Lilian Faithfull Homes

Dowty House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 9, 10 and 11 February 2016. Dowty House provides accommodation and care for up to 32 people. It predominantly cares for older people who have physical needs although some people live with dementia. It had a waiting list for admissions at the time of the inspection.

The provider had recently completed extensive refurbishment and in places had reconfigured spaces within the home to improve facilities for people. For example, this had provided some bedrooms with adjoining private shower / toilet facilities and other bedrooms with designated and private shower / toilet facilities along the same corridor. The main lounge had been fully refurbished and a smaller quiet lounge formed from an existing office. The main garden had been improved and an unused space off the main lounge turned into a sheltered courtyard style seating area. The registered manager explained the home was having a rest from refurbishment but a second phase was planned. This would see the refurbishment of further bedrooms, bathrooms and the dining room.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, felt safe and felt cared for. People's risks were identified and managed well and their care needs were met exceptionally well. People were cared for by staff that knew them really well and who had been very well trained to support people. Where at all possible people were involved in the planning of their care. If this was not possible people's representatives were encouraged to be involved. People's care plans were extensive and highly personalised which helped staff deliver the support people wanted and needed. There were enough staff on duty to be able to do this. For some people, this had resulted in real improvements to their health and abilities which in turn had meant people had become more independent. People had very good access to health care professionals when they needed this and their medicines were managed well.

Those who mattered to people such as family members and friends were welcomed and also supported as needed. Family involvement was encouraged and staff communicated well with people's representatives, keeping them informed of any changes in their relative's health or care. People were encouraged and supported to be part of the local community.

Staff were constantly looking for ideas on how to improve people's quality of their life. People's likes, dislikes, preferences and aspirations were explored with them. Staff worked hard to make sure, that where it were possible, people had opportunities to lead as full a life as possible. They made sure daily activities were tailored to meet people's preferences and abilities. Staff made sure people had opportunities to enjoy themselves. People's suggestions and ideas were sought and valued when it came to planning these

opportunities.

Staff were extremely well supported and valued by the provider who invested well in their training and welfare. There was a strong sense of "family" and team work. Staff were proud of the work they did and were fully committed to ensuring people were at the centre of everything that took place at Dowty House.

There were effective quality monitoring arrangements in place which ensured a continued high standard of care and service. People's feedback, including that of their visitors, of health care professionals and the staff was sought and their comments used to plan future improvement. People were able to raise their dissatisfaction or make a complaint and know this would be listened to. Issues raised were investigated and resolved where possible and reflected on to ensure they were not repeated.

The registered manager was a strong and experienced leader who had a clear vision about the direction of the service. She was highly committed to improving people's lives and ensuring people had the best care they could receive. She therefore expected high standards from the staff who were as committed to these values as the registered manager was. The registered manager and her senior staff were very much part of the overall care team in Dowty House. They were very involved in people's care, visible and approachable. Staff in Dowty House saw themselves as part of one large extended family which included the people who lived there and the provider.

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 were safeguarded from the risk of abuse because staff knew how to recognise this and how to report relevant issues. People who used the service also felt able to report any concerns or worries they may have to the staff.

People were protected against risks to their health and welfare. Some people understood what these were and worked with staff to reduce these. Others were protected from risks by highly knowledgeable staff who knew how to keep people safe.

People's medicines were managed safely and staff competency in this task was reviewed regularly.

There were enough staff to meet people's needs and to support them when they wanted help. Robust recruitment practices were in place.

Is the service effective?

Good

The service was exceptionally effective in meeting people's needs and making a difference to people's lives. People received care and treatment from highly skilled staff. There was a highly effective support system in place for staff which helped them develop further.

People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received very good support with their eating and drinking and were provided with a diet that helped maintain their well-being.

Staff ensured people's health care needs were always met.

Is the service caring?

Outstanding

The service was extremely caring. People were cared for by staff who were kind and who delivered care in a compassionate way.

People's likes and preferences were very well explored by the staff. These were included in the person's care plans and

because staff were committed to meeting these, this had resulted in very personalised care being provided.

People's rights were protected and respect for people and upholding their privacy and dignity was central to how people were supported.

Staff helped people maintain relationships with those they loved and supported those who found this difficult or distressing to do at times.

Is the service responsive?

Outstanding ☆

The service was able to be exceptionally responsive. Efforts had been made to really personalise people's care. Care plans were very detailed and maintained very well. Where at all possible people were fully involved in planning their care. For some, being able to be this involved had really had a positive outcome for them.

People had many opportunities to socialise and partake in activities. Staff was particularly good at providing people with everyday opportunities which resulted in a good quality of life. In doing this staff often went out of their way to ensure people's needs, preferences, feelings and emotions were considered.

There were arrangements in place for people to raise their dissatisfaction and complaints. These were taken seriously and addressed where possible. The management team actively used any area of dissatisfaction or complaint as a means of identifying where further improvements could be made.

Is the service well-led?

Good ●

The service was well-led. People were protected by effective monitoring systems which ensured they received safe care and a high quality service.

Strong communication between management staff and care staff resulted in effective team work which had good outcomes for people.

The management team were open to people's suggestions and comments in order to improve the service going forward.

Dowty 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 over three days on 9, 10 and 11 February 2016 and was unannounced. The last inspection of Dowty House by the Care Quality Commission was completed on 17 April 2014. At that time we found the service to be fully compliant in the areas inspected.

This inspection was carried out by one inspector and prior to visiting Dowty House we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC) and the Provider Information Record (PIR). A notification is information about important events which the service is required to send to us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make. We spoke with local commissioners and reviewed their most recent report about the service.

During the inspection we spoke with four people who use the service, two visitors / relatives, 14 members of staff, the registered manager and a representative of the provider. We sought the views of one health care professional. Not every person living at Dowty House was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We observed staff interactions with people, their relatives and each other throughout the inspection.

We also carried out a tour of the premises, observed medicine administration and observed two staff hand over meetings. We reviewed six care records, three staff recruitment files, training certificates and other records relating to the management of the home. These included audits, the service's main staff training record, reports on the service's progress to the board of trustees, the registered manager's weekly reports to the provider, a satisfaction survey feedback report and minutes of staff meetings.

