Kisimul Group Limited

Tigh Bruadair

Inspection report

Summer Hill
Gainsborough
Lincolnshire
DN21 1HQ

Tel: 01427611541
Website: www.kisimul.co.uk

Date of inspection visit:
03 October 2018

Date of publication:
10 July 2019

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 3 October 2018 and was unannounced. Tigh Bruadair is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for people living with a learning disability. The home can accommodate up to 13 people in two adapted buildings. At the time of our inspection there were 13 people living in the home.

At the time of our inspection there was a registered manager in post. 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 service had previously been rated as overall 'good'. At this inspection the service remained as overall 'good'. At the previous inspection the caring domain was rated as 'outstanding' and remained so at this inspection.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The environment was clean. There were arrangements to prevent and control infections.

Guidance was in place to ensure people received their medicines when required. Medicines were administered safely.

Where people were unable to make decisions arrangements were in place to ensure decisions were made in people's best interests. Best interest decisions were specific to the decisions which were needed to be made.

A robust system was in place to carry out suitable quality checks and effective checks had been regularly carried out. Everyone involved in the service were encouraged to contribute to the continuous improvement. The provider had ensured that there was enough staff on duty. Sufficient background checks had been completed before new staff had been appointed according to the provider's policy.

Staff had been supported to deliver care in line with current best practice guidance. Arrangements were in place to ensure staff received training to provide care appropriately and effectively. In addition, people received person-centred care. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have choice and control of their lives. Staff supported them in the least restrictive

ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access a range of activities. People were supported to access local community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care.

The registered manager promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been regularly consulted about making improvements in the service. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	**Good** ●
Is the service effective? The service remained good.	**Good** ●
Is the service caring? The service remains outstanding.	**Outstanding** ☆
Is the service responsive? The service remained good	**Good** ●
Is the service well-led? The service was exceptionally well-led. The registered manager focussed on developing a strong and visible person-centred culture in the service. The service had innovative ways of enabling and involving people. There was an excellent level of management oversight. An effective system of audits was in place that ensured the service was regularly monitored to maintain and improve existing high standards.	**Outstanding** ☆

Tigh Bruadair

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 a comprehensive inspection.

This inspection took place on October 2018 and was unannounced.

The inspection was carried out by an inspector and an assistant inspector.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with five people who lived at the service, three relatives, two members of care staff, and the registered manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. Arrangements were in place to support people to feel safe. For example, one person was sometimes destructive of their possessions when they became distressed and they had requested that they be made safe so they could not destroy items. Staff had put in place arrangements which meant the person could access their belongings whenever they wanted to but also kept things safe.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both within the organisation and external to the organisation so that they could act if they were concerned that a person was at risk. For example, to the local authority.

Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. Relatives told us that staff dealt well with people who were confused or distressed.

Medicines were managed and administered safely. Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. There was evidence people's medicines had been regularly reviewed to ensure they still required them and where appropriate medicines had been reduced due to people's condition improving. We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines.

Staff we spoke with told us that they felt staffing numbers were adequate. During our inspection we observed people were responded to in a timely manner and staff were always available to assist people with their care. The registered manager told us they had put in place arrangements to ensure there was sufficient staff to support people and to ensure they could access activities and community facilities. This was important because everyone who lived at the home required staff support to access community facilities.

We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

People told us they felt the home was clean. We observed suitable measures were in place for managing hospital acquired infections and staff were aware of these. An audit had recently been carried out and actions put in place where issues had been identified. Staff had received training and were able to tell us how to prevent the spread of infection.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. We saw evidence of this in minutes of meetings and action plans. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

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 law 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. We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. At the time of our inspection ten people were subject to DoLS and appropriate arrangements were in place.

Where people were able to consent, documentation had been consistently completed with them for issues such as access to records and photography. Care records indicated where people had capacity to consent to their care and treatment or if another person had legal authority to give consent that this had been given.

A refurbishment plan was in place and the home had been adapted to meet people's needs. For example, one person had been given their own living area because they had found it difficult spending significant time with other people. Another person had been provided with a specialist bed, mattress and bed tray as they had experienced difficulties utilising the bed initially provided to them. There were adaptations, such as protected areas where people were safe to relax. An enclosed garden area was available which had been developed to make it accessible for people.

People were supported to eat and drink enough to maintain a balanced diet. We saw a member of staff support a person with preparing their lunch. People were supported to choose their meals and where they wanted to assist with shopping. They explained what the person needed to do and gave them encouragement and reassurance throughout the process. We observed drinks and snacks were available throughout the day.

Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health. For example, one person required additional nutrition to maintain their weight and another person required a special diet because of their religious practices.

