

# Dolphin Homes Limited







# Camberley Cottage

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection was carried out on the 2 October 2015 and was unannounced. Camberley Cottage opened in October 2007 to provide specialist care for six people with learning and/or physical disabilities between the ages of 18 and 65 years. Camberley Cottage has been adapted to cater for people with severe physical disabilities with wheelchair access throughout the service which included a purpose-built lift. All bedrooms are for single occupancy and all six bedrooms have en suite wet room facilities. On the day of the inspection there were six people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our visit the registered manager was on leave. The deputy manager and the regional manager supported us on the day.

# Summary of findings

People told us they felt safe, we found that where there was an identified risk to people this had been identified and action taken by staff. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse.

There were enough staff working to meet people's needs. Staffing levels were such that people were not kept waiting when they needed care and support. There was an effective recruitment process that was followed which helped ensure that only suitable staff were employed.

Medicines were stored securely and administered by staff who had been trained and assessed as competent to do so. Medicines were reviewed regularly to ensure people with complex needs received them appropriately.

People said that staff understood them. People had access to external health care professionals such as physiotherapists which had improved their independence. People's communication difficulties had improved with the input of staff that were well trained and knowledgeable about people's needs.

Staff were well trained and had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Consent was sought from people appropriately by staff in a number of different ways as not everyone was able to verbally communicate.

Staff had received an induction when they started work and had on-going training to help ensure that they had the necessary skills and knowledge to meet people's needs. People had access to the food and drink they liked and were involved in how meals were prepared. There was regular monitoring of people's nutritional intake and advice was sought from specialists such as dieticians if a concern was identified or advice was needed.

People told us that the staff were always caring and the atmosphere felt like that of a family home. People were made to feel important by staff who knew them extremely well and who had a good rapport with them which helped promote positive relationships between them. We observed friendly and good natured discussions taking place between people and staff and the atmosphere was warm and relaxing. People were involved in their care planning and told us that they always felt listened to by staff.

Staff consistently went the extra mile to ensure that people's needs were met. Where people wanted to have support to be more independent this was given in a sensitive and caring manner which was appreciated by people and those that mattered to them. We saw that people's privacy and dignity was maintained by staff who had great respect for people and what mattered to them.

Care planning was individualised and person-centred and detailed people's likes, dislikes and personal history so that staff would have an understanding of how to meet their needs and understand them as a person. People's care needs had been assessed prior to them moving into the service to ensure that they could be met.

The service was flexible when it came to meeting people's needs and staff ensured that if a change occurred this was responded to quickly. People were supported to make choices about what they did and when and were given information by staff to help them make informed decisions. Where people wanted to take part in activities these were facilitated by staff wherever possible in a way that was not set in a particular routine which people told us suited them. Activities were extensive and people had been supported and encouraged by staff to be part of the community by raising money for a local charity.

People were able to make a complaint if necessary but had not done so in a formal way. They all said the deputy manager and the staff were very approachable which allowed concerns to be dealt with before they became problematic.

People, visitors and staff were positive about the leadership of the home. One person said "(The deputy manager) is nice." Staff said they felt valued by the management team and enjoyed working at the home.

Senior staff communicated through team meetings, through supervision meetings and in recruiting staff to promote the values of the service. There was a culture within the service that valued the individual and placed caring for people at the centre of what they did.

Staff (including the deputy manager) were encouraged and supported to develop their skills and to undertake additional qualifications.

# Summary of findings

There was a comprehensive system of quality assurance in place that included residents meetings, staff meetings, questionnaires and a detailed auditing system. Any shortfalls that were identified were actioned.

We saw that the deputy manager and the regional manager were present and visible around the service throughout the inspection.

The last inspection was on 31 May 2013 where no concerns were identified.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were enough qualified and skilled staff at the service to meet people's needs.

Staff were aware of the risks to people and how to manage them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Good



### Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were completed appropriately.

Staff were supported and had the most up to date training and supervision of the work that they undertook.

People were supported to make choices about food and said the food was good.

People's weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected. People and staff looked upon each as friends.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. People's rooms were individualised and personalised.

Good



### Is the service responsive?

The service was responsive.

Care plans were extensive and were kept up to date with people's needs.

There were activities that suited everybody's individual needs. People were encouraged and supported to pursue their interests and hobbies.

People knew how to make a complaint and who to complain to.

Good



### Is the service well-led?

The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

Good



# Summary of findings

People's views were used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.  
The culture of the service was supportive.