Good

Is the service safe?

Our findings

People's safety was of primary concern to the staff at Dowty House. The registered manager said, "I want them to be safe and feel secure". People told us they felt safe at Dowty House. One person said, "I have always felt safe here" and another said, "No doubt about it if I had a problem (name of registered manager) would sort things out straight away". Relatives told us they visited often and usually "dropped in" at different times and "without notice". One relative said, "I can go home knowing (name) is safe" and another said "They care, smile and never bully people". One health care professional said, "I have no doubt that people are safe".

People were protected from the risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. They knew what they had to do if they suspected abuse or an allegation of abuse was reported to them. Staff were aware of the whistleblowing process and told us they would not tolerate poor practice and would report it. Incidents which had involved the safeguarding of people had been reported to us and shared with other agencies quickly and appropriately. Actions had been put into place to protect people when necessary.

Risks to people's health and welfare were identified and managed well. Risks relating to nutrition, falls, moving and handling and pressure ulcer development were all identified and assessed. Risk assessments and relevant care plans gave staff guidance on how to manage these safely and effectively. For example late one afternoon the skin on a person's heels was observed to be more pink in colour than usual. This indicated there was a potential risk of a pressure ulcer developing. This observation was handed over to the night staff for them to monitor the skin and encourage the person to avoid pressure on their heels overnight. The person already had pressure relief equipment in place but the next morning a request was made to the community nurse to review the situation. In this case, with less pressure, the skin looked healthy again however staff were aware they would need to monitor this closely. Staff had also noticed the skin on another person was at risk of breakdown. The same process as above had taken place but this time because the person was less mobile the community nurse organised an upgrade in the person's pressure relief equipment. This would provide additional relief and reduce the risk of pressure ulcers developing. Another person's recent fall was handed over to staff who had been off duty since this happened. This was to ensure these staff were aware of the fall and the additional support and monitoring now in place to prevent a further fall.

People were involved in decisions about how their risks would be managed. Potential risks to one person had been discussed with them. Their wish for privacy versus potential health risks had been discussed with them and they had an opportunity to weigh these up. The person and the staff managed these in a way in which they both felt was workable. Another person's risks had also been discussed with them and these were managed in the least restrictive way possible. The person told us they were more than happy with the arrangements in place.

Each accident and incident was reported to a senior member of staff when it happened. They initially checked to see if all appropriate and necessary actions had been taken. They then looked at how to prevent

a reoccurrence and put actions in place to help with this. Some of these actions had included the provision of a pendent call bell which enabled the person to summon help wherever they were. One person told us how they had been "really unsteady" on their feet and how staff had provided them with a pendent alarm. They said, "It's been like a life line although I don't use it so much now". They told us the staff "always checked" to see if they were wearing this and kept reminding them to use it. We also saw the use of electronic equipment such as alarmed pressure mats for people who forgot to call for help but were at risk of falling. These alerted staff to movement which meant they could arrive quickly and provide the support needed in order to prevent a fall. We observed staff being very vigilant about simple things such as people's footwear, how they were about to stand from a chair and how they used their walking aids. A member of staff told us that for these reasons the communal areas were never unsupervised if people who presented with any form of risk were present. They said, "(Name of registered manager) is really hot on this".

The service's training record showed staff had received training in first aid and that further update training in this was planned throughout 2016. People were therefore able to receive appropriate and safe care in a medical emergency until professional help arrived.

People's medicines were managed safely. People told us they received their medicines on time and when they needed them. Medicines were always available and new prescriptions were organised and started without delay. We observed people's medicines being administered. This was done safely and in an unrushed manner. The member of staff carrying out this task was not disturbed by other staff, so as to reduce the risk of errors being made. Medicines were administered to individual people and their medicine administration records (MARs) completed correctly. People's allergies were recorded. Specific guidance was in place for the safe administration of medicines prescribed to be given 'when required'. All records relating to the management of medicines were well maintained and the system was organised. Medicines not used were disposed of safely. Staff responsible for administering medicines had received relevant training. Their competency in this task had been assessed regularly. Appropriate policies were in place to guide staff in safe medicine management. When people were receiving end of life care medicines used to keep people comfortable and pain free at this time were organised.

People lived in a safe and clean environment. Infection control and the standard of cleanliness was checked by the registered manager and senior staff on a day to day basis. More formal auditing of processes which maintained good infection control and cleanliness was carried out by the provider. We observed staff wearing gloves and aprons when providing personal care and when serving food. Cleaning equipment was used in such a way which prevented infection spreading. Appropriate arrangements were in place to manage the laundry, including that which was soiled. The kitchen had a rating of five (the highest rating it could be awarded) from the Food Standards Agency for food safety and hygiene. Appropriate arrangements were in place for the disposal of waste.

External contractors carried out regular checks and servicing on equipment and main installations. This included electrical and gas installations, fire safety systems and related equipment, the main lighting and emergency lighting, all lifting equipment to include the passenger lift and hoists. Risks relating to legionella were assessed and managed. People's needs / abilities in the event of an emergency evacuation had been assessed and were understood by the staff.

An extensive refurbishment had taken place at Dowty House to improve the facilities for people both inside and outside of the building. For example, bedrooms on the middle floor had been completely refurbished and some reconfigured to include a private toilet / wash / shower room. Where it had not been possible to provide this facility off the main bedroom, additional facilities had been added next door to bedrooms for individual use. The main garden had been improved with additional lighting, raised planting and fish pond

for people to enjoy safely. Another previously unused area had been transformed into a courtyard garden with tables and chairs so people could access the outside directly off the main lounge.

The home was well staffed and people's needs were responded to when they wanted them responded to or when it was necessary. One relative said. "I visit at different times and there always seems to be plenty of staff about. I can always find someone". One person who had been assessed as a high risk of falls said, "I ring my bell and staff come straight up, that's reassuring". Staff told us they felt there were enough staff on duty. They acknowledged there were times when they were busy but they never felt they had to rush. One member of staff said, "It's horrible being rushed, we don't rush people, you wouldn't want to be rushed would you". We observed people receiving support from the staff when they needed it. One person was distressed at times and a member of staff sat alongside them for some time to provide comfort and reassurance. Staff ensured that another person, whose health had declined one evening, was checked every 15 minutes. The registered manager explained that if the person had wanted someone to remain with them (they did not at this point) arrangements would be made to do this however busy the staff were.

