

Care Worldwide (Manchester) Limited

Abbey Hey Care Home

Inspection report

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Date of inspection visit:
05 June 2018

Date of publication:
10 July 2018

Ratings

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

Summary of findings

Overall summary

This inspection visit took place on 05 June 2018 and was unannounced.

Abbey Hey is a care home providing personal care and accommodation for up to 39 older people and people living with dementia. At the time of our inspection visit there were 34 people using the service. The two storey building is purpose built and a passenger lift is provided to both floors. Abbey Hey is divided into two separate units.

The home had a manager registered with the Care Quality Commission (CQC), who was present during the inspection. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

At that visit we made one recommendation regarding the timeliness and recording of supervision. During this inspection, we found significant improvements had been made.

At our last inspection in April 2017 we rated the service requires improvement overall, although we did not find any breaches of the Health and Social Care Act 2008. However, because the service had previously been in 'special measures' (because it had been rated 'inadequate' overall) we did not rate it as good until we could be sure it could adequately sustain the improvements it had made.

At this inspection we found the service had sustained its improvement and we have therefore rated it 'good' overall.

The service was now effective. Staff told us that they felt supported and were invited to have regular one to one meetings with their manager.

People, staff and relatives we spoke with told us they felt safe at Abbey Hey. Staff and people were aware of procedures to follow if they observed or were aware of any concerns.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Staffing levels were appropriate and a consistent staff team was in place.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show

staff employed were safe to work with vulnerable people.

Appropriate health and safety checks had been carried out on the building and the home was clean and well maintained. We saw that infection control measures were well embedded and the manager completed a full health and safety audit every month.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals. Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

Staff supported people who used the service with their social and emotional needs. We observed that all staff were caring in their interactions with people at the service. We saw people being treated with dignity and respect and people told us that staff were kind and professional.

People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences.

People and relatives told us they had confidence in the registered manager and our observations confirmed they knew people within the service well.

Records looked at during the inspection demonstrated that audits were in place to monitor and improve the quality of the service provided. The service had responded to a recommendation from the previous CQC visit in April 2017 and a clear record of actions was recorded and reviewed on a regular basis by the management team.

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 Good.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were effective systems in place to manage and administer medicines.

The home was clean and well-maintained. Equipment was regularly checked and serviced.

Is the service effective?

Good ●

The service had improved to Good.

Staff members felt supported and had regular one to one meetings with the manager.

Capacity and consent issues were considered, and where people were deprived of their liberty the correct authorisation had been applied for.

There was effective liaison with health care professionals.

People were given a nutritious diet and said the food provided at the service was good.

Is the service caring?

Good ●

The service was Good.

People were supported by staff who were committed to providing high quality care and had a good understanding of their needs.

People and staff knew each other well. These relationships were based on trust and people were felt valued.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good ●

The service was Good.

People were encouraged to take part in activities of their choice.

Care records were detailed, clear and person-centred.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Good ●

The service had improved to Good.

The service had sustained a positive trajectory of improvement.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Abbey Hey Care Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one adult social care inspector and an expert by experience on the 05 June 2018. An expert by experience is a person who has experience of caring for older people.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

Notifications tell us about any incidents or events that affect people who use the service. We also contacted the Healthwatch Oldham, the local Infection Control team and Oldham Metropolitan Borough Council for any information they held about the service. We received no negative comments regarding the service.

We spoke with 17 people who used the service, four relatives/visitors, the registered manager, deputy manager, the cook and four care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at four care records and medicines administration records for ten people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

All the people we spoke with said they felt safe and their relative/friends also said they thought the home was safe. Comments included, "I feel safe here and the staff are very approachable" and "I feel safe and can talk to all the staff if I'm worried."

Staff we spoke with had a good understanding of protecting people from abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "I feel [relatives name] is safe, I have no worries there" and "I am very happy about safety at the home, I have no concerns. They receive excellent care."

We looked at the safeguarding file and saw one record of a safeguarding incident. We found the registered manager understood and followed safeguarding procedures, and had a positive working relationship with the local authority safeguarding team whom they were working with to investigate the one isolated issue.

We looked at incident and accident records which were mainly around falls in the home. People had call bells in their room to summon staff. We saw the registered manager investigated the incidents and looked for any patterns or trends, possible contributory medical conditions, how to reduce the risks if possible, if the incident was reported to professionals such as the local authority falls advice team and who the information was shared with. This meant that people who were at risk had access to professionals for advice to help keep them safe.

