Portland College

Portland College

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

Summary of findings

Overall summary

The inspection took place on 15, 16 and 17 June 2016 and was unannounced.

Portland College is registered to provide accommodation for people who require nursing or personal care and/or treatment of disease, disorder and injury. The registered provider must only accommodate a maximum of 135 people at Portland College.

The service specialises in providing care and support for people with disabilities within a specialist college delivered on one site but within two different accommodations. Both accommodations are for people in a residential setting but the second, 'Portland Freedom', is for people who are more independent living in flats. At the time of the inspection there were 65 people using the service in both settings.

On the day of our inspection there were two registered managers in place. A head of care registered manager for the services registration of treatment of disease, disorder or injury and a nurse registered manager for the services registration of accommodation for persons who require nursing or personal care. 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 told us that they felt safe. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were confident that the registered managers would deal with any concerns that they reported.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices. Medicines were safely administered and stored.

Staff received an induction, training and supervision and felt supported by the management team. People received sufficient to eat and drink. People had access to internal and external healthcare services.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

Staff were very caring and people felt listened to. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent and staff respected people's privacy and dignity.

Daily records were up to date and gave a good overview of what had occurred for that person People had the opportunity to take part in a variety of activities inside and outside the service. Complaints were dealt with in a timely manner.

The registered managers were supportive, approachable and listened to people, relatives and staff. People and their relatives were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

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.

People who used the service felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received an induction to prepare them for their role, regular supervision and training necessary to meet the needs of people in the service.

People's health and nutritional needs were met.

People's day to day health needs were met by the staff, internal and external health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring, kind and compassionate.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans gave guidance to staff on how to support people.

A wide range of activities were available.

Complaints were dealt with in a timely manner.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives and staff were positive about the leadership of the service.

The management team enabled and encouraged open communication with people who use the service, friends, family and staff.

The management team was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Portland College

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15, 16 and 17 June 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported. We spoke with six people, four care staff, one team leader, one nurse, one kitchen staff, the two registered managers and the quality standards manager. After the inspection we spoke with three relatives and a social care professional.

We looked at the care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service such as policies, procedures and audits.

Good

Is the service safe?

Our findings

People told us they felt safe. We saw people were provided with guidance in a picture format about what to do if they were harmed or suspected that other people might be at risk of harm. One person said, "[I feel] very safe, never been any bullying while I've been here." Another person said, "Yes, [I] feel quite safe here." One relative said, "Yes, [family member] always says they are safe." A social care professional agreed.

We saw that people appeared happy and content in their surroundings because they were smiling and joking with each other and staff. Relatives said they felt people were safe at the service because staff knew how to look after them.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team, the police or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns should they report any.

Staff told us that there were 'Safeguarding Champions' in the service and who the members of staff were. They told us that the champions shared their expertise about protecting people from harm with people, relatives and staff at training events and meetings. We saw records of meetings where knowledge was shared. A member of staff said, "I went to a recent student council meeting and gave a presentation on safeguarding [protecting people from harm]. I explained who students can go to if they want to raise concerns."

The service had safeguarding policy and whistle blowing policies and procedures available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular checks and routine maintenance of the home environment and equipment ensured people were protected. We saw there were checks in place for equipment in relation to moving and transferring people, and legionella. We looked at the maintenance records across the service and found that tasks had been completed and signed off. We saw that an emergency gritting plan was in place to minimise the risk of people falling outside when needed.

We saw standard risk assessments had been completed for risks associated with people's mobility, nutrition, communication and personal care. There were also individual risk assessments for example the risk of self-harm, mental health and the risks associated with behaviour that challenges people and others. Detailed information and guidelines was given to staff on how to support the person and what actions needed to be taken to alleviate the situation or behaviour. Action plans were put in place in accordance with people's care and support needs for example, to support behaviour that challenges people and others.

Risk assessments had been updated monthly in two of the three care plans we reviewed. Risk assessments had not been updated or reviewed for one person and this meant that their current needs may not be provided. However, the person said they felt staff knew them well. We observed staff provide people with the support they required in line with the guidance as recorded within their care records.

