Eleanor Nursing and Social Care Limited

Rose House

Inspection report

25 Railway Street
Gillingham
Kent
ME7 1XH
Tel: 01634 580797
Website: www.eleanorcare.co.uk

Date of inspection visit: 25 August 2015
Date of publication: 15/10/2015

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

The inspection was carried out on 25 August 2015 and was unannounced.

The service provides care and support for up to 18 people with a mild to moderate learning disability. At the time of our inspection there were 12 people using the service. The accommodation was situated over three floors. A lift between floors was available for people to use if they needed to.

There was a registered manager employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice.

Summary of findings

The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People were kept safe by staff who understood their responsibilities to protect people living with learning disabilities. Each person had a key worker who assisted them to learn about safety issues such as how to evacuate the building in an emergency and to speak to if they felt unsafe. The registered manager had plans in place to ensure that people who may not understand what to do would be individually supported by a member of staff if there was an emergency. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of caring for people with learning disabilities effectively. Staff assessed people as individuals so that they understood how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed within the service, both to individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified. The provider's policies and management plans were implemented by staff to protect people from harm.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely. Where people could retain the information, they had been supported to understand what their medicines were for and when they needed to take them. This was reinforced by staff who administered medicines.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage the daily health challenges they faced from conditions such as epilepsy and diabetes. People had been supported to understand their health conditions and had been given information to help them manage their own health and wellbeing.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service and in the wider community.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. We observed people being consulted about their care and staff being flexible to request made by people to change routines and activities at short notice.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. People could involve relatives or others who were important to them when they chose the care they wanted. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. Staff were trained about the safe management of people with behaviours that may harm themselves or others.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities. New staff and existing staff were given extensive induction and on-going training which included information specific to learning disability services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their

Summary of findings

skills. Staffing levels were kept under constant review as people's needs changed. The registered manager ensured that they employed enough staff to meet people's assessed needs.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. Pictures of healthy food were displayed for people and dietary support had been provided through healthy eating plans put in place by dieticians.

The registered manager produced information about how to complain in formats to help those with poor communication skills to understand how to complain. This included people being asked frequently if they were unhappy about anything in the service. If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The registered manager and the deputy manager have been in post for several years. They had demonstrated a desire to deliver a good quality service to people with a learning disability by constantly listening to people and improving how the service was delivered. People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. The provider and registered manager developed business plans to improve the service.

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.

Good

People experienced a service that made them feel safe. They were encouraged to learn about their own safety and talk to staff about safety issues. Staff knew what they should do to identify and raise safeguarding concerns.

The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff with a background in learning disabilities to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Is the service effective?
The service was effective.

Good

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing. This included assisting people to learn how to monitor their own health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role. Training about learning disabilities was on-going.

New staff received an induction and training which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood and followed by staff.

Is the service caring?
The service was caring.

Good

Staff used a range of communication methods to help people engage with their care. People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Regular individual and group meetings were held to enable people to express their views about the service.

People were treated with dignity and respect. Staff were welcoming and patient with people. Staff understood how to maintain people's privacy and records about people was kept confidential.

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care assessments included information about people's learning disabilities. Staff provided care to people as individuals. People were provided with care when they needed it based on a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Is the service well-led?

Good

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves in a service for people with learning disabilities.

The provider and registered manager promoted person centred values within the service. Managers in the service were experienced and knowledgeable about learning disabilities. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. Managers made themselves available to assist with delivering care and carried out checks on staff to monitor the quality of their performance.

Rose House

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 25 August 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience and their supporter. The expert-by-experience had used learning disability services themselves and had first-hand knowledge of how a learning disability service should be run.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 spoke with eight people about their experience of the service. We spoke with six staff including the deputy manager, and five support workers. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 12 September 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People could go to staff who would listen to them if they were unhappy about something. One person said, "If people get moody it affects me, I get upset." They told us they speak to staff when this happens. Others told us they went to their named key worker if they were worried about anything.

Staff understood people's individual communication styles, like body language or behavioural changes which may indicate people were unhappy or distressed.

People could learn how to stay safe and what to do if there were emergencies in the service. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. People told us they practiced evacuating the service, for example when the fire alarm sounded. They knew where to go after they had left the building. Emergency drills and tests were recorded. People who faced additional risks if they needed to evacuate but would not understand what to do, had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time.