The registered manager told us the staff were "brilliant" at coming in when needed to help out in exceptional circumstances or in covering a colleague if they were off sick or just swapping shifts when needed. The registered manager also told us the staff knew that if they needed help they could always ask them and they would stop their management work and help out. The registered manager told us they also often got involved in supporting people as they walked around the home during the day. We witnessed this during the inspection and one member of staff confirmed that the registered manager was always happy to help out when needed. They said, "We're a team, that's how it works". Team work also extended to the kitchen staff who served drinks to people mid-morning and afternoon and to the domestic staff who chatted to people and carried out little jobs for them. As well as good staff numbers, there was a good mix of staff knowledge and skills on duty.

People were kept safe from those who may be unsuitable. Staff recruitment was robust with appropriate checks carried out before a person worked at Dowty House. This included clearances from the Disclosure and Barring Service (DBS). A DBS request enables employers to have the criminal records of employees and potential employees checked, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers and in particular, when past jobs had been with another care provider. Employment histories were requested and the reasons for any gaps explored at interview. The registered manager said, "I'll admit the recruitment process is tough but we want to have the right staff".

When needed the registered manager took appropriate action to ensure people remained safe. They told us they would have no hesitation in initiating the provider's relevant procedures to address poor or unsafe practices.

Good

Is the service effective?

Our findings

People were supported by well trained and highly skilled staff. The registered manager told us it was important that staff gained confidence and were empowered by the training they received. They said, "I want to constantly up-skill the team" and "I want the staff to feel valued and supported". Prior to starting work at Dowty House new staff completed two weeks at the provider's training centre learning about their policies, procedures and the company's expectations as part of their induction training. One member of staff said, "This is quite intensive and they go into great detail, it is superb really". Staff were then supported to complete appropriate training modules and their competency was checked before their probationary period ended. This member of staff then said, "They don't let anyone work on their own you know until they are fully competent".

The service's training record showed staff had been provided with training which was relevant to their work. This included health and safety related subjects such as fire safety, infection control, safe moving and handling and safeguarding adults. Staff received training in care related topics including dementia care. Staff had also completed a course in 'holistic approach to care' as well as training in specific health needs. These had included those relating to Parkinson's disease diabetes and end of life care. A direct link to the positive impact training and subsequent staff knowledge can have on people's outcomes was witnessed during the inspection. One person had struggled to get a rhythm going in their legs when they initially stood and attempted to walk. This resulted in them faltering. A member of staff who had received training on the effects of Parkinson's disease and who had worked with and learnt from the home's visiting Physiotherapist became aware of this from a distance. They got the person's attention and provided a verbal rhythm which the person could hear and which they recognised. This enabled this person to get a rhythm to their stride and walk safely.

Staff had received training in relevant care legislation such as the Mental Capacity Act and Deprivation of Liberty Safeguards, equality and diversity including people's human rights. Staff were encouraged to consider further career development and were supported to complete nationally recognised qualifications in care. A representative of the provider told us the provider was extremely proactive in investing time and money in staff training. This was confirmed by one member of staff who said, "If you want to go further and develop your career with Lilian Faithfull (the provider) the support is there for you to do this". In return a high standard of practice was expected and the staff understood this and were committed to providing this. One member of staff said, "You treat them (people) as you would want to be treated". Whilst still talking about standards of care and training another member of staff said, "Well, this is our family; you would not expect less". The registered manager said, "I'm constantly referring to the mum test when I speak with staff and ask, is it good enough for your mum?".

The staff spoke highly of the training provided. One member of staff said, "The training is the best I've done". The registered manager said, "The care is very good here and that is down to good recruitment, good training and extremely good staff support". A relative said about staff skills and knowledge, "I personally would give them 10 out 10, I would even say 11 out of 10, they are brilliant". One person spoke to us about how their care was delivered and said, "They're professionals". A health care professional told us staff were

always very knowledgeable about the people they looked after.

One of the senior staffs' roles was to work alongside less experienced staff and deliver people's care with them so they could identify any necessary areas of further training or support. The registered manager told us they aimed to match new staff with mentors they would get on with. The process of shadowing continued until the member of staff was assessed as safe and competent to work alone. One person said, "The new staff have to shadow the old staff you know until they know what they are doing". One member of staff again commented that the registered manager was "really hot on this". The registered manager said, "I want that new staff member to feel totally supported. There's nothing worse than those first few days in a new job on your own". One member of staff agreed it was a "good system" and they said, "I didn't feel like an outsider". The registered manager explained they also wanted safe care delivered at a high standard. In order to achieve this and when talking about standards of practice they said, "So this has to be like Blackpool rock it has to run through the core of all we do in the home".

Managers had received training in applying the new care certificate. The care certificate lays down a framework of training and support which new care staff can receive. Its aim is for new care staff to be able to deliver safe and effective care to a recognised standard once completed. The care certificate was being used for all new care staff and the provider had plans in 2016 to link existing staffs' update training and competency checks to the modules in the care certificate. Existing staff, who had already completed training, would have their competencies checked against the newly recognised care modules.

As part of the provider's proactive approach to staff training, a member of the organisation's training and quality monitoring team visited the home regularly. They also worked alongside care staff assessing competencies and provided additional learning support where needed. These arrangements were also used if a member of staff needed to gain confidence in a particular area of care. Staff had access to a dementia link worker who visited the home on a regular basis. Dementia link workers have completed a specific course which helps them promote and achieve better outcomes for people who live with dementia. They network with health care professionals who specialise in this field of care. They are therefore able to bring new ideas and make suggestions about how better to manage the care of people who live with dementia. A direct result of this was seen for two people where the dementia link worker had been involved in helping to plan their care and support staff to deliver better care for these people. Staff told us this gave them more knowledge and confidence to meet the needs of those who lived with dementia.