Risks to people were identified and managed so people were safe. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. Risk assessments were completed for the environment, accessing other parts of the home, use of the call bell, moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence and skin integrity. There were specific risk assessments for distress and risks associated with behaviours that may challenge. We looked at a risk assessment relating to diabetes care for one person. The assessment included the signs and symptoms and additional measures to manage the condition appropriately. The assessment also informed staff as to when they should seek medical advice.

When we looked around the home we saw that steps had been taken to prevent injury or harm, for example, corridors and walkways were free from obstacles. We saw that some people had crash mats next to beds to prevent injury if they fell out of bed. One person who was at risk of walking around the home at night had a sensor to alert staff should they get out of bed. This meant that staff could attend immediately and assist the person back to bed safely.

We looked at four staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to

employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We asked the registered manager how they decided on staffing levels. They told us they calculated this using the numbers and dependency levels of the people living at the service at any time, though they did not usually use a specific dependency tool. Staff told us and we observed, that there were sufficient staff on duty to care for people safely with a consideration of skill mix and experience. One staff member told us, "Sometimes we can be a bit short staffed because of sickness or an incident, but the managers come to help out or we borrow staff from the other floor." The registered manager explained that the service occasionally uses agency staff but when possible, they request the same agency staff members to provide continuity for residents.

Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery. Health and safety checks were up to date when we visited the service.

The service had an emergency contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency, in order to promote and support people safely.

People who used the service said, "It's pretty clean here"; "The cleaner does my room every day"; "My room is kept clean" and "They work hard to keep it nice for us." A relative said, "I've never really noticed any dirt, seems clean enough to me."

During the tour of the building we saw the home was clean, tidy and there were no offensive odours. There were policies and procedures for the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the National Institute for Health and Clinical Excellence guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy during a daily walk round of the building.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service. Doors that led to stairs had a number code so only staff could access these areas. This meant that people were kept safe from falling on the stairs. Windows were secured with window restrictors to minimise the risk from people falling or climbing out of them which helped to keep people safe.

The service handled medicines safely. Solid medicines were dispensed using a monitored dosing system (MDS). MAR charts had a photograph of each person on every individual record. This reduced the risk of medicine administration error. Those medicines which were not stored in the MDS and were provided in boxes or bottles were stored in named containers to reduce the risk of administration errors. All medicines stored in this way were dated on opening and a running stock balance of tablets and fluids was kept so that stocks could be accurately monitored.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, (CDs) which are medicines that require extra checks and special storage arrangements because of their potential for misuse. This meant that people were protected around the management of CDs.

The service had a safe system for returning unused medicines and for the disposal of sharps. We checked the stocks of some boxed medicines against the MAR charts and these were accurate. We also checked a sample of the MDS blister pack medicines against the MAR charts. These were also accurately recorded with no gaps. We observed a medicines round. Medicines were administered safely and signed for immediately following administration. The member of staff we spoke with was knowledgeable about people's medicines and why certain medicines were necessary. Senior carers with responsibility for administering medicines had received training to ensure they did this safely.

Is the service effective?

Our findings

People were positive about the care they received at Abbey Hey. One person said, "I am well informed and I am happy with the care I get, I can speak to the staff any time." Relative's comments included; "The home always call us so we know what is going on" and "We are invited to meetings and we have discussed [names] care plan on a number of occasions, the care is excellent."

On our last visit to Abbey Hey in April 2017 we found the provider had not ensured staff had received recorded supervision.

During this visit, the staff we spoke with told us that they had received supervision. We saw a planner was in place and staff supervisions had taken place regularly. This is a formal opportunity for staff to discuss their work practice and any training needs, as well as issues or concerns they may have. All staff we spoke with said they felt supported by the registered manager and management team. We saw records to confirm that staff had received an annual appraisal. The registered manager also showed us that new staff had been supported with regular meetings through their probationary period.

We saw records that showed that staff met together regularly with the management team and minutes were kept of these meetings. We saw that as well as day to day issues, staff discussed ways of improving the service. A meeting was held in March 2018 where the staff team discussed; activities, safe medicines practice and training. This showed relevant updates were shared with the staff team.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. The registered manager told us that there were some gaps in training due to issues around the effectiveness of new online learning courses. We were shown an action plan that indicated that all staff had been nominated to refresh all their mandatory training within the next two months. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medicines, fire safety and infection control. Additional training had been provided to help staff meet people's specific support needs.