There was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in the lounge. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams and raising concerns using the provider's whistle-blowers' policy. A member of staff talked us through the correct actions they would take if they suspected or witnessed abuse happening. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified the CQC of these. This demonstrated that the staff and registered manager understood the arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who used the service. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. For some people, these also identified triggers for behaviours that had a negative impact on themselves or others or put others at risk. The steps and early interventions staff should take to defuse these situations and keep people safe was fully recorded. Staff understood their roles in assisting people to understand and manage their behaviours. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviours at shift handovers. We saw daily records which detailed the information shared between staff about risks within the service. Incidents and accidents were recorded and checked by the manager. Steps were taken to reduce incidents and accidents from happening again. We saw that people's health and safety had been discussed at team meetings to inform and reinforce staff knowledge of the steps that were to be taken to minimise the risk after incidents.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Good

Is the service safe?

We looked at the recruitment files for two staff that had recently started working at the service. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. Staff we spoke with confirmed they had been through full application, interview and selection process. Recruitment questions related to supporting people with learning disabilities which ensured that staff applying for roles had the right attitude and experience in the field and this could be tested.

There was enough skilled and experienced staff to meet people's needs. The registered manager had to ensure that the staff had the correct skills, training and experience. We looked at the rotas and saw that staff were deployed in line with people's choices around activities. Staffing levels were increased when people needed additional staff assistance or monitoring to keep them and others safe.

There were safe processes in place for the management and administration of people's medicines. Access to medicines was restricted to trained staff, but people told us they had been given information about what medicines were for and when they should be taken. There was a current medicines policy available for staff to refer to should the need arise. We reviewed the records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The registered manager ensured that regular audits of medicines happened and that all medicines were accounted for. Staff were encouraged to report errors in a supportive way. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time.

Good

Is the service effective?

Our findings

We observed that staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well.

People were supported with their agreed and recorded daily routines by staff. People's health needs were monitored by staff and people had been given information about their conditions, which they were able to talk to us about. For example, two people with diabetes spoke to us about the dangers of their condition and they were aware of the risk they faced from foods and drinks with high sugar content. They wanted to avoid becoming unwell and took this into account when choosing what to eat and drink.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People told us about going to the GP and getting help from other health and social care professionals like dieticians. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Referrals had also been made to -other healthcare professionals, such as occupational therapists and the local learning disability team.

All of the people we spoke to about the food were happy with the choices they got. One person said, "I like all the meals." People told us they could prepare food and drink when they needed it and that they could access snacks. The kitchen was small and did not allow too many people to access that area safely at one time. However, this was not an issue for people who told us they were happy with the way things were. We looked at the weekly meetings people attended to choose menus. This worked well for people.

People were involved in the preparation of meals. They could choose the menu for the week. People had been asked for their likes and dislikes in respect of food and drink and the menus had been planned taking their preferences into account. A range of diet choices were catered for. Members of staff were aware of people's dietary needs and food intolerances. Information about food was displayed using pictures in the dining area and documented in the care plans. Staff recorded what people ate and drank in the daily records.

Staff told us that there was a training programme in place and that they had the training they required for their roles. The deputy manager told us this was provided in a number of ways, including by e-learning, distance learning courses and face to face training and this was supported by records we checked. Additional training was provided in relation to person centred care planning for people with learning disabilities and managing people's behaviours if they may harm themselves or others.

Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. One member of staff told us, "I have recently had supervision and I found it useful." Records showed that supervision meetings with staff were held with senior members of staff. Staff also had meetings during their probationary period to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard.

Records showed that staff had an annual appraisal. Staff told us they could request training to develop their skills and careers. For example, one member of staff in a supervisory role had applied to undertake a level five diploma in adult social care and was being supported by the registered manager to prepare for this.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. We saw evidence that these were followed in the planning of care. Capacity assessments had been completed and best interest decisions had been made on behalf of people in relation to consenting to care, the administration of medicines and managing health appointments. Best interest decisions about people's care followed meetings with individual people, their relatives and other health and social care professionals. Outcomes of best interest discussions were documented within people's care plans. The registered manager had appropriately made applications to the local authority for Deprivation of Liberty Safeguards (DoLS). This protected people' rights and freedoms.

Good

Is the service effective?

To assist people in making choices about consent, there were pictorial consent to care plans. Care plans showed that people's ability to make informed consent could change; they could withdraw their consent at any time. Staff respected and empowered people to make decisions before care and support was delivered. We saw records of relatives taking part in the planning of care and decision making. Staff told us of ways in which they gained consent from people, demonstrating how they communicated with people who could not verbalise their wishes. Staff explained that if needed, they used non-verbal methods of communication using gestures, signs and showing people items to enable them to give consent and make choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

Good

Is the service caring?

Our findings

People were positive about staff and living at Rose House. They said, “I like it here.” And, “I am happy here.” People told us they got on with staff and other people living at the service. One person said, “I am happy that the staff tell me what’s going on in the house.”

