Glenholme Healthcare (NGC) Limited

The Lustrells

Inspection report

27 Lustrells Crescent
Saltdean
Brighton
East Sussex
BN2 8AR

Website: www.ngcl.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Lustrells is a small home care home registered to provide accommodation, care and support for up to four younger adults with physical disabilities or learning disabilities or autistic spectrum disorder. The home is a detached split level bungalow with two floors and a garden. It is situated in a residential area, near to the local shops. The inspection took place on 29 June 2017 and was the first inspection since the service was registered in November 2015.

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.

Not all risks to people were being effectively assessed and managed. Potential risks associated with an enteral feeding system had not been identified and the care plan lacked guidance for staff in how to manage the system. Risks associated with pressure care had also not been assessed and plans were not in place to guide staff. This was identified as an area of practice that needed to improve.

Other risks had been assessed, managed and were regularly reviewed. People were supported to maintain their freedom and there were clear plans in place to guide staff. Staff had a firm understanding of how to safeguard people from abuse and understood their responsibilities in this regard. There were enough staff on duty and the provider had robust recruitment procedures to ensure that staff were suitable to work with people. People received their medicines safely. One relative said, "Any concerns are acted upon very quickly, I'm sure people are safe."

Staff had received the training and support they needed to be effective in their roles. One staff member said, "The training is very good and gives us peace of mind that we are doing things right." Staff understood the principles of the Mental Capacity Act 2005 and sought consent from people before providing care or support.

People were supported to have enough to eat and drink. Meals were provided according to the needs and preferences of each person. Where nutritional risks and needs had been identified there were clear plans in place to guide staff in how to support people. Staff were proactive in ensuring that people had access to the health care services they needed. A visiting health care professional told us that staff were "Helpful and knowledgeable about people's needs."

Staff knew people very well and had developed positive relationships with them. People were relaxed and comfortable in the presence of staff and we observed many interactions that demonstrated the closeness of their relationships. People were smiling and laughing with staff throughout the inspection and displayed affection openly. Staff treated people with respect and preserved their privacy and dignity. Staff encouraged people to make choices and to express their views.

Care plans were detailed and written in a personalised way. They provided a clear picture of the individual and guided staff in how to provide care that was responsive to the needs of the person.
People were being supported to lead full and active lives. Activities were arranged in response to people's individual interests and included regular trips out in the local community. One relative told us, "I can visit at any time but I phone first because they are always out and about doing something nice."

Feedback was used to improve the service and a complaints system was in place. Relatives told us they would feel comfortable to raise any concerns. The registered manager provided clear leadership and staff and relatives spoke positively of recent changes. One relative told us, "The new manager has different expectations, we have noticed the difference." A staff member said, "There have been a lot of changes, a massive level of improvement." Staff described improved morale and good communication within the team.

A range of management systems and processes were being used. These were effective in monitoring the quality of the service. Actions were taken to address any shortfalls that were identified. The registered manager was committed to developing the service and staff spoke positively about the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were not always identified, assessed and managed.

There were enough staff to keep people safe and recruitment systems were robust to ensure that staff were suitable to work with people.

Staff had a firm understanding of their responsibilities with regard to safeguarding people. People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the training and support they needed to be effective in their roles. Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People were supported to have enough to eat and drink and their preferences were respected.

Staff supported people to access the health care services that they needed.

Is the service caring?

Good

Staff were caring.

Staff were supported by people who knew them well. People had developed positive relationships with the staff.

People were treated with dignity and respect.

People were encouraged to express their views about their care and support.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and to access the local community.

Care was provided in a person- centred way that was responsive to people's individual needs.

People and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well- led.

The registered manager was approachable and promoted an open culture at the home.

There was clear leadership and staff understood their roles and responsibilities.

Systems and processes were effective in monitoring quality and driving improvements.

The Lustrells

Detailed findings

Background to this inspection

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

This inspection took place on 29 June 2017 and was announced. The provider was given 24 hours' notice because the location is a small service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke with three people who use the service and three relatives by telephone. We interviewed three members of staff and spoke with the registered manager and the Group Director of Care. We spoke with a visiting health care professional. We looked at a range of documents including policies and procedures, care records for three people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information for four staff, including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's systems and processes.

This was the first inspection since the service was registered on 25 November 2015.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they were confident that people were safe at the home. One person told us, "This is much better than the last place." A relative said, "It is safe, if we raise any concerns they are acted on very quickly. There have been safeguarding issues previously which were dealt with." Despite these positive comments we found some areas of practice that needed to improve.

