Lifestyle Care UK Ltd

Glen Arun Care Home

Inspection report

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29 March 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 14, 15 November 2017 and 29 March 2018. It was unannounced.

Glen Arun Care Home was last inspected in December 2016. We found that there were insufficient numbers of suitably qualified, skilled and experienced staff deployed to peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found that improvements had been made and the provider had taken the action required to meet this regulation.

Glen Arun Care Home is registered to provide accommodation, nursing care and support for up to 36 older people. At the time of our visit there were 34 people at the service. The service has a wide range of communal areas and well maintained accessible gardens.

The service had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

People's medicines were managed safely. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable and keen to talk about their work and committed to the on-going development of the service. The atmosphere in the service was happy and calm. People were engaged and occupied; they interacted and chatted with each other. Every person we spoke to was complimentary about the caring nature of the management and staff.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support

received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The registered manager and the staff team took pride in their work. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were empowered to contribute to improve the service. People had opportunities to feedback their views about the service and quality of the care they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the service.

People medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff adhered to the Mental Capacity Act 2005 code of practice and supported people in line with their deprivation of liberty safeguard authorisations.

People were supported to have enough to eat and drink. People enjoyed their meals and each other's company.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff who were committed to providing quality care. Staff were quick to help and support people.

People were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care was delivered in a person centred way by staff who understood them.

People were occupied and stimulated during their stay at the service.

People were encouraged to raise any concerns and give feedback regarding their stay. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good

The service was well-led.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff told us they were well managed, were treated with respect and were listened to. Morale was high and staff took pride in their work.

Systems were in place to effectively monitor the quality and safety of the service. There was a commitment from all staff to the improvement of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Glen Arun 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 14, 15 November 2017 and 29 March 2018. It was unannounced.

Two inspectors undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for seven people, medication administration records (MAR), a number of policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care and spoke with seven people living at the service. We also spoke with the registered manager, the trained nurse and four care staff on duty, one domestic, two members of the activities team and a visiting GP.

Good

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the service. We were told that, "It's good," and, "I'm happy here." People told us that they liked the staff. A relative told us, "[Name] seems happy, she's really perked up."

At the last inspection in December 2016 we found that there were insufficient numbers of suitably qualified, skilled and experienced staff deployed to peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found that improvements had been made and the provider had taken the action required to meet this regulation.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. We saw that when people rang their call bells staff were very quick to respond and assist them. Staff and people staying at the service told us they were happy with the staffing levels. One person told us, "I'm well looked after".

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past four weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. In addition to the managerial team, there was a registered nurse on duty at all times. There were seven or eight care staff in the morning, five in the afternoon and two at night. Ancillary staff were employed for specific tasks, for example laundry, activities and domestic duties.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. He was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. Staff followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such

concerns. There was a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to.

Risks to people were assessed on admission to the service. Risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. Where people were at high risk of pressure damage, staff had access to appropriate nursing equipment to reduce the risk. For example, pressure relieving mattresses were in place. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example, people had their positions changed to prevent pressure damage.

Records were maintained of accidents and incidents that took place at the service. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

There was equality and diversity policy in place and staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the service, including slip and trip hazards. Equipment owned or used by the service, such as hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. We observed staff safely competently using hoisting equipment; for example when moving people from wheelchairs to more comfortable furnishings.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure the fridge remained at a safe temperature. The medicines store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service. We checked a sample of medicines and found the stock tallied with the records kept.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

There were arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager carried out infection control audits. The registered manager understood

who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The provider had achieved a level five rating at their last Food Standards Agency check.

Good

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. Relatives spoke positively about staff and told us they were skilled to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. People had confidence in the staffs skills and knowledge. We were told, "We are well looked after," "The carers are good," and, "I'm happy here."

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Their progress was reviewed informally on a frequent basis by their line manager.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, health and safety, moving and handling, fire safety, infection control and safeguarding vulnerable adults. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff training in epilepsy. Staff told us, "We get enough training," and "The training is good."

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff we spoke with told us they felt supported by senior and other staff. They said there was opportunity to discuss any issues they may have and any training needs they had. Staff told us, "It's very supportive," "The handover is good, we know what happening and what is going on," and "We really care about the people."

Staff told us there was sufficient time within the working day to speak with the registered manager or senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

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 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 authorisation to deprive people of their liberty were being met. The registered manager understood when an application should be made and appropriate applications had been made. All staff we spoke with had a good working knowledge on DoLS and mental capacity and had received appropriate training. A person told us, "I feel happy here. I'm in control and I have a choice." Another person said, "I come and go as I please. I go out for a walk if I wish; I generally just get on with it."

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People's needs were assessed before they moved to the home. Staff carrying out the assessments spent time with the person, their representatives and any relevant health care professionals finding out about their needs, preferences and how they wished to be cared for. Information was clearly recorded and incorporated into care plans.