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the ‘Person centred care plans’, which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

We observed good communication between staff and people living at Rose House, and found staff to be friendly and caring. People who needed advocacy support to express their views could access this. Some people were protected through independent advocacy services for financial matters or important health decisions. Best interest meetings about important decisions were recorded. People with changing capacity to make day to day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

Staff members were able to describe ways in which people’s dignity was preserved, such as making sure people closed toilet doors and by ensuring that doors were closed when providing personal care in bathrooms. Staff explained that all information held about the people who lived at the service was confidential and would not be discussed outside of the home to protect people’s privacy.

People were encouraged to be as independent as possible. People gave us lots of examples of things they liked to do themselves. Records showed that people were supported to maintain family relationships. People often went out with their relatives and in some cases people’s relatives took them to health appointments and on holiday. A staff member told us, “People are real characters, they go out a lot and they do what they want too.” We observed people making their own lunches, cooking bread and butter pudding and making hot drinks for themselves and staff.

People and their relatives were asked for feedback about the service. Decisions about household routines were taken collectively by people at their weekly house meetings. There were a number of information leaflets on the notice boards around the home which included information about the service, safeguarding, the complaints policy and activities. These had also been provided in accessible format using symbols so that everyone could understand the information provided.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. One person said, "All staff listen to me." People told us that if they needed to talk to staff or with the registered manager they were listened to. People described to us how the registered manager had responded to changes in their needs.

Staff were responsive and flexible to people's choices and needs. One person showed us how people in the service choose the activities they wanted to do. There was a pictorial notice board showing activities that people could put their names against. This included involvement in household tasks. People could change their minds and told us they did not have to do their chosen activity.

Other people had a routine for one to one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. Staff were allocated to people's activities based on their skills and experience. Training had been provided for staff as activity champions. People could change their routine, for example during our inspection staff made time to enable a person to go into town to buy some food for their pet budgie. Staff had received training so that they could support a person with sight impairment. This meant staff could understand and meet this person's individual needs.

People had booked a holiday and one person was counting down the days until they went away. Others were involved in developing life skills such as cooking, cake making, washing clothes and keeping their home clean and tidy. One person particularly enjoyed the knitting sessions they participated in. We observed a small group of people knitting with a member of staff assisting them.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people, their care manager from the learning disability team or their relatives. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place.

Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated.

Behavioural support care plans detailed early interventions based on people's individual needs. This enabled staff to intervene early if they saw people becoming upset or agitated. Staff understood the recorded behavioural triggers for each person. If people's needs could no longer be met at the service, the registered manager worked with the local care management team to enable people to move to more appropriate services. This had happened when people's behaviours had become distressing to others living in the service.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

Good

Is the service responsive?

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. This showed that staff were responsive to maintain people's health and wellbeing.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. People had one to one meetings with staff on a monthly basis and each week they had a meeting as a group. At these meetings people were encouraged to talk about any concerns or complaints they had about the service. Staff understood that people with learning disabilities may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.

There were examples of how the registered manager and staff responded to people's request. All people spoken with said they were happy to raise any concerns. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

The registered manager had been in post for two and a half years. (A registered manager is a person who has registered with the CQC to manager the service.) They had experience of working and managing service's for people living with learning disabilities and they had demonstrated to us they had the skills to run the service well.

The registered manager had carried out audits of the service on a monthly basis. Audits enabled them to identify areas of the service that needed improvement which they recorded and took the actions required. Over time there had been continuous improvement in the quality of the service which included the development of person centred care plans, increased staff training and service specific feedback surveys. Also, we noted that the provider had invested in an external front door quick release lock which was connected to the fire system, unlocking if the fire alarm sounded. This provided added safety and security. With the continued improvement we found, people's experiences and safety had improved.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, providing people living with learning disabilities with care and support through a skilled and knowledgeable staff team. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care and meeting their learning disabilities needs. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

The registered manager and their staff team were well known by people and their relatives. Staff were committed and passionate about delivering high quality, person centred care to people living with learning disabilities. We observed them being greeted with smiles and staff knew the names of people or their relatives when they spoke to them.

Staff told us they enjoyed their jobs. The provider asked staff their views about the service. Staff felt they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. One member of staff said, "I don't need to hold back anything. I feel comfortable to talk." The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff had signed to say they understood the policies. Staff understanding of the policy's they should follow was checked by the registered manager at supervisions and during team meetings.

Senior staff carried out daily health and safety check walk rounds in the service and these were recorded. This showed that audits were effective and covered every aspect of the service.

Managers from outside of the service came in to review the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

Maintenance repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. This ensured that people were protected from environmental risks and faulty equipment. The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. Discussions had taken place about making the kitchen larger and converting one of the lounges into a dining area. This would enable people to access the kitchen more easily.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their

Good

Is the service well-led?

legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels with the organisation so that they were dealt with to people's satisfaction.