We received mixed feedback about the levels of staffing. Three people, three relatives and six members of staff told us there were enough staff available to meet people's needs. One person said, "There is always someone [staff] to talk to." One member of staff said, "Yes, I think there is generally enough staff." However, three people told us there were not enough staff. One person said, "At times we do get short staffed due to staff holidays." Another person said, "Could do with more [staff] for evening activities."

We observed there were sufficient staff throughout the service to give people support in a timely way. Staff met people's needs at a time and pace convenient to them. The atmosphere in the service was calm and organised, staff worked in an unhurried way and were able to spend time with each person and respond to their needs and wishes. For example, when a person needed help to eat or drink, or have help with personal care, a staff member was available to help them. We observed a staff member respond quickly to someone when a person was finding it difficult to communicate their needs. The member of staff supported the person to express how they were feeling and the person thanked them for the support.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The Head of Care registered manager told us that staffing levels were based on people's dependency levels. Dependency levels took into account if a person required more than one member of staff to support them. We saw records that showed dependency levels were reviewed throughout the day.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm.

People's medicines were managed safely. All the people we spoke with told us they always received their medication when required.

We observed a member of staff administering medicines safely to people. They checked the medicines against the medicines administration record (MAR) and stayed with the person until they had taken their medicine.

Staff told us they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for four people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

Medicines were stored safely and in line with requirements. We found cupboards and refrigerators used to store medicines were locked. The temperature of storage areas were monitored daily and were within acceptable limits. Medicines audits had been completed and when issues were identified we saw actions had been taken to address them. One member of staff told us of a medication error they made which they reported to the nurse registered manager. They were unable to administer medication until they had their competency reassessed.

Some people administered their own medication. One person told us how they were assessed to self-medicate and were clearly proud that they were able to do this. Both registered managers told us they encouraged people to take responsibility for their own medicines. We found that people's ability to administer their own medicines had been risk assessed and recorded within a document called "My Medication Passport."

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Good

Is the service effective?

Our findings

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. A variety of training had taken place. This included but was not limited to, autism awareness, safeguarding adults, fire safety, eating and drinking and mental health. One member of staff said, "I loved it [induction]." Another said, "Very thorough." We saw staff training was not up to date, however further and refresher training had been planned for the coming year. We saw that volunteers also received an induction and were supported by a volunteer's coordinator.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. A newer member of staff said they felt very well supported by other staff and their manager. One member of staff said, "I do feel well supported." Another member of staff said, "I receive positive feedback." We saw a team leader observing the care provided by a member of staff. Once the care had been provided positive/supportive/ constructive feedback was given to the member of staff. The member of staff thanked the team leader for the feedback and support.

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 so that they can 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. The registered managers and staff had an understanding of the MCA and DoLS and one DoLS application had been authorised. People's care records showed that mental capacity assessments were not always in place for decisions such as personal hygiene. The registered manager was aware of this and a MCA Implementation Plan was in place. This included creating 'MCA Champions' and training for all staff so it was everyone's responsibility to complete MCA assessments. A member of staff showed us a MCA assessment they had completed as a result of the training they had recently received.

People told us they were offered choices in every aspect of their day to day decision making. These included such as what time to get up, what to wear, choices at mealtimes and about what activities they wished to do. One person said, "I choose what I'll be doing throughout the day." Another person said, "I can do whatever I want and go out whenever I want." A social care professional confirmed this. We heard how members of staff gave people options of what activities they would like to do or which room they would like to go to. Staff sought people's consent for all day to day support and decision making, using a variety of

ways appropriate to their individual communication needs. We saw people were able to personalise their rooms with their own furniture and personal items so that they were surrounded by things that were familiar to them.

People told us, and we observed, that staff asked for consent before providing care. We observed staff asking people's consent before personal care and medication was given.

People told us they had enough to eat and drink. One person told us they were encouraged to drink more when needed. They said, "I'm encouraged to drink as I don't drink a lot."