We found that arrangements were in place to assess people's needs and choices so that care was provided

to achieve effective outcomes. For example supporting a person who wanted to become more independent with their meal planning. Initial assessments had been carried out prior to people coming to live at the home. We observed these had established if people had cultural or ethnic beliefs that affected how they wished to receive their care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. Newly employed staff had access to the National Care Certificate which sets out common induction standards for social care staff. Staff had received refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, staff had received training around epilepsy and management of seizures.

Staff told us they felt supported and were able to speak with the registered manager if they needed to. Records showed supervisions and appraisals on a one to one basis had taken place and were planned. This is important to ensure staff have the appropriate skills and support to deliver care effectively.

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. Health action plans were in place to ensure people's health needs were met. Where people had specific health needs for example, seizures care plans reflected this and detailed how to meet these needs. All staff had received training on how to support people in the event of a seizure and to administer rescue medicines.

Outstanding ☆

Is the service caring?

Our findings

The service continued to have a strong visible person-centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment.

All the people we spoke with during our inspection were consistently positive about the care and support people received. People who used the service and their families told us they were happy with the care and support they received. One person told us, "They are good staff here." A relative told us, "Staff understand [my relatives needs]." They told us they could not imagine them living anywhere else as this was their home.

People were treated with kindness and were given emotional support when needed. There was an overall atmosphere of warmth and family within the home. A member of staff told us, "It is a joint thing, not them and us," and "I am proud to do what I do." We observed staff having a laugh and joke with people. One person wanted a cup of tea and a member of staff assisted them to do this working with them as they would a friend and both sitting down with a 'cuppa' to have a chat.

We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. Staff offered people choices about their care, for example, one person liked to get up during the night and have a shower or a cup of tea. Care records detailed this and staff acknowledged that this was their home and their choice how they wanted to live. We looked at daily records and saw the person had received the care they preferred, being supported when they awoke to access care of their choice.

A relative told us about their family member who had suffered a seizure during the night whilst staying with them. They told us that a number of staff and the registered manager went to the house even though they were off duty and stayed with the person in the ambulance and at the hospital until they were sure the person was going to be alright. The registered manager told us staff were concerned that there was a familiar face with the person so they wouldn't be afraid when they regained consciousness. The relative explained the staff who had attended were the staff who worked most with their relative and whom they were familiar with. This meant that when the emergency services arrived they were able to treat the person because they felt comfortable and safe with the staff around. As a consequence the person received timely and life saving care.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. When we spoke with staff they explained how they reassured people and tried to distract them from the issue that was making them upset. Staff said that they were aware of people's moods and body language which helped them to understand what people wanted. They told us that they always tried to distract people from their issue of concern. For example, we saw in a care record a person did not like waiting for their meal. However, if they were involved in the preparation of their meal staff found this reduced their anxiety. Another person had experienced reduced anxiety because they had been given their own living area and could choose to either be with other people or alone in their

living areas. We observed staff using terms of endearment and people's preferred name. The staff were calm with people even when they were upset and used a variety of options to support people. For example, one person was particularly upset following the death of a relative. They told us staff were going to support them to make a garden area in memory of their relative who had recently died to provide comfort to them.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Where people were unable to communicate verbally staff used a range of communication methods and materials to support people to participate and express their choices. We observed staff used a variety of alternatives to be able to communicate with people for example, pictures, signs and objects. For example, a person going away on holiday was concerned because their bedroom was being refurbished during their absence. In order to alleviate any concerns about the changes staff provided a story board detailing what was going to happen and provided updates as to the progress of the work whilst they were away.

People's privacy, dignity and independence were respected and promoted. We observed staff knocked on people's bedroom doors and called them by their preferred name. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that there were areas around the home where people could be private if they wished. Where people preferred to live alone people had been supported to do so. For example, the provider had developed a specific living area for one person so that if they chose they had their own space. We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

Staff said they had the time they needed to help people in a responsive way and were able to provide support so people could access leisure and social activities if they wished. One commented, "Usually most people are out during the day all doing different things." They told us the one person who had remained in the home all day on the day of the inspection had done so of their own choice because we were inspecting.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans. The Accessible Information Standards is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Information was available in care records about people's life experiences. This is important to assist staff to understand people's needs and wishes. We observed arrangements were in place to provide activities and leisure pursuits according to people's preferences. For example, one person liked trains and a rail pass had been arranged for them so they could travel regularly by train with staff support.

