrition then they were referred to the dietitian for input. We saw this was also recorded in people's records. Drinks were provided regularly throughout the day and people enjoyed the food and drink provided. The kitchen had received the maximum score of 5 at the last food safety agency inspection, demonstrating it was well run and maintained.

People received input from healthcare professionals so that their health care needs were met. Healthcare professionals were positive about the service and confirmed that people were referred in a timely way for input and that staff listened to them and carried out any instructions they provided. One told us, "Staff are responsive to people's symptoms and are kind, appropriate and support this patient group." Another said staff were good at keeping them informed of any changes in people nearing the end of their life so they could provide the nursing support required so that, where possible, people could remain at the service. All the people using the service were registered with a GP and also had access to healthcare services including dentist, optician, podiatrist, district nurses and tissue viability nurse specialist. During the inspection someone attended an appointment and the staff ensured they had the relevant information and items to take with them and demonstrated a good knowledge of their needs. Another person had injured themselves and staff had sought healthcare advice that led to the person being transferred to hospital for assessment. Staff were able to tell us about signs and symptoms, for example, of a urinary tract infection and knew to look for any changes in the urine and the person's behaviour. Staff were able to carry out observations such as temperature, blood pressure and pulse so they could report these to healthcare professionals along with any signs and symptoms a person may have had.

Is the service caring?

Our findings

We asked people what they thought of the service. Comments included, "You do what you want to do. They try their hardest. Staff are polite and respectful and I wouldn't like to live anywhere else", "It's alright here", "People are nice and friendly", "It's very nice, everyone is so friendly and we all help one another", "Everyone is very very helpful", "You can put on what you like (clothes)", "We seem like one big family", "If you want anything you just ask. They're quite good – up to scratch. They look after you fine" and "They are looking after me very well. It's a nice place."

Comments about the care from relatives and other visitors included, "So far so good" "The staff are very friendly. They are good at communicating and send emails to the family", "Very friendly, the girls are lovely. [Family member] settled in well", "It's like a big family in here", "The staff are lovely, very hard working", "They love my [family member] and she appreciates that", "They are very kind " and "They are so nice the [staff] here and they work hard."

We asked healthcare professionals what they thought of the service. One told us, "Joyous, always happy, everything with a smile. They are always on top of things here." Another said of the service, "Maintains a homely feel and staff are attentive. [Deputy manager] helps. There is a culture of attentiveness right from the top." The activities coordinator said staff were available to assist and she was not expected to provide any personal care or assist people to the toilet. She confirmed the care staff were always on hand to provide this care and support to people. Staff and healthcare professionals we asked said they would be happy to have a loved one living at the service.

We asked staff what the most important thing about their job was to them. Comments included, "Helping the residents and having fun, keeping people's independence and their dignity." "Make sure people are happy." "Seeing people happy, laughing, enjoying their day" and "I have people's interests at heart." One told us, "I love it, it's a lovely home, we have fun and make it as light as possible." We saw staff speaking with people and they listened to them and were polite and respectful. There was a happy atmosphere and people were treated as individuals and looked content. People's choices and preferences were ascertained and recorded, for example, food preferences, the time they liked to get up and to go to bed and if they had a gender preference for staff providing personal care.

During lunch a member of staff asked, "Would you like me to cut the meat off the bone for you?" and they waited for the person to respond and then assisted them. During the morning the activities coordinator went around and offered people a choice of two lunchtime meals. People received the meals they had chosen and drink choices were also offered. There were no people who required a diet to meet any cultural and religious needs, however the cook said that should someone come to live at the service with such needs, she would ensure they were met.

At various times during the inspection we saw staff promoting people's independence. One person needed gentle encouragement to mobilise and also needed staff to be nearby in case they should stumble. Another person went to see their relative off when they left the service and was able to stand at the front door to

wave goodbye. The attitude of staff was positive, polite and respectful and they demonstrated a good understanding of the importance of allowing people to make choices and of maintaining their dignity, privacy and independence.

Is the service responsive?

Our findings

The registered manager had made improvements to the service and was responsive to suggestions for improving further. A healthcare professional told us, "[Registered Manager] is always looking for ways to improve the care and make sure residents are getting the care they need. He is very open to making things better for them." One member of staff said, "We are a small supportive team and all work well together." Relatives said the registered manager was available to listen to any questions and responded promptly to any email queries.

The registered manager had introduced a computer system and all records were contained within the system. Care staff used computer tablets to update people's records and we saw that daily records were maintained up to date. For people who required regular intervention, for example, two hourly turns when in bed, these were included in the daily logs. People's care records were comprehensive, person-centred and reflected their needs and how these were to be met. The registered manager said he carried out the pre-admission assessments and gained information from the person and their family members and tried to get as much information as he could to reflect in the care records. Additional information was also obtained once people were at the service, to build up a good picture of the individual. We did not see any involvement of people or, where appropriate, their relatives in the care plans and reviews, however there was no evidence of this having a negative impact upon people using the service. The registered manager and the deputy manager said they would speak with people and their relatives to find out what level of involvement they would like to have in reviews and would record this so it could be followed. Care records were reviewed every month and any changes were also recorded in the daily log. There was a handwritten diary to include any handover information between the day and night staff so information was passed on.