People had enough to eat and drink throughout the day and night. We saw that a selection of cold drinks were readily accessible. People told us, "The food is good". We observed the lunchtime meal experience. Lunch was usually taken in the dining room, however people were able to eat in elsewhere if they preferred. People appeared to enjoy their meal. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere.

Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to dieticians if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

The registered manager said the service had good links with external professionals. The service worked with a wide range of professionals such as community nurses, hospice nurses and general practitioners to ensure people lived comfortably at the service. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed. People's health conditions were well managed and staff supported people to access healthcare services. People had access to health care relevant to their conditions, including GPs. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. A visiting healthcare professional told us that they had, "No concerns".

People's needs were met by the design of the premises. Corridors and doors were wide enough to allow for wheelchair access. People were able to spend time outside and staff recalled during the warmer weather people sat outside. People were able to choose where they spent their time with some preferring quieter areas of the home, and other preferring to spend time with other people. The premises enabled people to spend time alone with their family if they wished.

Good

Is the service caring?

Our findings

The caring ethos of the service was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and established a rapport in a short space of time. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to was complimentary about the caring nature of the staff. People described them as, "Very kind and caring," "Nice, helpful," and "[Staff] care". Everyone we spoke with thought people were treated with respect and dignity. Feedback from relatives regarding the staff included, 'They are lovely and very kind. Staff are always smiling and helpful,' and, 'Lovely caring staff, good food and care. Friendly.'

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people at the service. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responded to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed before moving away. We saw that staff gave people choices and those choices were respected. For example, people were asked, "Would you like to watch something on TV?"

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. People told us that they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.

Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to people's needs. People received support that was individualised to their personal preferences and needs.

People had their needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. We saw that some care plans were not completed consistently. This shortfall was being addressed. The registered manager was introducing a computerised care planning system and was in the process of transferring all people's care plans to the new system. We saw computerised care plans for two people. We saw that the new system had personalised care plans and detailed daily routines specific to each person. The care plans contained information about the person's likes, dislikes and people important to them. The computerised care planning system enabled senior staff to monitor care given at any time and view various records, for example, people's weight. This enabled staff to respond to people's changing needs.

There was a staff handover meeting at each shift change this gave sufficient time to exchange any information. Staff told us that the handover was good, "We know what's happening," and "We know what's going on." Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time. Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided according to people's individual needs.

The provider was following the Accessible Information standard (AI).The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager was fully aware of their responsibilities under the AI standard. People's assessments included specific details of their communication needs, this included information regarding hearing aid and spectacles. Care records demonstrated that people had access to an optician.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

People were engaged and occupied during our visit; there was a calm atmosphere within the service. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company.

People had a range of activities they could be involved in. There was an activities plan, which included music for health, a film club, arts and crafts, cooking and singing. People told us they liked the activities provided, although they would like more things to do. Comments included, "Sometimes I could do with a bit more," and, "The activities are ok, but there's not enough. This morning was good, but I do still get bored."

People were supported to maintain relationships with people that mattered to them and to avoid social isolation. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Relatives comments included, "We can visit whenever we like, I'm pleased [person's name] is settled here."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy at the service. People told us that they were confident that any issues raised would be addressed by the registered manager. Nine complaints had been received in the last year, which had been appropriately investigated and resolved in line with the provider's complaints policy.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The registered manager told us that they consulted with the person and, where appropriate, their representatives about the development and review of this care plan. At the time of our visit there were no people receiving end of life care. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work. There was a management structure in the service which provided clear lines of responsibility and accountability. People appeared at ease with staff and staff told us they enjoyed working at the service. Senior staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to develop the service. People's care records were kept securely and confidentially, in line with the legal requirements.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. People and relatives all described the management of the service as open and approachable. Relatives told us, "I can talk to staff at any time." There were regular meetings for people and their families, which meant they could share their views about the running of the service.

The registered manager looked at ways to improve the service through involving all stakeholders in the service. For example, team meetings for all staff plus individual meetings dependent on their role in the service, for example nurses, care staff, and ancillary staff. Staff said that everybody had the opportunity to have their views heard and taken into account. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Feedback surveys were given out to people's relatives and staff. The registered manager collated the responses, summarising people's comments and identified any areas for action. People's comments were positive.

Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of infection control, health and safety and care records. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. The registered manager provided regular feedback to the provider in order to ensure operational goals were being achieved. During our visit we were told that the provider visited the service regularly. We were told that any areas requiring action were discussed with the

registered manager and senior staff.

Accident and Incident forms were completed. These were checked by senior staff who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances.

Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider carried out regular repairs and maintenance work to the premises. There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The provider had achieved a level five rating at their last Food Standards Agency check.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.