Transport was available for people to have trips out. On our arrival at the home people were preparing to go out on various trips and activities. For example, one person was going shopping to Meadowhall and another to Matlock. People's views on and experience of the activities provided in the home were positive. A relative told us they thought the home maximised their relative's potential and went out of their way to support people to access activities and facilities of their choice. They said that their relatives was now able to experience more than they would have done at home because of the way they were supported as the provider found ways to 'unlock doors'. For example, the home hired a local pool on a regular basis for exclusive use, so that people who did not like noise and crowds were still able to go swimming. Without this support some people would not have been able to have accessed this activity.

People said that care staff provided them with all the assistance they needed. We found that people received care that was responsive to their needs. For example, one person had received additional therapy support following the death of a relative. In order to help the person to deal with their grief the home implemented special time in the evenings for the person to talk to staff with them because the person had found nights a particularly difficult time. Additionally the staff had assisted them to develop a memory flower garden in memory of their relative. Other people had been supported to go away on holiday to places of their choice. Staff assisted people to decide where they wanted to go and how they could achieve this using words and pictures. One person told us about their plans to visit the home town of their mother, who was deceased, for a short stay so they could feel connected to them.

Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care plans were regularly reviewed and reflected people's changing needs and wishes. People were supported to be involved with their reviews and care plans if they wished. Resources such as a

words and pictures form had been developed to assist people with this.

Relatives told us they felt welcomed at the home and communicated with. Families received weekly communications which detailed what activities their relative was going to do every week and a breakdown of what they had done each week. They told us it made them feel involved in their relative's daily life. One family told us about an incident where their relative sustained an injury. They said, they had, "Open communication both during the initial treatment and through all the aftercare." Another person had lost contact with a member of their family and staff were working with them and their social worker to try to reunite them. Staff had been able to contact the person's foster parents in order to trace the person's relatives and arrange a meeting with them. This helped people to plan their week but know they would have contact with their families and lessen anxiety about when they could contact families. Another person had a large family who lived away and arrangements were made so that their extended family could visit on a regular basis. During their visits, they will spend time with their family member looking through photos and videos of events In addition, each person had an agreement with their families about how they wanted to communicate with them for example, by phone, visit or online and on which day that had taken place. This helps them to feel included in family events and happenings.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. People's spiritual needs were acknowledged and provided for. There were links with local churches if people wanted to use them. One person had the relevant objects to assist them to worship according to their faith when their family visited. The registered manager told us if the person expressed a wish to worship more often they would support them to do this but they were happy to worship with their family. In addition staff ensured the person's meals were culturally appropriate but were similar to other people's meals in content in order to prevent them from feeling different or singled out. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. For example, following a complaint about the management of clothing an improved system of management and documentation was implemented. Two people had weekly meetings scheduled with the registered manager so they could discuss their concerns and issues. Each person maintained a book with details of discussions and actions taken. When we spoke with people and relatives they told us they knew how to raise concerns and felt listened to. There were no ongoing complaints at the time of inspection.

At the time of our inspection there was no one who required end of life care so we have not reported on this.

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led. The management team had embraced the provider's principal aim, which was to best meet the needs of people so they can reach their full potential and live as rich and rewarding a life as possible. The management team actively enabled people to become involved in the running of the service. We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. There were formal and informal opportunities for people to express their views and wishes about the care and support they received. For example, people were involved in the recruitment of staff to ensure they felt comfortable with the staff who would be caring for them. New candidates were invited to spend time in the home and meet people who lived there and at the end of the day people were asked their opinions about the candidates. Their decisions and opinions positively impacted on the running of the service. For example, the registered manager had implemented a process to ensure two people could have their ideas and concerns addressed in a way where they were more comfortable. Weekly meetings with the registered manager were in place and this provided an assurance to them that what they wanted or needed to happen was going to and reduced their anxieties.

Staff used their understanding of people's unique ways of communication to seek people's views including sign language, pictures and one to one meetings. Based on what people had said changes had been made including changes to the menu and access to new activities. Questionnaires were sent to staff, relatives and health professionals which asked for feedback. These were analysed and action taken to improve the service. We looked at the results of these and saw they were mainly positive. Resident and relative's meetings had been held and we saw issues such as staffing and activities had been discussed with people. A template in words and picture was in use for recording the meeting, this enabled staff to engage with people following the meeting as not everyone was able or willing to stay in the meeting the whole time. Staff told us if people did not want to stay for the meeting they ensured they were kept informed of any discussions and given the opportunity to comment by speaking with them after the meeting.