New staff received an in house induction, which included shadowing experienced staff, attending training and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must adhere to when working in social care. The majority of staff in the home had been trained at level 2 or 3 in National Vocational Qualification (NVQ) Health and Social Care. One staff member told us, "[Name of registered manager] has been keen to get us all through the NVQ training and offer us the next level. We are a workforce with a lot of knowledge under our belt now."

Prior to their admission into Abbey Hey, the registered manager or deputy would complete a preadmission assessment, and after they moved into the service their needs were regularly reviewed as they became familiar with their environment and the staff who supported them.

Some people living at the home were able to make some decisions about their care and support for themselves. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw that 23 people had a standard DoLS notification for residing at Abbey Hey. We saw that the service had used the correct process to apply for the DoLS and people had access to advocates or independent mental capacity advisors (IMCA). Advocates and IMCA's are external professionals who act on a person's behalf to ensure their rights are protected and any decisions made are the least restrictive.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. Everyone we spoke with was positive about the food at the home.

We observed the lunchtime meals served where people were well supported and offered choices in a calm and sociable atmosphere. Where required people were supported on a one to one basis by staff. On the day of the inspection we saw that people had the choice at lunch time of sausage and mash, or jacket potato with cheese, followed by cake and cream. We spoke to the cook and found they were knowledgeable about people with specific dietary needs. The cook prepared sugar free desserts for people with diabetes and fortified meals with cream and other full fat alternatives for people that were underweight.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. We saw that people were weighed regularly and referred to health professionals accordingly.

We saw people had access to a range of external healthcare professionals. One person said, "If I feel poorly they always get the doctor or nurse to check me over." The service had good links with people's GP's and other specialists such as dietitians and speech and language therapists. We were told by nursing staff that relatives were kept informed about healthcare decisions affecting their family members. One relative told us, "[name] has their feet done and has had some new glasses, the health care is excellent." Another relative said, The home seem well organised and are very concerned about [name]'s welfare."

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. The registered manager was keen to make the home 'dementia-friendly, as many of the people living at Abbey Hey had some type of dementia. Steps they

had taken to improve the environment in this way included the use of picture signage for bathrooms, toilets and communal rooms and re-painting bedroom doors in bright colours. They had also re-decorated one of upstairs corridors in the style of a garden, complete with a bench, bird noises and plants. This attractive area could be used by people with dementia who could not access the grounds of the home. The registered manager told us about plans to develop a beach themed outside garden area for people to use. Work was due to start on the garden in summer 2018.

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. People we spoke with said, "The staff are very caring and kind and always come when I need them." and "I am very well looked after, I have no interest in what my care plan says because I am happy." Relatives we spoke with said, "I can't fault them" and "They [care staff] really care for them, it's not an easy decision when people have to go into a home, but [named relative] is happy there."

We saw positive interactions between staff and people. Staff were holding hands with people and the atmosphere across the whole service was calm and caring. People using the service appeared very comfortable in the company of staff. One person told us, "I can talk to staff, they are like my family."

We spoke with the staff team, one staff member told us, "We work really well as a team here and care about each other as well as the residents, it's like an extended family."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be. One person told us, "I feel the staff are very caring and they respect my dignity."

We spoke with staff on the first-floor unit working with people with challenging and disinhibited behaviour in a way that was calm and which upheld the dignity of the person and those around them.

We saw people were washed, presentable and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

We observed people being offered choices about what they wanted to wear, do or where they wanted to go. People told us they were given choices by staff. One person commented, "I always worked nights so I prefer to stay awake at night and sleep during the day as I always have done. The staff keep my meals so I can have them when I'm ready." This showed that staff respected individual choice and did not expect people to conform to the expectations of the service.

Equality and diversity was respected and people's religious beliefs, culture and other diverse needs were recorded within their care plans. The chef and staff were aware of dietary restrictions pertaining to religion and culture and were careful to adhere to each person's requirements.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend most of their time in their rooms, but were invited to join any events that were happening.

Throughout their stay people were encouraged to maintain their independence and lifestyle choices. We observed that one person helped at mealtimes, tidying away dishes and keeping tables clean. The person

was unable to speak with us but the registered manager explained that carrying out those tasks was very important to that person and it helped to keep them active and retain their independence.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

A relative said they were always made welcome, "They are always very warm, honest and transparent when I visit." We saw the registered manager and other staff welcome visitors into the home. We saw visitors came and went as they liked. Family and visitors were encouraged to ensure people maintained contact with their family and friends.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service could meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed.