One person had an enteral feeding tube. This system enabled them to receive their nutrition and medicines directly into the stomach, bypassing the mouth and oesophagus. Some staff had received additional training from an Enteral Nurse Specialist to enable them to manage the system safely. A risk assessment was in place but it lacked detail and failed to specify that only staff who had received additional training could administer medicines, food and fluids via the system. There was no information included in how staff would recognise if something was wrong, what actions they should take or who they should alert. Staff who were supporting the person with the enteral system told us that they felt confident and knew that they could contact the nurse specialist if they had concerns about the system. There was a small and stable staff team which meant that the person was receiving consistent care from trained staff. Although we have not judged this to be a breach of regulations the lack of a robust risk assessment and care plan meant that there remained a potential risk that staff could fail to use the feeding tube properly. This could be hazardous to the person and is an area of practice that needs to improve. We brought this to the attention of the registered manager who stated that a more detailed risk assessment and care plan were needed and gave assurances that this would be rectified.

One person was at risk of developing pressure sores and staff were expected to monitor their skin integrity. Staff had not received training in managing skin integrity and there was no risk assessment and care plan in place. Staff did not have information on how to recognise changes in skin integrity and there were not clear guidelines in place to support staff in managing this potential risk. A visiting health care professional told staff that the person's skin integrity was intact but that this would need to be monitored. Whilst we have not judged this to be a breach of regulations, ensuring that all risks are assessed and managed effectively is an area of practice that needs to improve.

Other risk assessments were in place and provided detailed information to guide staff. For example, one person sometimes displayed behaviour that could be challenging to others. A risk assessment identified specific hazards that could be dangerous for the person and a behaviour support plan identified potential triggers for the behaviour and guided staff in early intervention strategies that could be used to diffuse situations. Another person enjoyed going for walks and a risk assessment had been undertaken for this activity which identified a number of potential hazards. Clear guidance was provided for staff in how to mitigate these risks. Another person could become distressed and anxious in noisy or busy environments. The risk assessment identified that ear plugs or ear defenders could be used to protect the person when a noisy environment could not be avoided. We observed that the person had some ear defenders that they were wearing when they went out. One person told us they were going on a trip at the weekend. The registered manager explained a staff member would be taking them and this would entail a long drive. In preparation for this, the registered manager had arranged for a professional driving instructor to assess the

competency of the staff member to be assured they were safe to drive the person.

Environmental risks were assessed and managed. For example, Staff completed regular checks of water temperature to ensure that people were protected from scalds and burns whilst enabling them to maintain their freedom to run a bath or shower themselves. A fire risk assessment had been undertaken and regular checks were made to ensure the fire alarm system and equipment remained in good working order. Personal Emergency Evacuation Plans (PEEPs) were in place for each person. These identified the support that people would need in the event that they had to evacuate the building in an emergency. The provider had a business continuity plan in place and this had been reviewed to ensure contingency plans were in place to respond to any emergencies, for example flood or fire.

Incidents and accidents were recorded and analysed by the registered manager. Learning from this was evident and appropriate changes had been made to ensure that similar incidents were prevented. For example, where a medicine error had occurred the member of staff responsible was provided with additional training and their competency was checked to ensure that they had the skills and knowledge they needed to administer medicines safely to prevent another incident.

Staff demonstrated a good understanding about how to keep people safe. They were able to identify different types of abuse and knew how to report any concerns. Staff told us they would report to the manager straight away if they noticed changes in people's behaviour or any other indicators. One staff member said, "I know the people here very well and I would pick up on any signs." Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff understood whistleblowing and told us they would have no hesitation in reporting any concerns about the organisation. People and their relatives told us that they were confident that people were safe at the home.

People were supported to receive their medicines safely. Staff who administered medicines had been trained and their competency had been checked. Medicines were stored securely in locked cabinets in people's rooms and there were regular checks of the temperature to ensure that medicines remained effective. Some medicines needed additional monitoring and there were systems in place to check that this was happening. Medication Administration Record (MAR) charts were consistently completed and any gaps were reported to the manager and followed up to ensure the accuracy of the record. There was a protocol in place for recording when people received PRN(as required) medicines and this was checked by the registered manager.

There were enough staff on duty to care for people safely. The registered manager told us that staffing levels were maintained consistently to provide one to one support for people during the day and to ensure that two staff were available at all times for a person who needed to be moved with the assistance of a hoist. Staff members confirmed that staffing levels were maintained and told us that the provider was currently recruiting new staff. One staff member said, "It's much better than it was, it feels safer here now."