We observed the lunch time meal in the main dining area. The meal time was both relaxed and sociable with people chatting to each other. The dining room was large with a separate quiet area for people to use. A menu was available which showed a variety of hot, cold meals and a vegetarian meal option. Food was on display so people could see what was available. Staff supported people with choosing meals and drinks if needed. Some people communicated using assistive technology and Makaton [a form of pictorial images and hand signs] which enabled them to make effective choices about their meals. Hot and cold drinks were available. People were able to choose where they wanted to sit. Those who required support to carry their meals and drinks to a table were assisted without fuss and in a respectful manner. Staff provided one to one prompting and encouragement to people who needed additional support. They were patient and allowed each person as much time as they needed to eat their meal. We saw that people enjoyed their meals and ate well.

There was a four weekly menu in place with a variety of food available. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.

People who liked cooking were supported with meal preparation in a dedicated kitchen area with height adjustable counters, so they could work at a height suitable for them. One person said, "We prepare our own meals and choose what we want." Another person said, "We decide on the day what meal we want." Another person told us they order take away meals when they want to.

People and their relatives told us people had their health care needs met by a variety of professionals such as a GP, social worker, occupational therapist, speech and language therapist, counsellor and a physiotherapist. One person said, "I went to the dentist the other day." Another person told us they had regular appointments with an asthma nurse. One person told us they still accessed their own community GP which was important to them.

One person agreed for us to observe their physiotherapy session. They said, "I love physio, I love it here [physiotherapy department]". We saw that the person requested a review of the care provided by the physiotherapist. As a result, alterations in how the person received physiotherapy was changed. This resulted in their pain being managed better and reduced. This meant that people's choices about how they wanted to receive professional support were respected.

Records showed that each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. Internal nurses said staff were proactive and sought their advice appropriately about people's health needs and followed that advice.

Each person had a 'hospital passport'. This document provided hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This

demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Areas of the service were accessible for people with physical disabilities, including wheelchair access to a garden. The corridors were wide so people could move around on specialist chairs, and mobility equipment.

Good

Is the service caring?

Our findings

All the people and their relatives told us staff were kind and caring. People said comments such as, "Care is brilliant", "They [staff] are definitely caring" and, "The care is very good." A relative said, "Oh yes, definitely caring." A social care professional told us, "Staff are very caring and have the 'residents' at heart."

During our visit we read several compliments given to the service. One social care professional wrote, "Staff have been great in working with people to access their needs and increase people's independence to get them ready to move on." A relative wrote, "Very grateful for your [Portland College] help and for the care [family member] received." Another relative said, "I am very happy how [family member] is developing their independence skills and confidence since accessing Portland College services."

Staff spoke to people kindly and were patient and understanding and we saw that people responded positively to the members of staff. We saw a staff member offer comfort and reassurance to a person who was clearly upset. Another staff member moved a person's hair away from their mouth so that they could speak more clearly. People were seen to be at ease with staff and they spoke openly and warmly to each other. One member of staff said, "I love my job." Another member of staff said, "I really do enjoy my job."

People told us staff listened to them. One person said, "If I need someone to talk to they [staff] are there." We also observed staff used effective communication and listening skills when talking with people. Staff engaged positively with people, including them in discussions and decisions. People were relaxed with staff and there was an exchange of friendly communication that told us meaningful relationships had been developed. Posters on how to support people's communication and how staff could communicate with people was visible throughout the service.

We observed there was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection. We watched how a person got the giggles because of the playful way a staff member was interacting with them. People and staff were laughing and joking with each other throughout the inspection. One person said, "You can have a laugh with the staff."

Information was available for people in different formats, for example in a picture format, about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff were aware of people's support needs and their personal preferences. When we asked three staff members to tell us about a person, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. One person said, "Staff know everything about me." People had a key worker and they told us they met with the key worker regularly to discuss issues that were important to them. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating this with the rest of the staff team.