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One staff member told us, "We communicate well and always pass information over." This procedure meant that staff were kept up-to-date with people's changing needs.

We looked at four care records. Information about each person was detailed and written in a person-centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided. We saw that some care files included information about people in the form of a life story. One plan we saw included information about a person's friends and family, their former occupation, schools they attended and the places they had lived. Another person's file included their favourite television programmes, hobbies, music, foods and drinks, books and the clothes they liked to wear. Files also included what someone's perfect day might look like to them. This information helped staff meet the person's needs and offer a person-centred service.

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We saw that the manager responded to concerns and complaints in a positive manner to find a possible suitable resolution to them. A relative told us, "I have never had to complain, but the staff are very helpful so I would definitely feel ok about speaking to them about any issue that might arise."

People told us that they felt happy with the range of activities available and were not pressured to take part if they did not want to. One person said, "I enjoy all the activities and try to take part" Another person told us, "I like to go out to the park, not every day as it is too much for me these days." Activities included; board games, exercise groups, music and singing, bingo and trips out to the local community or park. The service also celebrated festivals, holding events at Christmas and Easter.

We saw that the service carried out regular customer satisfaction surveys. One relative said, "They do ask us for feedback regularly, sometimes we respond, but only with positive comments." The registered manager explained that the service uses the results of the surveys to improve quality and identify any problems.

People who used the service, who were able, were encouraged to maintain and develop their independence as far as possible. During our inspection we spoke with one person who was about to leave Abbey Hey and

return to living independently, after a period of rehabilitation at the home. They said, "I will miss everyone here when I go. I like to talk to people and do the activities. I am ready to go home now with some support coming in."

None of the people that used the service were receiving end of life care. The deputy manager confirmed that in the past this support had been provided to people with the support of the district nursing team. The service had recently cared for someone at the end of their life and had been part of the best interest decision making process with the person, their family and the doctor to put the necessary care in place. We saw that some of the staff had received training in end of life care. The manager confirmed that this training would be provided to other staff if it was needed and additional supervision and support would be offered to staff providing end of life care.

We saw that one person had a funeral plan in place. Some care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 current registered manager had been in post since January 2014.

The registered manager was based at the service full time so was aware of day to day issues. They felt it was important to make them available so staff could talk with them, and to be accessible to them. The staff held the registered manager in high regard.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We asked people who used the service if they thought the service was well-led. All responses were positive and one person said, "The manager is lovely." Relatives told us, "The management and staff are always helpful and approachable. They always listen and act on things. I have no complaints," and "We know the manager and the area manager, they are very much visible in the home and deal with any issues quickly."

Staff said, "The manager is fine. I can ask them anything, anytime. The deputy is good. They know the residents well"; "[Name] is a good manager. Very approachable. The managers help when they need to." People we spoke with thought managers were approachable and available.

The service supported staff to train to obtain their National Vocational Qualifications (NVQ) in Health and Social Care, encouraging them to go beyond the standard care requirements. Several staff were studying at level five qualification. One staff member told us, "[Named registered manager] really encourages us to keep learning and progressing, it is good for our professional development, but also good for the standard of care we can provide at the home."

We looked at some policies and procedures which included key ones, for example, infection control, health and safety, complaints, confidentiality, the duty of candour, health and safety, medicines administration, safeguarding, whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

The registered manager told us they received good support from the home's quality representative who visited the home weekly. This helped ensure there was oversight of the day-to-day management of the home. The environment was clean and well maintained. People's bedrooms and bathrooms were kept clean and were decorated in an individual way. The provider ensured they carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

A statement of purpose was available which told professionals and interested parties what facilities and services were available at Abbey Hey. The statement of purpose set out its aims and objectives and the values it tried to uphold. These included rights to privacy, dignity, independence, choice, and human rights. Through our observations during the inspection we saw that staff had embedded these values in their day to day care.

There was a recognised management system staff were aware of and we saw from the recording of incidents/accidents and other documents that management was open and transparent. These systems had recently improved to include an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and was also on the service website.

At our last inspection visit in April 2017 we found that the provider had made a range of improvements. However, we needed to see that good practice had been sustained for a significant period. We found at this inspection visit that the service had sustained this level of improvement so we improved the rating.

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. The registered manager explained various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls.

Meetings were occasionally held for people who used the service/families, but we were told these were sometimes poorly attended. However, the registered manager explained that she regularly saw family members when they visited their relatives and was in touch with some families by email.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.