We observed two examples of where staff delivered extremely effective and personalised care for people who lived with dementia and where the dementia link worker had been involved. In one example this related to the person's behaviour which could be perceived as challenging. They had been communicating in a social way with one member of staff and then appeared to lose concentration. They subsequently returned to the conversation with a verbal reaction which could be perceived as challenging. There appeared to be no obvious trigger for this. The member of staff remained calm, paused and then smiled and said, "Oh you were having a little dream there". The person smiled back and said, "I was" and kissed the member of staff on the cheek. The person then continued to chat in the relaxed way they had been doing up until their loss of concentration. This situation was effectively managed by a member of staff who had the knowledge and skill to do this. This had resulted in the situation not escalating and the person being understood and feeling reassured and calm again.

The second situation involved the use of simple distraction by use of an activity which helped the person's distress de-escalate. This had been suggested by the dementia link worker. We observed this person presenting in a worried and disorientated way which appeared to be increasing. A member of staff saw this and sat down near to where the person was standing. They said, "I'm sitting here for a while would you like

to sit with me?" The person initially did not appear to engage with this but, with a further invite, walked towards them and sat on the edge of the chair. The member of staff quietly and slowly introduced more conversation and then picked up a book of short stories and began to read it. As they did this they turned themselves more towards the person. The person was still not obviously engaged with the member of staff at first but as the member of staff continued to read, the person sat back and listened to the story. This member of staff remained with this person for over half an hour until they were more relaxed. This was a good example of a person's distress being well managed and alleviated. The member of staff recognised the increased anxiety, knew how to make the person feel included and understood how to distract the person and make them feel more reassured. These strategies had been incorporated into both these people's care planning.

Staff received regular one to one support sessions with senior staff. These sessions were opportunities to discuss their performance and training requirements. The registered manager told us they worked extremely hard to support staff, including with personal issues or difficulties at home. The registered manager said, "I want them to enjoy coming to work. I want staff to feel totally supported". Their philosophy was, "Happy staff, happy residents." Staff we spoke with said they felt really well supported. One member of staff in particular said, "I'm very happy here; I feel I leave home to come to another home".

We witnessed a high degree of professional and effective communication between the staff members, the people they looked after and their visitors. Staff received a comprehensive hand-over about people at the beginning of each shift. We sat in on one hand-over meeting and staff spoke about the people and situations in a knowledgeable and professional way. We also sat in on an unplanned team review meeting which the senior member of staff called. This was to re-group the staff on duty and make sure they were all aware of one person's decline in health. It was used to see if any staff required support with this situation and to ensure they were up to date with the altered care in place. In managing this, the organisational skills of this member of staff came to the fore. They directed staff in the care of this person, explained to staff how regular checks on this person were going to be organised and they answered staff questions confidently and in a reassuring and experienced way. The registered manager told us they had total confidence in their senior team's ability to do this and to ensure people's altering health needs were met.

The management of this person's care and the care of one other person, who was also very poorly during the inspection, required a broad degree of care knowledge and other skills. The whole team demonstrated that they could meet these needs effectively and each member of staff was aware of their responsibilities. These included, maintaining effective communication, maintaining accurate records and managing their time effectively. The senior member of staff demonstrated an exceptional good level of knowledge when it came to managing these people's care. They had needed to recognise deteriorating health and act and risk assess accordingly. In one person's case they had needed to consider the person's particular wishes, be aware of possible altering mental capacity and when, if needed, consider if best interest decisions may be necessary. This knowledge and skill enabled this person's decline in health to be managed effectively but also in a way which upheld the person's wishes and rights.

People's consent was requested and needed to be received before any care and treatment was provided. People's rights in respect of this were exceptionally well threaded throughout people's care plans. It was clearly central to how people's care was planned and delivered at Dowty House. For example, one person's care records referred to the person as having mental capacity to make their own decisions. However, it was also recorded that the person had a poor memory and required support with daily activities and some decision-making. Comments such as; "listen to what (name) has to say", "involve (name) in decisions about their care", "give (name) time to understand the information being given", "give (name) explanations they can understand" and "ensure (name) does not feel their liberty is restricted in anyway" were common place.

This person's daily records recorded the fact that the person had made decisions on their own or with support. This person confirmed this was the case in practice, that they were leading a relatively independent life, able to make their own decisions but where needed support was there. Another person told us that they were fully involved in any decisions made about their care. It was well recognised and understood by the staff that some people were mental frail however, with time and support many could still make day to day decisions and choices. People's care records showed that this was happening in practice and on a daily basis.

People who lacked mental capacity were protected because staff adhered to the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been unable to be involved in the planning of their care and provide overall consent for how their care was to be delivered, their records showed that consent for individual acts of care, at the time it was delivered, was sought. It was also recognised that some people's ability to consent to care could fluctuate. Records therefore sometimes recorded staff returning to provide care at a later time when the person had been more able to consent.

When indicated mental capacity assessments had been completed. Where necessary Deprivation of Liberty Safeguards (DoLS) had also been considered. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A referral under DoLS had been submitted to the local authority and approved. Staff were aware of this authorisation and were making sure the conditions of the authorisation were being followed.

People had access to health care professional/specialists when they needed this to help maintain their health and well-being. One health care professional told us staff communicated frequently and effectively with them to ensure people's health needs were well managed. People's records showed this included a regular review by a GP and access to them when needed in-between. The staff also worked alongside, occupational therapists, mental health care specialists, speech and language therapists and continence advisors to ensure people's health needs were met. In addition the services of a private Physiotherapist were purchased by the provider. People who needed help with their mobility, who needed exercises or relevant therapy for any other reason could be directly referred to this service or request it. The first few sessions were included in the provider's overall package of care. The registered manager explained that this service was invaluable because it meant people who had lost their confidence or their mobility for whatever reason could get immediate help. They explained that part of the falls strategy at Dowty House included a review by their Physiotherapist. They told us that they had recognised a decline in falls and loss of mobility since this service had been available.