Each person had a support plan which had been developed with the person, a relative or others who knew them well. People's care records identified family and friends important to the person's emotional and psychological well-being. Relative's views and opinions were sought in developing the person's support plan and they participated in people's reviews. One person told us their support plan was reviewed monthly with their keyworker. One relative told us that they felt their family member was involved as fully as possible in decisions about their support and that they too felt involved.

The head of care registered manager said that the main goal of the service was for staff to provide people with the tools and support to lead as independent and happy a life as possible. Support plans reflected this and contained life skill activities to support to maintain and develop people's independence. People told us this was important for them to enable them to develop their skills and independence for future independent living. One person said, "We are encouraged to cook our own meals, do our washing and vacuum the flat." Another person said, "We are here to be as independent as possible." A third person said, "I have my own key to my door." One relative told us how the service had improved their family member's confidence by supporting them to use public transport independently. Staff went with the person several times and showed them what to do and what they needed to do if they felt unsafe.

Staff said that they were aware that their role was to support people to be independent as fully as possible and for individual people this meant different things. Examples were given how people were encouraged to maintain their bedrooms and assist with cleaning tasks. We found people's support plans directed staff in promoting people's independence as fully as possible. We saw a communication aid that was developed by a person and professionals supporting them to promote their independence. The communication aid was used to express how they felt and what they wanted to do.

During our inspection one person proudly showed us their room which they had painted. We observed people being independent throughout the inspection. We saw one person being supported to do their own laundry. We saw several people were using ipad's to communicate with people who were important to them and staff. People also used ipad's to watch films and play games.

People told us staff respected their privacy and dignity. One person said, "Staff make sure I am covered up after a shower." Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains and doors were closed. One member of staff said, "This is their [people] home." Another member of staff told us they wiped excessive moisture from people's mouths to make sure people's dignity was maintained .

We observed staff knock on people's door before entering and asked people if we could also enter their rooms. The service had a number of areas where people could have privacy if they wanted it. This meant that people's privacy, dignity and preferences were respected throughout the day.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in support plans showed people and their needs were referred to in a dignified and respectful manner.

The head of care registered manager told us there were no restrictions on people being able to see their family or friends. One relative told us they visited the service whenever they wanted.

Good

Is the service responsive?

Our findings

People were at the centre of the service and staff worked flexibly and organised their day around the needs and wishes of people. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of their level of disability or the support they needed. Staff spoke with pride about the people they cared for and celebrated their achievements. One member of staff described one person as an, "Inspiration."

People's care records were written in a person-centred way and developed with the person and their relatives. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. Information which showed their likes, dislikes, wishes, feelings and personal preferences had been considered when support was planned with them. People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person.

People's care records showed that detailed pre-assessments were completed before people moved to the service. The head of care registered manager told us that this was important to ensure the service could meet people's needs. Staff told us that they had sufficient information about people to enable them to provide a personalised and responsive service. One staff member said, "People come before their placement and are assessed by the multi-disciplinary team." A social care professional confirmed this.

Regular reviews of people's support plans and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs. A social care professional told us they attended multidisciplinary meetings with other professionals to make sure people' needs were met. We saw records that showed multidisciplinary meetings also made sure plans were in place to support people to live independently in the community. A social care professional told us they had one to one reviews with people so that people had the opportunity to discuss what was important to them when they moved from Portland College.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, archery, boccia, football, tai chi and drama. One person had a season ticket for a football team and attended home and away matches independently. Another person was a qualified sports coach and had trials for the England team in their particular sport. A third person told us they enjoyed spending time with their, "Many friends here [Portland College]." One person had great pleasure in showing us how they used their ipad to watch their favourite TV shows and films. Another person told us they had an adult colouring book which they found, "Very therapeutic."

People told us they attended a variety of courses such as drama, numeracy, and English language. One person was completing a hospitality and catering course and had acquired a volunteering placement. Another person had obtained an NVQ in Sports.