# Camberley Cottage

## 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 was an unannounced inspection which took place on the 2 October 2015. The inspection team consisted of one inspector and an expert by experience in care for people with a learning and physical disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. On this occasion we did not ask the provider to complete 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. Instead we reviewed all of the notifications of significant events that affected the running of the service. A notification is information about important events which the service is required to send us by law

During our inspection we spoke with the deputy manager, the regional manager, four people that used the service, three visitors and three members of staff. After the inspection we spoke with one health and social care professional. We looked at two care plans, recruitment files for staff, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided during the inspection.

# Is the service safe?

## Our findings

People were safeguarded from the risk of abuse. People told us that they felt safe at the service. One person told us “I do feel safe here.” They said they knew staff would treat them well. One relative said that they felt their family member was safe and had no concerns leaving them at the service with staff. Staff were able to tell us how they safeguarded people from the risk of abuse. One told us “You put precautions in place to protect people, if I saw something that I wasn’t happy with I would put a stop to it and report it to the local authority.” Another member of staff told us that they recently had to address an alleged safeguarding incident and that they ensured that people were immediately protected. There was a safeguarding policy that guided staff on the correct steps to take if they had a concern and staff knew how to access this. All of the staff at the service had received training in safeguarding people. Staff understood how to whistle blow if they had a concern that they wanted to report.

People were protected and their freedom was supported and respected. Risks to people were managed in different ways. Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of manual handling, nutrition, personal care, communication needs and medicines management. Risk assessments were also in place for identified risks which included maintaining a safe environment and choking and action to be followed. One person was at risk of falling. We saw that staff ensured this person had the appropriate equipment in place to reduce this risk. Risk assessments were assessed monthly and more often if this was needed. Staff understood the risks to people. One member of staff told us “(One person) does hit out a lot, we make sure someone is with them.” Another member of staff said that one person fell; they looked at whether the carpet in their room needed replacing. They said a new risk assessment was put in place to reduce the risk of this happening again. We confirmed this from the records.

The environment was set up to keep people safe. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths

and hoists. People were able to move around the home freely if they wanted to including moving from floor to floor. Any incidents and accidents to people were recorded and new risks assessments put in place if needed.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans which were up to date. One person living there told us in detail what to do if there was a fire and they needed to evacuate the building safely. It was clear that people understood what they needed to do (with support from staff) in an emergency.

There were sufficient members of staff on duty to meet people’s needs. Each day there were three care staff on duty and the deputy manager. The deputy manager said that each person’s needs were assessed to identify how many staff were needed to care for them. We saw that there were enough staff to meet everyone’s needs in a timely way. Staff told us that they were recruiting for additional staff at night and mainly relied upon agency staff. They said however they tried to use the same agency staff to ensure consistency of care. People and visitors felt that there were enough staff. One member of staff said “Sickness always gets covered, the agency (staff) that come here are great.”

Only suitably qualified staff were recruited. Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person’s identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process and had to provide evidence of their identity and background checks.

Medicines were stored appropriately and audits of all medicines took place. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photographs of people in the front of each chart to identify who the medicine had been prescribed for. One person was going home for the weekend and we saw that staff ensured that they had all of the medicines that were needed. One person returned from an outing with family and staff were careful to ensure that

## Is the service safe?

all of the medicines were stored away safely when they returned. Although most people at the service had capacity there was still appropriate guidance relating to the

administration of “As required” medicine. Some people at the service were on complex medicines. We saw that these were reviewed regularly and staff understood the importance of the medicines for people.



# Is the service effective?

## Our findings

People said that staff understood their needs. One relative said “We are happy with things here, we wouldn’t want them to change.” People and relatives told us that they accessed health care professionals as and when needed. One visitor told us that since their friend had been at the service they could not believe how much they had progressed. They said “(The friend) couldn’t vocalise before they came here and now they are signing and communicating really well.”

Staff observed progression in people’s independence since moving in to the service. One member of staff said “The idea is that people are supported to move on to supported living, (one person) has just started making themselves a cup of tea.” Another member of staff said “(One person) had tremendous frustration and anger when they moved in; the behaviour is a lot milder now.” The deputy manager told us that each person at the service had their own individual health needs. They said that each person had a ‘Team’ of external health care professionals that each person regularly had input from. This included the ‘Wheelchair service’, opticians, physiotherapist and specialist teams that related to particular syndromes that people were living with.