One person told us staff had suggested sessions with the Physiotherapist after a fall. They said, "They (staff) were determined that I would stand again without falling over". When we asked the person what difference this opportunity had made to them they said with huge enthusiasm, "Absolutely tremendous difference to me. I have more confidence, my balance has improved and I now do tai-chi as well with them to help with this". They said, "I can actually stand up. They (staff) have been absolutely fabulous really. If I had not come in here I would not be here now". This person explained to us that they had found this so beneficial they had decided to have regular sessions with the Physiotherapist which they now pay for privately.

People also had access to regular foot care and eye care. During the inspection an ophthalmologist visited

and carried out a review of people's eyesight. This had been well planned beforehand and a room which could be darkened had been designated and staff helped people attend and stayed with them if needed. One health care professional told us that when they visited the staff were always organised for their visit and a member of staff always designated to help them. People also had access to NHS dental care if they did not have private arrangements in place.

People's nutritional risks were managed well. They received help with eating and drinking when needed and in a way which suited them at the time. Staff knew who needed what help and they provided this unobtrusively. We observed three people receiving help to eat their food. One person was in bed and they were sat upright and made comfortable before they were fed their meal. This was done in a quiet and dignified way with compassion. Another person had lost their appetite as they were unwell. A member of staff specifically went and got a small plate of beautifully arranged food. This was one or two bite size portions of at least six different foods, including fruit. The member of staff called it a grazing plate and said "Nothing too much to put them off, little bite sizes to tempt them, they can dip in and out as they wish". Another person's appetite was also poor but because this person lived with dementia their ability at times to use cutlery and to concentrate at the dining room table was compromised. After walking away from the dining table several times one member of staff later brought food to them in the lounge. They also sat quietly alongside them. They offered encouragement every now and again which prompted the person to touch their food and eat a little. Food had been provided which the person could touch and manage with their fingers. This person's relative told us staff always brought a tray of tea and biscuits when they arrived so they could sit and encourage their relative to drink and eat biscuits together. The relative was aware this was another opportunity to get their relative to drink and get additional calories on-board.

The registered manager told us the food was cooked freshly each day on site. They spoke highly of the cooking and the service the catering staff provided. The catering manager told us they were always looking for new recipes/ideas and one had been served during the inspection. This was a new recipe for a light and moist cake; very easy for people with small appetites to enjoy but which also provided additional calories. During mid - afternoon tea we observed the catering staff offering people a choice of cake and scones from a beautifully set out tray. This included slices of various different flavoured and textured cakes, some with fresh cream and small scones with fresh cream and fruit. One person said, "It's like a hotel here". This was served alongside the person's choice of drink. Another person told us the staff often "bent over backwards" to find something for them which they "fancied". We observed some people enjoying a sherry before they ate their meal which was provided by the staff and we were told sweets and chocolates were often brought and shared with people.

One person had recently needed an alteration in how their food was provided to them. They said, "I have had to have my meals this way recently and they have been really tasty. It's always served on a nicely warmed plate which makes such a difference". Another person said, "I always enjoy the food here". The registered manager wanted to further improve part of the menu and told us they would be seeking people's thoughts on this. A member of staff within the organisation who was qualified as a nutritionist was going to be involved in providing additional training to staff on food combinations and nutritional values of various foods. Small kitchenettes were provided around the building where people could make their own drinks if they wished and staff could make a person a hot drink, when they wanted it, without having to go to the main kitchen. People's weight was monitored and staff used an additional assessment tool to help identify levels of nutritional risk. People's associated care plans were detailed in this respect and the support we read about in these reflected the practice we observed. When people lost weight the kitchen was informed and foods were fortified with additional cream, butter and milk. People's weight and their appetites were discussed regularly with their GP.

Several modifications and adaptions had been made to the building to make it more easy to use by older and physically dependent people. For example, where needed stair lifts had been installed and adaptions had been made to the main bathrooms and toilets. The newly installed private bathroom areas had been fitted with a wet-room style shower avoiding the step into a shower tray and accommodating a shower chair if needed. Also taken into consideration was the décor and the particular need for some people to recognise their surrounding and feel comfortable with them, for example people living with dementia. Bedrooms had been decorated in calming colours with matching soft furnishings, although if people wished to have a specific colour scheme this could be accommodated. The registered manager explained that the memories of people admitted to Dowty House were slowly shifting from the second world war years to the early 50's and 60's. Therefore in areas which had been refurbished and redecorated these years were depicted through the decoration. This included the odd item of furniture which included a vintage television which played programmes, films and news items from those years. Pictures of famous musicians and actors from this era were seen on the walls including the familiar three flying ducks. A new lounge had been made where people could sit quietly and receive visitors. One relative told us the sofa in this room had been brought specifically by the registered manager so they could sit together with their spouse. They said, "I thought it was a lovely thing for them to do".

Outstanding ☆

Is the service caring?

Our findings

People in Dowty House received exceptionally caring and compassionate care. The registered manager said, "All I want is the rest of their journey to be what I would want for my parents, I want them to feel loved". Those who were important to people, such as family members and friends were also cared for and shown compassion. The registered manager said, "Families give us their most precious people to look after and we need to get it right. I want families to feel confident that their relative is cared for. This is fundamental in building the trust we need to do this". There were no visiting restrictions at Dowty House and those who mattered to people were welcomed at any time. Staff respected people's human right to a family life and they helped by supporting family members to be involved.

A relative spoke with us about how hard they had found coming to terms with their relative's illness. They said, "Each time I visit it's hard…. it's sad you know". They said, "They (staff) look after me as well you know, they make sure I'm okay mentally but they don't intrude". This relative explained this had helped them to be far more involved in their relative's care than they thought they could be. They told us this had been "a good thing" because their relative would often "agree to things" more easily when they were around. Another relative, also finding their visit difficult, spoke with us and said, "They're (the staff) are absolutely wonderful, they can't do enough, so kind and caring, they are just so caring". This person told us this referred to the care they saw staff give their relative and to how staff treated them. The staff updated this relative about their relative's health when it was necessary. They said, "They have always rung us and let us know if (she/he) has been not so well".