Relatives appreciated that people were stimulated, enjoyed a range of activities and went out regularly. A

relative told us their family member enjoyed shopping trips and used the internet on a regular basis. Another relative told us their family member had completed the Duke of Edinburgh Awards Scheme and was going to be a volunteer on the scheme in the future. A third relative told us their relation attended the disco on Fridays at the service.

People and their relatives confirmed they knew how to make a complaint. The complaints policy was accessible for everyone and provided guidance for people in a picture format. We looked at the complaints records which showed that complaints had been dealt with in a timely manner. One person told us their concerns had been dealt with to their satisfaction. A relative said, "My concerns are addressed immediately"

We observed a person making a complaint and the member of staff said they would record it immediately. We looked at the complaints records the following day and the complaint process had been adhered to.

Staff were clear about how they would manage concerns or complaints. A social care professional told us people had not raised any concerns during their visits.

Good

Is the service well-led?

Our findings

Relatives told us that their family members received an effective service that was based on their needs. One relative told us they could contact the service whenever they wanted urgent respite and the service was always able to accommodate their family member. Relatives said that communication with the staff and both registered managers was good and that they felt involved in their family member's lives as much as they wanted to be. Each person had a communication book which was used to keep relatives and the service up to date with each other. One relative told us their family member had a specific diary for physiotherapy. They used this to have regular contact with the physiotherapists and if there was something they urgently needed to know the physiotherapist always called them.

The management team enabled and encouraged open communication with people who use the service, friends, family and staff. A member of staff said, "From the top to the bottom everybody talks with each other." Not all people we spoke with were aware of the 'student forum' meetings, however, people felt the service listened to them in a variety of ways. Relatives told us they attended the parent committee meetings. During one meeting they requested for the hydrotherapy pool to open at weekends for their family members. The head of care registered manager listened and the pool was soon to be open at weekends. People told us they also requested this and were pleased with the outcome. This meant the management team listened to people who use the service and implemented suggestions.

Staff we spoke with, and the records we saw, confirmed regular staff meetings had taken place where important issues could be discussed such as safeguarding adults and medication. Staff told us they felt they were able to raise concerns and would be listened to by the management team. One member of staff said, "If I had any concerns I feel I could go to any manager." Another member of staff said, "[Head of care registered managers] door is always open."

Another member of staff told us of a medication error they made which they reported to the nurse registered manager. They were unable to administer medication until they had their competency reassessed.

The provider's values and philosophy of care were displayed throughout the service and staff acted in line with those values. One member of staff said, "[We] support people to develop independence." Another member of staff said the philosophy of the service was, "To give people quality care so they can achieve their plans." A third member of staff said, "To promote a caring and person centred experience."

People were able to access their local community and to meet friends and family at external events. People told us they went shopping and had meals out. Relatives told us their family member also accessed local amenities such as the cinema. The service had a wheelchair accessible minibus to take people out on trips and people also used local buses. Some people had their own cars and would take friends to the local community. This enabled the person to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff.

Staff told us they felt the leadership of the service was good and made positive comments about the

management team. One member of staff said, "[Head of Care registered manager] is a fantastic manager." Another member of staff said, "[Head of Care registered manager] is a very good leader, has good values and generally cares about people." A third member of staff said, "[Nurse registered manager] is approachable and I feel comfortable raising concerns with her."

People who used the service, relatives and a social care professional we spoke with felt the management team were approachable. One person said, "I can talk with anyone [management team]." A relative said, "They [management team] work with us."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach the management team to talk and ask questions. The team leaders were observed to lead the shifts and were well organised and calm in their approach. There were good communication systems in place; this included daily verbal and written staff handover meetings and regular staff meetings. Staff also had handovers when they returned from a period of leave as a result of their shift pattern. Members of staff told us they found these especially useful as it kept them updated on what had happened while they were off work.

The head of care registered manager told us that they felt well supported in their role. They had regular meetings with their manager and had the skills to provide effective leadership within the home.

The registered managers were aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The management team also knew the process for submitting statutory notifications to the CQC.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including medication, care records, meals times, maintenance and staff training. Actions took place in response to any identified issues.