People told us they enjoyed the activities and were able to go outside. One person said, "We go out in the garden, sit out and have a cup of tea or coffee." The activities coordinator worked five days a week and as well as arranging a variety of in-house activities they also took people out to the local shops and café and to places such as the Ruislip Lido. The enclosed rear garden was well maintained and had a ramp up to a covered area and there was furniture so people could sit out in the garden. During the inspection we saw that activities were carried out throughout the day and people were encouraged to join in. On one day of inspection activities undertaken included arts and crafts, musical entertainment, a quiz and also reminiscing with individuals about their lives and interests. One person had a scrap book of life events and was animated and encouraged to talk about their experiences, which they enjoyed. A healthcare professional commented that there were always regular activities going on in the service and this stimulated people's interests and kept them active. The registered manager owned the next door property and had converted it into a day centre which was currently open two days a week. There was a second activities coordinator present on those days to carry out activities in the day centre and people from the service were encouraged to attend to get a change of scene and join in different activities such as cookery whilst there.

The service had a complaints procedure and this was displayed in the hallway. People and relatives said they would feel confident to raise any concerns and felt these would be addressed. A concern with laundry had been identified and the registered manager said he had taken this on board and recently employed a

housekeeper who would oversee the laundry and also was able to cover in the kitchen. We asked staff what they would do if someone wanted to raise a complaint and they said they would listen and would also refer the person to the registered manager as they would be responsible for investigating any concerns. The registered manager was available to meet with people and their relatives so any issues could be discussed and addressed.

Is the service well-led?

Our findings

The registered manager had managed the service for many years and we saw that they were dedicated to improving the experience of people living the service. He was responsible for the overall management of all aspects of the service. He acknowledged that monitoring processes had not always been robust, leading to the shortfalls identified with the medicines management and the staff recruitment records. Following the inspection the registered manager informed us he had purchased a new quality self-assessment manual to improve the monitoring in the service.

People, relatives and health and social care professionals were positive about the management of the service. One person said, "He's a very good boss, he'd always help you. [Registered manager] is very good and will make sure you get the help you need." The registered manager said the service now had WIFI and this was often used by relatives to show their family members pictures of events and for communication with loved ones.

The registered manager attended meetings with the local authority and the feedback we received from a local authority representative included, "The Manager is very proactive in calling if he has a query or if there is anything that he feels we need to be aware of, he attends our Provider Forums and Registered Managers Network meetings. [Manager] is very transparent and he is keen to work with us and look at ways to improve his service." The registered manager told us he valued the input from the local authority. He gave an example of the help he had received. He explained he had identified that when people were admitted from hospital in the evenings they did not settle easily. He said this had been discussed at a Provider Forum meeting with the hospital discharge team and action had been taken to improve discharge times so they were during the day, allowing time for people to settle better on the day of admission. He said these meetings had also provided the opportunity to meet with other healthcare professionals including the rapid response and mental health teams. He said their input in the service meant that healthcare issues could be better managed, which helped to prevent unnecessary hospital admissions. This demonstrated the registered manager was proactive with people's care and with involving healthcare professionals to improve the experience of people living at the service.

Staff said the registered manager and deputy manager were approachable and supportive and they felt able to speak with them about any queries they might have. Comments from staff included, "We know we can go to [deputy manager]. She is very friendly and easy to talk to", "Management are very supportive. Everybody is dedicated here and loves the residents. The good thing about Woodlands is the teamwork. We have a good laugh and fun with the residents" and "We get a lot of support from management."

Satisfaction surveys were available at the service and the registered manager sent these out to relatives and stakeholders. The survey results for 2016 were positive and a development plan had been followed to improve the service for people, including the opening of the day centre and general improvements to the service. The rear end of the building corridor fire exit doors on the ground and first floors had been replaced and this had allowed more light into the service. Work had also been done to convert a double bedroom into two singles and we saw that the service was being maintained. There was an annual development plan

and this identified the work that was ongoing to maintain and improve the service. The registered manager had signed up to the Dementia Action Alliance, who described themselves as 'the alliance for organisations across England to connect, share best practice and take action on dementia.' He also received care publications and said he used the information from these resources to keep up to date with good practice. The service was signed up to a website where people could leave a review of the service. We saw there were six reviews, all of which were positive and indicated people were happy to recommend the service to others.

Staff meetings took place every three months and staff said they were kept informed of what was happening at the service. The registered manager and the deputy manager were available to meet with people, their relatives and health and social care professionals and understood the importance of good communication and addressing any points raised. Some of the non-care staff had not received training updates, for example, in safeguarding vulnerable adults. They were clear to report concerns to the registered manager. We spoke with the registered manager who said the training would be reviewed to ensure all staff completed training relevant to their role.

Policies and procedures were in place and the registered manager said these were reviewed annually. We discussed further work to be done on some of the documents and following the inspection the registered manager confirmed he had purchased a new suite of policies and procedures for the service, to ensure the information for staff was up to date and based on current legislation and good practice guidance. He said he would ensure the staff were aware to read the documents as part of their ongoing learning. Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.