The people the staff looked after really mattered to them and they worked hard to ensure they felt cared for. One person told us they had felt really cared for when they found out that a member of staff had phoned the care home, on their day off, to get an update on how they were at a time they had been poorly. This person said, "It's been wonderful here and little things like that make you feel really wanted and cared for". We observed many examples of thoughtful and kind acts which helped to achieve this. These ranged from staff preparing people's bedrooms before they retired to bed, to gestures such as putting one person's favourite teddy on their pillow before they were helped to bed. The idea for preparing the bedrooms came from the registered manager. They explained that when they took their holidays they usually experienced their bedroom having been prepared for them to return to at the end of an evening. This involved the curtains having been drawn, a small lamp put on and the bed turned down. They said, "This makes me feel special and cared for". They had decided that people at Dowty House should experience this when they also retired to their bedrooms. The staff said, "Oh yes it's (name of registered manager) (name of holiday) moment". This had clearly become part of the early evening routine as we observed staff preparing various bedrooms as described. One person told us they really liked coming back to their bedroom like this. They described it as making their room feel "lovely and homely". Another person said, "Ah yes, (name of registered manager) likes a certain ambience set". They went on to say that they liked it to.

When we spoke with the staff they were very modest about some of the caring and thoughtful things they had done for people. One member of staff told us about the time they had realised that one person liked to keep various things which were important to them with them during the day. They had also been aware

however that the person needed to walk with a walking frame and found it difficult to carry them. They said, "I saw these bags one day, ones you can hang over a walking frame and just brought a couple. I gave one to (person's name) and the other to (person's name)". They explained, the one person now kept all their important things in this bag which hung on their walking frame and the other person liked to keep a spare continence pad close by and they were able to do this without anyone knowing. Another member of staff continued to visit a person, in their own time, who had once lived at Dowty House. The member of staff said, "I had a really good relationship with them when they were here". The member of staff explained they had visited the person at home initially when they left and it was obvious they enjoyed their visit. They told us they would not just stop doing this because they no longer live at Dowty House. One member of staff said, "People only have to ask for something and someone will go out of their way to sort it; in a short space of time one of the staff will make whatever it is happen". When people went into hospital staff had visited them and quite often this had been in their own time.

We observed staff giving people comfort when they were upset by, for example, putting their arms around people, listening to them and talking to them in an extremely kind way. One person told a member of staff they felt worried but was unable to tell the staff member what about. The staff member sat down and held their hand and patiently listened and spoke with them. This was done in an unrushed way and we witnessed the person begin to be at ease again and by the time the member of staff left they had been smiling and were more animated. Another person had become upset and a member of staff picked up on this. They went over to them and put an arm around them. They had a quiet chat and the member of staff then said, "You stay there, I'm going to get you a nice cup of tea, nice and hot just how you like it and then you can rest". The staff member did this straight away, had a further chat with the person and we watched the person fall to sleep in their armchair. Another member of staff then walked by and gently covered the person with a blanket without disturbing them.

Support was given to people at times of loss. One person vey kindly shared the story of their loss with us and gave us permission to include it in this report. This exceptional kindness and compassion was shown by the night staff who rearranged the person's bedroom furniture, quietly one night, so the person could hold their loved one when they died. The fact that the staff thought to do this and organised it clearly meant a lot to this person.

Care which was extremely tailored to people's needs, and was provided by staff who knew the people well and who treated people as individuals was clearly what Dowty House was all about. People's care plans showed that a lot of effort had gone into collecting information about people's likes and dislikes, preferences and wishes and by weaving these into each care plan staff were able to offer very personalised care. The content of the care plans and the way they were written demonstrated that respect, privacy and dignity was obviously at the top of the agenda when it came to delivering people's care. This was certainly seen practiced by all the staff throughout the inspection. One situation was handled extremely well with regard to respecting a person's wishes and affording them the privacy they had requested. This person's health had declined and staff wanted to ensure the person was comfortable and not in any pain however, the person wanted to be left alone. The registered manager said, "Your natural instinct is to do something for them, support them, be there, but right now they do not want that and we have to respect that". A very concerned and considered conversation was then had by senior staff as to how they were going to balance providing the person with the care they needed and respecting their wishes. Their next concern was to explain the person's wishes to the staff who were obviously very fond of the person. This was done very well and in a way which showed that the staff also needed to be cared for during difficult times. We witnessed the news about this person's health being given to a relative which was done professionally but in a compassionate way.

Staff helped people's relatives remain in touch and involved and supported them to do this during difficult times.

Outstanding ☆

Is the service responsive?

Our findings

People received highly personalised care where staff were able to respond to a wide range of needs. The registered manager and the care team worked very hard to make sure they achieved this at all times. The registered manager told us the service met the varied needs of people across a 40 year time span; from the age of 60 years to 100 years old. They told us it was not just about meeting people's care needs but ensuring people had a very good quality of life at Dowty House. They said, "I want them (the staff) to think about what people want and would like. I believe people can live here and have a fulfilled life".

People's needs were assessed before their admission. We saw recorded assessments which demonstrated that a thorough process had taken place. The assessment gathered information about people's immediate and longer term health needs, what equipment and involvement would be needed to support and improve these, the person's social needs and degree of family/representative involvement, the person's likes, dislikes, preferences, wishes and their aspirations. If the person was admitted from hospital or where health or social care professionals had been previously involved, appropriate and relevant information was also gathered from them. Some people were admitted for long-term care and some for a shorter respite period. On admission the person was allocated a member of staff who would be a specific point of contact for them and their family/representative. This person would ensure the person settled in and would be there to answer any queries they or their representative may have. The catering staff also met with the person and find out what they liked to eat and what their particular dislikes and dietary needs were. An appointment was made for the person's GP to review them fairly early on after admission. Any medical needs including a review of all medicines was covered in this initial appointment.

All of this information helped to formulate extensive and very relevant care plans. These continued to evolve as some people got more involved in their care planning or staff got to know the person better. The care planning was centred around what the person thought and wanted making them very personalised. It had predominantly been one member of staff's job to ensure people's care plans were written and maintained. We wondered how this member of staff had done this so well. They said, "What is in the care plan is driven by the person and the staff looking after them". This member of staff was constantly liaising with the care staff about any changes in care and where possible they involved the person themselves. Staff and visiting professionals therefore had access to fully up to date information on people's care and their needs which helped people receive safe and appropriate care.