The staff we spoke with told us they were able to get support when needed. Staff told us they were provided with an induction and had the opportunity to shadow more experienced staff when they had started work in the service. One member of staff said “When I started my work was always being observed.” We saw evidence of the induction process used and documents to verify that staff received supervision, appraisals and training to support their skills and knowledge. Staff we spoke with confirmed this. We saw where people had specific support needs to eat and drink or they had health conditions like cerebral palsy, that support was available for staff through training. Staff we spoke with were able to explain how they would support people who had complex health conditions.

We saw staff seek people’s consent to ensure people were happy for them to support them and where people could not give verbal consent, their facial expressions and hand gestures were being used to show consent. Staff we spoke with were able to explain this to us and showed a good understanding of the people they were supporting. We found where people went out of the home on a daily basis

staff promoted their independence. Some people accessed public transport independently. Staff ensured that the support people needed to live independently was in place and people we spoke with confirmed this. One member of staff said “They (people) are all adults here, they have the right to make their own choices and decisions about things, it would be intrusive to try and make decisions for them.”

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately. The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. DoLS ensure that people receive the care and treatment they need in the least restrictive manner. Where there were concerns about people’s human rights to freedom of movement being deprived due to their lack of capacity, the provider had sought advice and authorisation from the local authority. Staff we spoke with had an understanding of the MCA.

People decided for themselves what they had to eat and drink. Comments from people about the food included “The food is nice, my favourite is chicken” and “There is a variety of food.” They went on to tell us that they particularly liked the buffet style dinners. We found that people were supported by staff to prepare their own meals. The support provided to individual people by staff varied in accordance with the skills and abilities of people to undertake tasks independently. Where people had less independence we saw that a menu was being used to show the choices of food available and people decided what meals went onto the menu.

We saw that people had access to snacks and hot and cold drinks when they wanted. We saw evidence that the appropriate monitoring of people’s nutrition was taking place and where there was input from other professionals such as a Speech and Language Therapist (SALT) or a dietician, this advice was being sought and followed. One member of staff said “We know it’s important for people with cerebral palsy to drink plenty, we record what they drink and encourage drinking all of the time.” We saw evidence of this happening.

The service looked homely. When we arrived we noted that the service had been decorated in a modern and sophisticated way with the adaptations needed for people to independently move around. The hallways and all of the

## Is the service effective?

rooms were spacious enough for people using wheelchairs to move around easily. Specially designed shower and toilet facilities were in each person's room. The counters in the kitchen had been lowered to enable people using a

wheelchair to sit comfortably at them and to promote people's independence. A purpose built lift had been put in for people who lived on the top floor to be able to access the ground floor easily.

# Is the service caring?

## Our findings

People told us that the staff were always caring. One person said “(The staff member) makes me laugh, its fun here, my family are important to me and staff know that.” Another person said “Staff are nice.” People told us that they felt very involved in the planning of their care. One said “They ask me what I want, I tell them and they listen.” Another person who couldn’t verbally communicate was provided with an electronic tablet to ensure that they were able to express themselves. They also used this for their entertainment. We saw from the interactions we observed that the staff team were thoughtful and promoted positive, caring relationships between people using the service, their relatives and friends. One person was on holiday with their family. Staff told us that they supported people to skype their friends and relatives using the computers which most people had in their own rooms. One visitor said “When I’ve been here it’s been really lovely.”

Staff told us that they enjoyed working at the service and did not feel that people were ‘Clients’ but more like family to them. One member of staff said “I absolutely love it here, when I came for my interview I sat with the residents who made me feel so welcome, they relaxed me.” Whilst another said “I enjoy the relaxed atmosphere, I like seeing the discussions between people and how much input they have to the running of the home, people can say anything to me.” Staff encouraged people to be included in the conversations that we were having with them to ensure that they felt part of it.

The atmosphere between staff and people came across like a group of friends sharing a house together. Staff provided support but it was clear that people looked upon staff as their friends. There were moments of laughter and good natured banter with each other and we could see that people felt comfortable being honest and open with staff. One person returned from a trip out with their family, they were greeted by staff in a warm way and encouraged the person to tell them about the day and what they had done. Another person wanted to go to an event. A member of staff spent time ringing to purchase tickets for them. They discussed the price of the tickets first with the person who then made the decision about whether they wanted to go.