People were cared for by staff that had undertaken the relevant checks to ensure they were safe to work within the health and social care sector. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the staff. One person said, "The staff here are brilliant." A relative said, "The staff certainly have the skills they need, we would know if (person's name) was unhappy." Another relative told us, "The staff are very good, the new manager is very experienced and has been training them. They have a lot to do and they manage really well." Staff were observed to be confident and knowledgeable in their roles.

Staff told us that they were able to access the training they needed. Staff had received a thorough induction before starting to work with people. They said that this had included time shadowing experienced staff and getting to know the people they were caring for. One staff member told us, "I have had lots of training since I started, it has all been useful. We are well supported here." Another staff member said, "There has been a massive improvement with the new manager, more staff, more training and staff feel comfortable in their jobs." A third staff member said, "We get the training we need, for example I have been trained in manual handling and use of a PEG." The registered manager explained that their experience and background enabled them to provide specific training for staff in supporting people with learning disabilities who sometimes displayed behaviour that could be challenging to others. This included training in conflict resolution, the principles of positive behaviour support, and strategies for crisis intervention and prevention (SCIP).

The Group Director of Care told us that the provider was committed to supporting staff to undertake the care certificate. This is an identified set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff could access training from the local authority and other external training providers and there were plans to introduce a new e-learning package which included competency assessments for staff. A training plan confirmed that staff had received training that was relevant to the needs of the people they were supporting and that there was an on-going plan to support staff development.

Staff told us they felt supported in their role and that they had supervision meetings with the registered manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that, since the new registered manager had joined the home, staff were beginning to receive regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act 2005 and issues relating to consent. Throughout the inspection we heard staff seeking consent from people before providing care. For example staff were heard checking with people, "Do you need any help with that?" "Are you ready? Are you happy for me to do this? Shall I pour this now?" and "Would you like me to move that?" Records showed that, where people had capacity to do so, they had given consent to specific decisions. For example, one person had bed rails. Their consent to the use of bed rails was detailed in their care records. One staff member said, "People have a right to make decisions and they can make wrong decisions too. For example, if they chose to spend their money on sweets. We can advise, but it's their money and their choice if they have capacity." Where people were thought to lack capacity to make specific decisions a mental capacity assessment had been completed and decisions were made in the person's best interest. The registered manager had made appropriate DoLS applications to the local authority for two people and records showed that relevant people had been consulted. This showed that the service was working within the principles of the MCA.

People were supported to have enough to eat and drink. Staff knew people well and were knowledgeable about their likes and dislikes. One staff member was heard discussing a pub menu with a person who was pointing to a photo and indicating that they liked the roast dinner shown. The staff member said, "You do like Yorkshire puddings, shall we make a roast dinner on Sunday?" The person responded enthusiastically. Care records included details about people's preferences, for example, 'Cheese has to be melted or (person's name) won't it eat.' Another record included dislikes for a person, 'Baked beans, peas and kidney beans.' Staff said that people were supported individually to choose what they would like to eat. We observed this happening during the inspection with one person choosing to eat out and another person discussing what they would like for their meal. Staff told us that there was no set menu because people were able to make choices on a daily basis. We noted that people were supported to be involved in preparing their food and one person had made some cakes which they were offering to all present. Risks and nutritional needs were identified and assessed. One person was receiving some of their food via a enteral feeding tube but was also able to have some food by mouth. Risks of choking had been assessed by a Speech and Language Therapist (SALT) and their care plan included detailed guidance for staff in how to support the person with food and drink. We observed staff following this guidance carefully. One person was having their weight monitored due to concerns about weight gain. Their care plan included a goal to lose weight by eating healthily, having fewer treats and reduced portion sizes. Staff said that the person had also increased their levels of activity and was enjoying a dance and exercise class. The person indicated to us that they were happy about this. A relative told us, "They get a well-balanced diet and the food is good, they have been putting on weight."

People were supported to access the health care services that they needed. Staff told us that they had good connections with local health care services including the GP. One person had an infection and staff had contacted the GP for advice with agreement from the person. They said that they saw the GP on a regular basis and staff described a supportive relationship with good communication. Another person had been referred to a nutritionist for advice about maintaining a healthy weight. People had appointments with a range of professionals including a chiropodist, community nurse, SALT and enteral nurse specialist. A visiting health care professional told us that staff were "Helpful and knowledgeable" about the person they were visiting.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were caring and kind. One relative said, "All the staff are lovely, I'm very happy, very satisfied with the care." Another relative told us, "They are all good staff, every one of them. We had problems in the past and it's a relief now to know they are well looked after." Relatives told us that they felt welcomed by staff and they were able to visit at any time.

We observed that people had developed warm relationships with the staff. One person demonstrated their affection for a particular staff member by making clear eye contact with them, reaching towards them and instigating a hug. They smiled warmly at each other and the person confirmed that they were happy with the care they received.

People were clearly relaxed and comfortable in the company of staff and there was a calm and friendly atmosphere. People were laughing and engaging in conversations with staff, there was lots of eye contact and their body language showed they were relaxed. Staff responded to people appropriately. One staff member was undertaking an administrative task whilst sitting with someone who was working on a jigsaw puzzle. As soon as the person asked a question or indicated that they wanted something the staff member immediately engaged with them and listened to them. Staff responded to people in a caring way, using appropriate language and tone to maintain the calm atmosphere. Throughout the inspection we saw examples of positive interactions between people and staff with lots of humour and laughter between them.

Staff knew people well. They were aware of people's background and individual needs and demonstrated that they understood what was important to the person. For example, one staff member told us about a person's background and how unsettled they had been previously. They explained that they needed to have a routine and to know what they would be doing. The staff member said, "They can become very anxious and unsettled so we have to be clear about what is happening to give them security." During the inspection we observed that this was happening.

People and, where appropriate their relatives, were supported to be involved in planning their care. A relative told us, "We have always been very involved and we remain included in any discussions." A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. One staff member said that this enabled them to support people with planning their care arrangements. An example given was that the keyworker supported the person to maintain contact with their family through a range of communication methods. The staff member said, "We use different ways of communicating, by email, by telephone and with a communication book, then they choose how it happens." Care plans were detailed and included people's daily routines and particular issues that were important to them. For example, one person preferred to have a particular TV channel on at a certain time in the evening.

One person used a mixture of eye contact and an electronic system to communicate. Staff were patient and attentive making sure that they waited for the person to respond when they asked questions and respecting their views. One staff member spoke respectfully about how the person had taught them to be a more

effective communicator. They told us, "I have so much admiration for them, they were so patient with us (staff) especially at the beginning when we had to learn the system."

People were treated with dignity and their privacy was respected. Staff had a firm understanding of how to promote dignity and spoke positively about the people they were caring for. One staff member said, "When routines are important to people we have to respect that because if they are disrupted and people get upset and anxious that can lead to a loss of dignity for them." Another person said, "When we are out and about we need to make sure that people are dressed well and look good." Another commented, "We have to be mindful of what's going on around us to ensure that people are not upset or distressed by something because that can have an impact on them and how they are seen by other people." Staff were mindful of maintaining people's privacy. We noted that doors were closed when people were being supported with personal care. Staff were careful to knock before entering a room.

Good

Is the service responsive?

Our findings

People were receiving a personalised, responsive service. Assessments had been completed before people came to live at the home. This information was used to develop personalised care plans. Staff knew people very well and understood what was important to them. They spoke about the importance of routines for some people, their likes and dislikes and how they preferred to be supported. Care plans were detailed and gave a clear picture of the person and their particular needs. This provided clear guidance for staff to enable them to provide care that was responsive to people's needs. For example, one care plan identified a specific number of towels that a person needed after having their bath and what each towel should be used for. Another care plan provided clear guidance on a person's night time routine including the order in which they preferred things to be done and clear information about what the person could do themselves and what help they needed. Staff told us that this routine was important because it helped the person to feel comfortable and calm before going to sleep. One person had a detailed care plan to guide staff in how to support them to be positioned safely and comfortably in bed. This included photographs of how and where to position equipment that supported the person's comfort.

Care plans had been regularly reviewed and updated when people's needs changed. For example a staff member told us that if care plans were not working effectively they would be reviewed. They said, "We sometimes need to try different approaches with people, when we find a strategy that works the care plan is updated so we can be consistent." A relative told us that care was well personalised. They said, "The staff do understand the importance of consistency for (person's name). They need a lot of reassurance and having good continuity with the staff is very important for them." We noted that the person's care plan reflected this and included details about the importance of structure and routine for this person. It stated, 'Staff changes to be kept to a minimum and activities to be planned and structured.'

People were supported to follow their interests and activities were based upon their preferences. A relative said, "The service is totally resident based, they have a very good individual programme, very much based around enrichment of their lives." People were seen to be occupied throughout the inspection and staff were supporting them individually. Activity programmes reflected people's personal preferences and interests. For example, one person enjoyed music, dancing and physical exercise. They had a gym membership and had recently started attending a music based exercise class. Staff said they had really enjoyed this experience and would support them to go regularly by adding this to their weekly activities schedule.

People were supported to access the local community regularly. On the day of the inspection one person went out for lunch with a staff member to the local pub. Another person went for a walk during the morning. Activity schedules showed that people were supported to access a range of local facilities including a gym, the cinema, pubs, restaurants and coffee shops. One person had started visiting a local stables and enjoyed seeing the horses. Staff told us that two people were going on a day trip to London at the weekend, one wanted to visit the Zoo and another wanted to visit China town. This showed that people were leading full and active lives.

When they were at home people had a range of activities to provide them with stimulation and occupation. For example, one person enjoyed cooking and staff spent time supporting them to make cakes during the inspection. They told us that they enjoyed doing this and they were clearly pleased with what they had made. Another person was playing a computer game with staff and a third person was enjoying a foot spa. Staff understood the importance of offering regular opportunities for people to be involved in activities within the home. One person was seen being supported to make a drink and offering to make drinks for other people. Staff told us that people also had opportunities to relax and spend time alone when they wanted to. We heard staff offering someone the option to spend time watching sport on television downstairs in a quiet lounge. Staff told us that this was because the person sometimes became distressed in noisy environments.

People were supported to maintain relationships that were important to them. One person told us that they were very happy because a staff member was taking them to visit their friend in another town. Relatives told us that staff communicated effectively with them and enabled them to keep in touch with their relations. One relative said, "I always ring before I visit because they are always out and about doing nice things."

The provider had a complaints system and there was information about how to make a complaint on display near the front door. Relatives told us that they knew about the complaints process and would feel comfortable to raise any concerns. One relative told us, "We can talk to any of the staff, it's not a problem." Another relative said, "I have raised an issue previously and it was dealt with straight away." The registered manager said that there had been no recent complaints and any issues that were raised were addressed as soon as staff were made aware of the concern.

Good

Is the service well-led?

Our findings

The service was well-led. The registered manager had been in post for approximately three months at the time of the inspection. Relatives spoke positively about the registered manager and told us they were approachable. One relative told us, "Things didn't always happen before, now they are. The new manager has different expectations, we have noticed the difference." Another relative said, "The new manager seems very forward thinking, they have done a lot of training."

Staff were also positive about the management of the home. One staff member said, "Things have improved, for example, the paper work is a lot better." Another staff member said, "The manager is a nice person, they notice little things and remind us, details are important." A third staff member said, "The home is run very professionally now, there have been a lot of changes, a massive level of improvement." Some changes had been made to improve the support offered to staff.

Staff described morale as "good or very good," and spoke of a supportive and open culture. One staff member said, "We have team meetings when we need to and we discuss any issues. I think everyone feels comfortable with this." Another staff member said, "We are a small team but it's a good atmosphere and we work together well." There was clear leadership throughout the home and staff demonstrated a clear understanding of their roles and responsibilities. One staff member said, "We have good communication systems and everyone knows what is expected of them." Another commented, "We are supportive of each other, it's a good team." There were a number of effective communication systems in place including shift plans and communication books. Staff had made positive links with the local community including with the GP surgery, pharmacist and other health care professionals, a local riding school and with neighbours.

There were effective systems and processes in place to ensure that the quality of the service was maintained. One staff member said that a new system had been introduced for recording outcomes. They said, "It's a much better system, it makes it easier for us to keep recording up-to date." Records for monitoring changes were consistently completed. Any gaps were noted and followed up to ensure that records remained accurate. Systems ensured that quality monitoring checks were undertaken on a regular basis. For example, checks on the fire alarm system were included on a rota so that staff knew when they should be completed.

A number of internal and external audits had been undertaken. This included a health and safety monitoring check by the local authority a medicines audit undertaken by a local pharmacist. Actions had been taken to address any shortfalls identified by the audits. Incidents and accidents were recorded and monitored to analyse any patterns. Actions had been taken to reduce the risk of further incidents. For example, an incident had occurred when a wheelchair was not secured properly in a vehicle. This had been investigated and measures were taken to ensure this did not happen again. This showed how information was used to drive improvements at the home. The registered manager was committed to continually developing the service and described plans for future engagement with service user's and their families. A newsletter had been introduced to aid communication and keep people in touch with changes at the home. Staff described being involved in discussions about plans for development at the home and spoke positively about the

future.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager knew they must submit notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.