We found the more we compared the care we observed and what people told us to what was written in people's individual care plans, the more we found these to be true working documents. They reflected exactly the care people wanted, were receiving and needed. There was only one occasion when someone's appetite had altered and information about this had not yet been updated in the relevant care plan. However, all the staff were aware of the situation and appropriate action had been taken to address any potential nutritional risks. As the inspection progressed we witnessed the very effective communication between care staff and the people they looked after and the management team. This enabled the service to be highly responsive to people's needs and wishes.

People were fully involved, where it was possible for them to be, in the planning of their care. This involvement for one person had made a huge difference to how they had felt about the care they received and how they felt about being in a care home. They said, "Yes, I know about my care plans, I know when alterations are made to them because I'm involved right the way down the line". They gave us several examples about how they controlled the levels of support they received from staff and how changes in their needs had led to alterations in their care. This had included a period of not wishing to socialise and then slowly feeling "more able to face this" with staff support. It also included how slow but very positive improvements in their health and abilities had been supported and encouraged by the staff and had led to further independence. A more recent wish to have further independence and privacy had been expressed and understood and respected by the staff. This had been further added to in the person's relevant care plan. This person was in as much control of their care planning and care delivery as they could be.

Another person told us they were very involved in the planning of their care. This person's health had also improved considerably since they were admitted. They told us they had a sense of self-worth and living at Dowty House had worked out very well for them. They said, "It is not institutionalised here, they see me as an individual which I appreciate".

People had many different opportunities to socialise and take part in activities if they wished to. Activities were designed to be meaningful to the person so the information gathered about people's lives, their past hobbies and interests and other things which had been important to them were used to help achieve this. Equally so, if people preferred their own company this was respected but staff were aware of the risks of social isolation so relationships and connections were made in different ways with some people. One member of staff said, "We are very aware of the quiet ones and make sure they feel included in a way they feel comfortable". This often involved one to one time with care staff. The registered manager said, "People come here because they need looking after but they still want experiences that they cannot get out and have". Another member of staff said, "We do have fun here". We observed a lot of friendly banter between staff and the people; relationships were relaxed and friendly. One relative and another member of staff made the same comment which was, "There's always a nice atmosphere here". Members of the care team worked well together as a team and where there were staff who got people laughing with their banter there were others who took a quiet approach.

Activities were organised and run sometimes by the staff and at other times by outside entertainers. A singer entertained people on one of the days of the inspection. One member of staff told us this particular entertainer was "one of their favourites." Another favourite had been 30 Ukulele players and one member of staff said, "It was really good fun and people loved it". Activities were organised around what individual people wanted to do. They were varied and we also saw people engaged in everyday activities which they would have engaged when living in their own homes. This was seen in activities such as one person being able to use the garden most days. We observed their gardening shoes and gloves parked by the back door which we later learnt is what they had done in their own home. This person had a vegetable patch which they managed during the warmer months and they were starting a compost heap. Earlier in the morning the same person had been playing ball with the registered manager's dog that spent each day at the home. This person told us how they had loved school holidays helping their grand-father in the family garden and how they had been brought up with dogs around them. This daily activity clearly brought enjoyment and a quality to this person's life as well as keeping them physically active. We later saw another person in the corridor ready to go out. They had hold of the dog's lead and the dog was sat beside them. They were about to take the dog for a walk along with a member of staff. This person was looking forward to this and they said, "The sun is shining so it's a good time to go for a walk".

There was a pleasant busy energy in the home with people engaged in what they were doing, chatting and

laughing. On one morning the gardening club had got together to prepare the soil in the raised bed for planting bulbs. The registered manager said, "They really enjoy just getting mucky sometimes". We saw less physically able people enjoying board games, either on their own or with another person, some were reading and others were knitting. One person really enjoyed knitting and they said, "It relaxes me". They had knitted various jumpers for the dog who was wearing one of these when he went out for his walk. They had also knitted small shoulder purses for each member of staff to keep their pens and note paper in. Several staff were wearing these. This person had also knitted another person (who lived in the home) a small shoulder shrug to keep them warm. This person said, "It's so useful and it's in my favourite colours to". This activity had brought enjoyment to the person who enjoyed knitting who said, "I just really enjoy making different things for people.... and for Barney (dog's name)". Another person liked to get involved with cleaning and staff had brought them a light weight carpet cleaner which was kept in the lounge and the person used this when they felt like it.

In the week before the inspection it had been National Dignity Day 2016 (1 February). Most of the staff at Dowty House were signed up dignity champions with the National Dignity Council. This meant they pledged to improve and maintain people's dignity when in care. It had therefore been 'dignity month' throughout the provider's services. The registered manager explained that this had meant staff meetings, discussions and group supervisions sessions focused on the subject of dignity. Dowty House focused on a different subject each month and others have included safeguarding people and equality and diversity. The national dignity day was about doing something special and "giving people a truly memorable experience". Dowty House had therefore hosted a SPA Day for the people who lived there. This had included various types of massages, foot/hand and nail therapies with champagne and "nibbles". It had been thoroughly enjoyed and the pictures taken on the day (people gave their permission) showed that many had taken part. One person said, "Oh we had a lovely day, it was wonderful, we had champagne as well you know".

The registered manager said, "It is about having fun" but they explained that sometimes arrangements needed to be altered to suit different people's wishes and to ensure everyone's feelings were considered. In some cases a lot of thought and exceptional actions had been taken by staff to ensure people had the opportunities they had. For example, we were told people had not wanted to go to one of the company's sister homes to watch fireworks last year despite an invite. The registered manager had found out that this was because they did not like being outside in the cold. The registered manager said, "So, we brought the fireworks to them and we had a great evening with the lounge full (large room) with some family members present". This had involved using the large projector screen and screening firework displays to music. The registered manager explained the catering staff had helped and said, "We all had burgers and hot dogs and they loved it". The registered manager also said, "We are very aware that Christmas and Valentine's Day, for example, can bring sad memory's for some people. We are very sensitive to things that can upset people". They described one person getting very upset when a certain song had been sung fairly recently and had needed comforting. They said, "It can be something very simple sometimes". They said, "For example, on Valentine's Day we get people chocolates and we have other treats but we tell everyone that they are our Valentine and we show them we love them". Christmas Day was another time where the registered manager said, "We do not go overboard with lots of decorations as people seem to prefer it to be quiet". They said, "We try to make it a cosy time for example, people get involved with things they would have done at home when they were younger like peeling the sprouts and opening presents. We always give each person a present and where people do not have relatives we make sure they have presents to open. We may have a sherry and we welcome family and friends as you would at home. Staff spend as much time with people as possible".