When needed staff would support people on their outings but we noted that at times when people did not necessarily need staff to go with them staff did so anyway as they

enjoyed each other’s company. One member of staff was re-organising a person’s wardrobe (in their absence). They told us that they were replacing their summer clothing with new winter clothing on their next shopping trip, but that removing multiple items of clothing in their presence would cause the person to think that they were packing to go home or on holiday and would lead to confusion and disappointment for them. This showed the staff considered people’s individual needs and feelings and the effect that certain events or activities would have on them, which minimised people’s anxiety and made them feel comfortable and relaxed.

There was a notice board in the hallway displaying information for staff, relatives and people who used the service. Staff were allocated key workers for people to help strengthen the relationships that people had with staff and to ensure that at least one member of staff was completely up to date with people’s wants and needs.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We saw care plans provided staff with detailed information about people’s preferences about daily and night time routines. One member of staff said that people could choose to change their routine every day if they wished. Preferences extended to all parts of their life including what they wanted to do and where they wanted to go. People were encouraged to make their own decisions each day and we saw this in practice.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions meant for people who could not communicate verbally. Staff developed a good understanding of how to interact and communicate with people, ensuring their needs were met. We observed staff spoke to people with a gentle tone of voice and used sign language when needed. They looked directly into people’s faces when asking questions and just talked to them, allowing people plenty of time to respond. We saw care plans for people with limited communication clearly set out the ways of communicating with them for staff. We saw staff followed the guidance in the care plans.

People’s relatives told us they were free to visit their family members at any time and were able to join them for meals and other social occasions. We saw staff greet visitors genuinely and welcomed them into the service. One relative told us that they appreciated this.

## Is the service caring?

We saw there was a planned schedule of meetings for people who used the service. The minutes from the meetings showed discussions around food, amenities and activities. The minutes were written in a person centred way and clearly showed people's involvement in the discussions. One person asked to have a birthday party and we saw minutes from other meetings discussing the plans around this and what theme the person wanted.

People told us their privacy and dignity were respected. Staff ensured (before we went into people's rooms) that people were asked for their permission before we did this.

One person chose to show us their room themselves. People's rooms were personalised in such a way that you could instantly know what their interests were and the things they enjoyed doing. Every room was decorated to a good standard and all individually. No two rooms were the same. The rooms were decorated appropriately for the age of the person. People had access to the internet and most people had lap tops in their rooms to use. Each person had their own en suite facilities; this meant that personal care could be given in private. One member of staff said "I always ask the guys if they are ok with what I am doing."

# Is the service responsive?

## Our findings

The approach to care planning and the delivery of support was proactive and flexible to meet people's individual needs. People's care needs were assessed prior to moving to the service. One person said that their life was 'Content' and that they liked their 'Comfy bed and playing their guitar.' One relative said "(Their family member) met with the residents before (the family member) moved in. Staff listened to what we said as well as what (the family member) wanted." One visitor to the service told us that the staff met their friend's needs completely.

Care plans were comprehensive and detailed people's care needs with a description of their likes, dislikes and their life history. Full reviews of people's care took place regularly which included their health action plan and risk assessments. Care was also reviewed as and when it was needed depending on any changes in a person's health and social care needs. One person developed a sore on their foot. A full review was undertaken around their wheelchair. A district nurse and the wheelchair support team were contacted and steps were taken to address the risk of this happening again by placing additional pads on the person's wheelchair. Where a person could not communicate verbally there was specific guidance for staff in their care around how best to communicate with the person. This included the use of Makaton (signs with their hands) and different sounds that the person made. We saw staff communicate with this person on the day and saw that they understood the person and the person understood them.

The service and staff demonstrated that it was flexible in its approach to meeting people's needs. People in the home wanted to make their own choices about their life and staff clearly understood what they were and respected that. One person said that they wanted to have days where they did not want to get up early and did not want staff to interrupt them. This was respected and people's 'Routines' were clearly documented. One member of staff told us that they 'Would not dream of telling them (people) how to live their lives.' Staff told us that people were all entitled to make choices even if they were not necessarily the best choices to make about their own health and lifestyle. They said that they would give them the information they needed to help them come to their own decisions about things.

Staff clearly knew people's individual likes and preferences. One staff member told us about how they supported one person with ensuring that they got to see the music acts that they liked seeing. The person told us that they liked taking a particular member of staff because they knew they liked the same kind of music. We reviewed the daily notes for seven people who used the service. We found these were written clearly and concisely. They provided information on people's moods, appetite, preferences and any health issues.