The registered manager was a positive role model, who took an active part in people's day to day support, leading by example and working alongside staff. Governance was extremely well embedded in the running of the service. Records showed that the provider had robust systems in place to ensure the provision of good quality care and the registered manager had implemented these effectively. A development plan was in place which served as a working document to monitor improvements to the service. The registered manager completed a monthly quality assurance report and this was reviewed at the provider's monthly quality assurance meeting. Actions were added to the service's development plan. This was reviewed monthly and included any identified areas for improvement, actions required, ownership, the benefits and outcomes of the action, and date for completion.

Performance management processes were effective and regularly reviewed. The provider's quality monitoring team carried out audit visits to the service based on risk and supported the local staff team to improve standards. Audits were carried out based on the CQC key lines of enquiry (KLOE). Audit results were shared with staff teams so that action plans could be put in place for any identified issues. When we spoke with staff they were aware of the team and explained they were encouraged to raise positive and negative

issues with them to inform the ongoing assessment. For example, staff had taken part in a quiz about CQC in order to assess their knowledge and improve it. The registered manager told us they fed back the results of audits at team meetings.

There was a strong emphasis on continuous improvement. For example, they used accredited tools to support them with the provision of care such as a checklist developed by the Voluntary Organisations Disability Group and utilising Stopping over medication of people with a learning disability, autism or both (STOMP) which is an NHS initiative to prevent over medication. As a consequence many of the people living at the home have had their medicines reduced which in the long term will have a positive effect on their long term health. A development plan was in place for the home which had actions in place aimed at improving the quality of the service. For example, developing communication plans for each person who lived at the home. We observed the actions were either completed or in progress for completion this year. We observed that an action had been to reduce the incidents of physical interventions with people when they became distressed. We saw from records that incidents requiring physical interventions had reduced by 50% since 2016 due to adopting a proactive approach.

The registered manager promoted a caring, supportive and inclusive culture where staff were actively encouraged to share their ideas and concerns. The registered manager told us when recruiting it was important to find people who had the right values and are a 'nice caring person'. Staff told us the registered manager was always available to discuss issues with. The registered manager told us they thought it was important to have some management presence across the week including weekends for issues to be resolved quickly and effectively and provide support to staff. All of the staff felt they had a clear understanding of the service's goals and objectives and that the service had a clear understanding of what people wanted and all of the staff felt empowered to do the right thing for the people they supported. They described the home as homely and caring. We observed the registered manager operated an open-door policy and both people who lived at the home were welcome into the office at any time. During our inspection we observed people and their relatives coming into the office to chat with the registered manager. We also observed the registered manager was visible in communal areas throughout our visit and chatted with people. One person told us, "[Registered manager] is very good at his job!" They went on to tell us that they felt things were 'sorted' when raised and showed us evidence of this in their weekly discussion book. A relative said, about the registered manager, "Most approachable, listens. If he says he will do something then it happens." In addition, the provider had organised a social event where people from the home and other locations could attend and meet senior managers and directors.

Staff were highly motivated and proud to work for the service. They told us they felt supported by the management team. A member of staff told us how they enjoyed seeing how people developed and were proud to be a part of that development. For example, supporting people to access services and facilities and working with people to increase their independence, such as accessing public transport. Staff told us they felt there was a good team environment and staff understood their roles within the organisation. Some staff had been given lead roles in areas such as infection control and privacy and dignity. Staff were involved in the running of the service and encouraged to provide feedback. For example, their feedback had resulted in changes to practices. One member of staff told us staff had been unhappy with the previous shift patterns. They said this had been discussed with the registered manager and changes made. Regular staff meetings were held and staff received feedback from the manager about issues in the home. An open agenda was available for staff to put on any issues they wanted discussing at the meeting. The registered manager told us this helped them to understand what issues staff were facing on a day to day basis. A member of staff told us they felt their 'opinion matters'. The provider had put in place arrangements to keep in touch with staff and show they were valued as employees. For example, all staff had received a gift at Christmas and those staff who had managed to get to work during inclement weather had also been rewarded for their efforts.

The registered manager had developed working relationships with local services such as the local authority and GP services. We observed staff had worked with partner agencies to resolve issues. For example, a person was looking to develop their daily living skills so they could move onto a more independent placement. In order to facilitate this the home was working with the occupational therapist providing training sessions on issues such as cooking and budgeting. In another example, staff worked alongside hospital staff on a 24 hour basis in order to ensure a person who had been admitted to hospital received the appropriate treatment.

We looked at the Statement of Purpose which is a document providers are required to have in place detailing they details of the service. We found it reflected current arrangements for management and appropriate reporting of complaints. Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager understood their legal obligations. They had correctly let us know of any significant incidents.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be kept informed of our judgments. We found the provider had displayed their rating in the property and on their website.