People received all the support the staff could manage with regard to their religious believes. At Dowty House staff respected people's right to exercise their personal faith. The registered manager told us the staff

would make whatever arrangements were within their power to do so. They explained they had been unable to organise someone from the Church of England to visit and hold a regular service. This had been due to a lack of local resources in the wider community. The registered manager told us they would not give up on trying to arrange this and they had enlisted the help of one of the provider's board of trustees with this matter. One person had suggested it would be nice for a group of people to get together to pray and read the Bible during the advent period (29 November to 24 December 2015). The registered manager explained this had been important to this person and explained they had the necessary knowledge to be able to organise this. This resulted in the registered manager making an advent wreath and enjoying meeting with a small group of people from Dowty House over the four weeks running up to Christmas. Other people's religious beliefs were met by a Roman Catholic Priest who visited on a regular basis as well as a ministerial servant from the Jehovah Witness community.

People were able to use the local community with its shops, cinema and places to eat nearby. Staff were encouraged to make suggestions for outings such as a visit to a local coffee bar which also served 50's style milkshakes. Eight people had enjoyed this trip and the memory's it had brought back for them.

People were able to share their dissatisfaction and complaints were taken seriously, investigated and resolved where possible to the person's satisfaction. The registered manager told us they always considered there was room for improvement and used any area of dissatisfaction or complaint as an opportunity to reflect and review their arrangements. One person said, "I have not had any cause to complain but I'm sure (registered manager) would be straight on to it if I had". A relative also said they had not had any cause to complain but they also felt confident that any issue would be "swiftly sorted out". Comments from people, their families and visiting professionals from the last satisfaction survey in 2015 included, "Staff always happy to discuss concerns" and "Manager's door is always open".

In April 2014 a dissatisfaction book was started to capture all verbal expressions of dissatisfaction. Areas of dissatisfaction were monitored by the provider who looked for patterns and trends and who considered these when planning future improvements. Areas raised had included no whisky to celebrate New Year's, lumpy soup one evening, radiator not turned on and missing clothes (which were later found). The provider could demonstrate that they had been proactive in considering these. Initiatives such as preparing people's bedrooms before they returned to them for the evening meant that staff could ensure radiators were switched on or off according to people's particular preference. People's satisfaction in relation to the food provided was an area which staff constantly asked for feedback on and where, when at all possible, people's preferences were met. A food survey was carried out in February 2015. This had included questions about, the quality of the food, food choices, food presentation, dining room presentation and the service generally. A mixture of comments had been received both positive and negative and all had been considered when looking at how to further improve the dining experience. Comments had included, wanting French dressing on salads, larger portions, less courses, excessive vegetables, a preference for linen napkins not paper and the quality of food varied. There were plans to improve the dining room environment in the next round of refurbishment.

The service had only received two complaints where investigation and subsequent actions involving other agencies had been needed. One had been a reported theft. The police had been appropriately involved however it had been unresolved. People had been reminded to use their lockable facility for their valuables. Another related to concerns expressed about a person's seating arrangements. The appropriate health care professionals had subsequently been involved and carried out a seating assessment.

Good

Is the service well-led?

Our findings

People lived in a home which was well-led. Comments about the registered manager included, "She is absolutely fabulous; she lives for this place". "She makes sure they (the staff) get the job done properly. I would say she's kind but firm". The staff told us they found the registered manager "approachable", "supportive" and "one of the team". The registered manager said, "I try to keep things quite buoyant – keep pushing the energy". They said, "I want staff to enjoy being at work". One member of staff told us, "Everyone seems to enjoy being at work". Another said, "She (registered manager) is quite strict but she wants things done properly". The night staff told us they often saw the registered manager; that they had designated night staff meetings with her and could always speak to her when they needed to. A provider representative, who was responsible for supervising and monitoring the registered manager's performance spoke highly of her using words such as "highly experienced" and "totally committed".

It was clear that the registered manager provided strong and focused leadership. People and relatives knew who she was and spoke in terms of her always being available and visible. We observed the registered manager to be frequently 'out and about' talking with people, relatives and staff. When we spoke about people's care and other related issues she demonstrated that she was fully aware of these and was fully involved. The registered manager explained this was helped by the "excellent" communication between her and her senior staff. The registered manager also regularly attended staff hand-over meetings which went through people's progress and needs on a daily basis.

The registered manager used regular staff meetings and informal talks with groups of staff to ensure what she needed to communicate was done effectively. Senior staff gave a consistent message to staff and supported staff to deliver a high quality service. All staff were fully committed to both the provider's and registered manager's values and expectations. An emphasis on team work was evident. The registered manager spoke in terms of the provider and staff both in Dowty House and its sister services being "one big family".

There were effective arrangements in place to monitor the quality of the services provided. This was done through the registered manager's own auditing and monitoring process which resulted in regular reports to the provider. The provider's own robust monitoring systems ensured a high service performance. Where improvements were needed these were quickly identified and completed. Support with this process came from the provider's quality monitoring and improvement team. This protected people from unsafe care and poor service. The senior management team, of which the registered manager belonged, met on a regular basis. This enabled them to be fully updated with corporate issues, share experiences and ideas for further improvement. Best practice was also discussed and shared at these gatherings. Staff were then updated on these discussions and fully involved in, how as a team, they were going to take the service forward.

The views of people who lived at Dowty House, their visitors and visiting professionals were gathered as part of the service's quality assurance process. People's ideas and suggestions for further improvement was actively sought, considered and often included the service's plans.

The registered manager communicated effectively and appropriately with the Care Quality Commission. They were open and transparent in their conversations and relevant notifications.