Staff told us that there was no 'Schedule' of activities because this wouldn't fit in with the different choices people made daily around what they wanted to do. Staff said that most of the people did something different and they encouraged and supported people to live their lives the way that they wanted to. The variety of things that people took part in and enjoyed was extensive. One person clearly enjoyed art. The wall in their room was covered with mixed media art work that the person had done. One member of staff told us that before this person moved in they didn't like getting 'Messy' with paint and glue but now they told us that person loved it. Some activities were undertaken by people without staff being present. Those people appreciated the independence that this gave them. One person attended pubs and clubs in the evenings and another person met with friends to socialise during the week. People attended different clubs through the week which one person told us they enjoyed. Other activities included shopping, dancing classes, playing in a darts team and attending a 'Rock band' club.

People were encouraged and supported to be part of the community. Three of the people wanted to take part in raising money for charity so staff supported them to make cakes and sell them. Another person volunteered for a local radio station and others were in paid and voluntary work. One member of staff said that they try and go out with different people because "We don't want the service users to get bored of being with the same person." Some of the people accessed public transport independently when they wanted to go out. There was also a vehicle for people at the service that most staff could drive when needed.

People who used the service told us they would know how to make a complaint if necessary. They all said the deputy manager and the staff were very approachable. The complaints procedure was readily available to people and displayed in the entrance hall of the home. This was also

## Is the service responsive?

displayed in an easy read format for people. The management team said they had not received any formal complaints but showed us concerns that they had responded to. They included concerns discussed and documented with a resident regarding staff not waking them up too early. We saw that these had been investigated thoroughly and people who had raised concerns were happy with the outcomes. The responses to

these concerns showed attention to detail, transparency and timely communication with those concerned. Another person at the most recent meeting stated that they wanted their carpet re-fitted and bell installed on the door of the bedroom. The deputy manager told them that although this may not be possible they would speak to the provider about this and come back to them.

# Is the service well-led?

## Our findings

On the day of the inspection the registered manager was on annual leave. We were told by the deputy manager and the regional manager that the deputy was about to take over the role of the registered manager of the service with the support from the regional management team. This was because the registered manager would be taking up a role as a regional manager for other services.

Without exception people, visitors and staff were positive about the leadership of the home. One person said “(The deputy manager) is nice.” One relative told us that they felt the deputy manager listened to them. Staff also told us how much they valued the management team and enjoyed working at the home. One staff member said “I feel we are a close team and I feel very supported by them and (the deputy manager).” They told us that the deputy manager was “Very hands on” and would help out whenever they were needed. Another member of staff said “(The deputy manager) is wonderful, I feel valued by (the deputy manager)) and I value their knowledge. My opinion is never dismissed and (the deputy manager) is always prepared to listen.”

Senior staff communicated through team meetings, through supervision meetings and in recruiting staff to promote the values of the service which included people being supported to become more independent. One member of staff had previously been an agency member of staff. They were now working at the service full time as one person living there had requested that they became their key worker. There was a culture within the service that valued the individual and placed caring for people at the centre of what they did. They wanted people to feel valued. One member of staff said “I want to promote people’s independence, to let people decide what they want to do and to support them to try new things.”

Staff were kept up to date with what was going on in the service via meetings and information which was available to them on the staff notice boards. This kept staff up to

date with issues such as health and safety, training and any upcoming social events. People and staff were also asked to complete an anonymous survey and all of the comments were positive with praise given about staff and the support staff received.

Staff (including the deputy manager) were encouraged and supported to develop their skills and to undertake additional qualifications. Staff were completing diplomas in health and social care and the new care certificate. This ensured that staff were up to date with current best practice.

There was a comprehensive system of quality assurance in place that included residents meetings, staff meetings, questionnaires and a detailed auditing system. These included audits of accidents and incidents, medicines, infection control and health and safety. Action plans with deadlines were put in place to address any shortfalls and to improve the quality of the service. It was identified that additional training needed to be booked to refresh staff on some aspects of care. We saw that this had been booked. The detail of these audits showed how staff strived for best practice at all times. Records were kept up to date and maintained accurately as required.

We saw that the deputy manager and the regional manager were present and visible around the service throughout the inspection. Despite the regional manager not being at the service often they knew about people living there and engaged with them fully whilst we were there. We saw that where necessary staff were undergoing performance management and being offered additional support and training where needed. Staff received annual appraisals where performance over the year was discussed and further training and development was encouraged

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. We had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken.