

Charing Gardens Limited

Park View Care Home

Inspection report

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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

About the service

Park View is a care home registered to provide care and support for up to 44 older people who are living with dementia. The accommodation was provided over two floors and in a linked detached eight bedroom annex. The accommodation was spacious and modern. A lift was available to take people between floors. At this inspection, there were 35 people living in the service.

People's experience of using this service and what we found

People told us they felt safe living in the service. One person said, "I feel safe, carers are all very kind and helpful." A relative said, "Yes [X] is safe, never had any concerns. I have never seen anything untoward to think otherwise."

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. There were systems in place to support staff and people to stay safe. There were enough staff meet people's needs. The registered manager had appropriate arrangements in place to ensure there were always enough staff on shift.

Medicines were managed safely and people received them as prescribed. Policies and procedures were in place for the safe administration of medicines and medicine competency checks were completed for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received regular training and supervision to help them meet people's needs effectively.

People received the support they needed to stay healthy and to access healthcare services. These were reviewed regularly.

Care plans were individualised, detailed and provided clear, consistent information about people's needs and risks.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

Complaints policies and procedures were in place and these were followed. Complaints were recorded and actioned.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them.

There was a system in place to monitor the quality of the service. This had been effective in identifying where improvements were needed and the registered manager actioned these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published on 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Park View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced the first day and announced the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local Healthwatch for information about the service. We were notified they had no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted healthcare professionals such as GP, care managers and health practitioners for feedback on the service. We received feedback from the GP and a local authority care coordinator. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection, we spoke with four people, five relatives, two care workers, two senior care workers, the cook, activities coordinator, the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records and medicines records. We looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the survey result and staff training matrix sent to us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. They said, "Very safe, staff are all lovely. I am happy here" and "Staff always walk with me to where I want to go otherwise I get lost."
- Relatives said, "Very safe, the care [X] gets here from the girls is second to none" and "100% safe with the staff, they are amazing."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because the registered manager and staff were aware of safeguarding policies and procedures to follow. The registered manager had reported concerns as required.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something wrong, I will inform my line manager. I can go and report to the police or CQC."

Assessing risk, safety monitoring and management

- Care related risk assessments continued to be in place. These were detailed enough to guide staff on what to do to minimise each identified risk and help keep people safe. For example, moving and handling risk assessments showed the support people needed such as walking with a stick or if two staff were needed to support the person to get up.
- The risk assessments had adequate control measures to protect people from risk of harm in a positive way. These included falls, medicines, care plans and daily routines. Staff told us these were to support people with identified needs that could put them at risk.
- Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the information they needed to help people remain safe. For example, detailed diabetes guidance for staff to follow in the day to day management of one person's diabetes.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.
- People continued to be protected from environmental risks. Risk assessments were in place. Equipment were well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Learning lessons when things go wrong

- Accidents and incidents continued to be recorded appropriately by staff. These included details of the action taken in response to the incident and measures to prevent a future occurrence, following the provider's policy.

- The registered manager reviewed all accidents and incidents to ensure relevant action had been taken. Records evidenced that the registered manager had referred people on to the advanced community practice nurse when necessary for support and advise.
- Records of people's accidents and incidents were kept in their care files which helped staff understand why care plans or risk assessments had been amended.

Using medicines safely

- People told us they received their medication as prescribed. One person said, "I always get my medicine in a little pot with a beaker of water, the carer stays with you until it is taken."
- Medicines were managed and stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them.
- Medicines administration records (MAR) were in place and completed accurately by staff each time medicines were given.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.
- A healthcare professional said, "We have no concerns in relation to the residents care, and staff have always raised concerns promptly with us regarding their health care issues."

Staffing and recruitment

- People and their relatives felt there were enough staff to meet their needs. One person said, "More than enough staff, they are always around if you need something." Another said, "Adequate carers for me. I like to do things for myself. For those who are limited in their movements, there is usually staff around to assist them."
- One relative said, "Definitely enough for (family member's) needs." Another said, "Yes, definitely. I am here at different times, at least one member of staff in the lounge, sometimes two or three, the office is always open."
- There continued to be a sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed that care was delivered in line with how staff were allocated and responded to people's requests throughout the day.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- We observed staff wearing personal protective clothing. One person said, "When the carers help me in the shower they always have their aprons and gloves on."
- The environment was clean and odour free. There were systems designed to prevent and control the spread of infection. The domestic staff were aware of their protocols for work, responsibilities and schedules of cleaning.
- The registered manager carried out infection control audits monthly where any concerns were identified. These had been acted on.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included for example, if they have any cultural or religious beliefs or needs to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support. A relative said, "As a family, we are fully involved in discussions about [X] care. Any changes in their health, we get a call straight away."

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, and the advanced community practice nurse. A visiting advanced community nurse said, "I think it is a good home. Very proactive in referrals to us. We do weekly clinics in the home."

Supporting people to live healthier lives, access healthcare services and support

- People told us that their health needs were being met in the service. One person said, "Always there for you, always concerned about your health."
- People continued to be supported to maintain good health. People were referred appropriately to healthcare professionals. Care plans gave direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or community nurse. An advanced community practice nurse said, "They are very good in carrying out our instructions."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their dentist, optician, dietician or consultants overseeing their specialist health needs. Records of visits were kept to evidence this.
- The GP commented, 'Staff appear to know their residents well, and any ongoing support with patients care required by the GP practice is always followed through'

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they like the food served. Comments included, "Well I like the food, I am sure if I had a

particular dislike of something the cook would prepare me something else"; "It's very good. I don't eat a lot, I have never had a big appetite, staff always make sure I am getting my calories. Always leave me jugs of juice and water to keep me from getting dehydrated" and "It's well-cooked and we have plenty of choice."

- Relatives said, "Staff check to see if they are dry and give them a drink to make sure they are not dehydrated" and "The joy of [X] life at home was eating. Loves their food here, plenty of it and they look forward to their meals."
- The cook takes the daily menu round each day to ask people their choice of food for the day. The cook said, "I take the menu out to people to choose what they would like daily. If they do not want something, I will do what they like. For example, one person decided that they were a vegetarian. So, I spoke with the person and put a diet together with the person based on their preference."
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals. We observed this during lunchtime.

Staff support: induction, training, skills and experience

- Staff continued to receive the training, support and guidance they required to meet people's needs. The training matrix sent to us confirmed this.
- Staff undertook mandatory training and refresher training in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The in-house induction also included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.
- Staff were regularly supervised and had an annual appraisal with a member of the management team. Staff had their competency checked to provide care, support and medicine assessed by a member of the management team in medicine administration.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent and ability to make specific decisions had been assessed and recorded in their records.
- Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act.
- The registered manager was aware of their responsibilities under the MCA. They had applied to the local authority for DoLS for people in the service. The service had 16 people with authorised DoLS in order to keep them safe at Park View.
- Staff were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. One person said, "When I get up staff come in and help me wash and dress. They always ask if I would like a shower, if I don't want one they

help me wash at the sink."

- Consent to care and treatment while living at Park View was discussed with people. Photograph consent forms were signed by people or their relatives, which indicated consent for the use of their photographs.

Adapting service, design, decoration to meet people's needs

- We observed on the day of the inspection people had free access to all areas of the service, including the kitchen.
- The service was designed and decorated to meet people's needs, including people living with dementia. The environment was spacious and well decorated. For example, photographs on people's bedroom doors were clear. As people living with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms.
- People's rooms were personalised to suit their tastes and needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People described the staff as kind and caring always willing to help them. One person said, "Very kind and helpful. If you need help they will always help."
- Relatives said, ""Staff are very caring and its genuine care. This helps [X] to have a good quality life" and "Staff are so personable. One of the night staff kneels down with [X] when they say their prayers, so personal. I cannot fault the staff, they treat the residents as their family."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- People's religious views were respected. One person said, "On Sunday, the Salvation Army people come, and we can join them if we want to." A relative said, "Every Friday, the priest visits [X] and they are always made welcome."
- A relative said, "When [X] was taken to hospital, staff stayed with them in hospital until they were in bed."
- Staff helped people to stay in touch with their family and friends. For example, one person likes to make phone calls to relatives regularly. Records showed that staff supported this person as stated in their care plan. We observed people receiving visitors during our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. For example, one person said, "I like to do things for myself, staff always come into my room when I get up and ask me how I am and would I like any help."
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care. A relative said, "Fully involved, regular discussions about what help (family member) needs."
- People were able to express their needs and received the care and support that they wanted. Menus were also discussed with people who were able to on a daily basis. This enabled people to make food choices.
- Staff understood the importance of respecting people's individual rights and choices.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. We observed staff discreetly asked people if they wanted assistance to go to the toilet. One person said, "Staff always knock before they come into my room." Another said, "Always give me privacy in the bathroom. The door is always closed and they [staff] let me wash myself

and if I want some help I ask them."

- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way. A relative said, "Staff ever so polite to (family member) always with a big smile on their faces."
- People's independence was encouraged by staff. People's care plans recorded their strengths and what they were able to do so that staff could support them in a way that encouraged them to retain independence.
- Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised, detailed and provided clear, consistent information about people's needs and risks.
- Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs.
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was in place.
- Where people's needs had changed, care plans were updated, and staff were made aware of these changes. For example, one person had a fall in August 2019. X ray was done in hospital, but nothing found. The person's mobility had declined since then. The registered manager completed a referral to the advanced practitioners who visited during our inspection with the occupational therapist. The registered manager told us they are monitoring the person's mobility as requested and we saw evidence of this in the care plan. We observed two staff assist the person to stand based on the updated care plan.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. One person said, "On Sunday the Salvation Army people come and we can join them if we want to." Other people did not have specific religious beliefs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People said, "I like the trips out, went on a trip to B&Q last month and I love it" and "I am quite happy up here in my room sitting out watching the birds in the tree or watching TV. The activities person comes up to see me for a chat."
- A relative said, "[X] has never been a great one for joining in, sits and observes. Plenty of activities going on, yesterday there was a guitarist, and everyone was joining in singing along."
- An activities coordinator was employed. They planned and facilitated several groups and individual social activities. There was a plan of special events and activities, these were advertised on the home's notice board. We saw the activities coordinator encouraging people to take part. People were offered individual support according to their needs and choices.
- People were visited regularly by friends and relatives. Relatives said, "Does more now than [X] ever did at home. Loves the bingo likes to call out the numbers, loves the trips out to Dobbie's and Riverside Park" and "Always made to feel welcome, always offered a cup of tea with (family member), staff always tell me what he has been doing." One person said, "My daughters come regularly, staff know them very well."

End of life care and support

- During the inspection, staff were providing end of life care supported by end of life professionals.
- Staff had conversations with people and their relatives about end of life plans and people who had chosen to, had written plans in place. The registered manager confirmed this and said, "We receive support from the community practice nurses about end of life care and support." An advanced community practice nurse confirmed this and said, "They do alert us regards end of life. We have end of life practitioners that visit here regularly to support."
- Some staff had received end of life training. This would enable those staff in meeting people's end of life care and support needs.

Improving care quality in response to complaints or concerns

- A relative said, "The managers are here if we need to raise an issue. So far we have had no reason to complain." Another said, "I have not had to make a complaint, but I am sure the manager and deputy would definitely deal with it immediately."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The registered manager had responded to all complaints received and these were resolved satisfactorily.
- The complaints procedure was on display on the notice board in the service.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and local government ombudsman.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed easier to read information to help people living with dementia to be able to understand their care needs and what they required support with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- People told us that they found the registered manager and deputy manager approachable and helpful and felt that the home was well managed. One person said, "From my point of view, the home is run well. The managers are always available if I have a query." Another said, "I am happy here; staff are here for you, they sit and chat to you, and check if everything is okay."
- A relative said, "I would say very well managed. The managers are approachable, when [X] came here, the home and I worked together to get them settled. We both wanted the best for [X]." Another said, "Very well managed, meals are good and everywhere is kept very clean."
- Everyone was aware of who the deputy manager and registered manager were. We saw both the deputy manager and registered manager supporting people and staff members throughout our inspection. One person said, "I am well looked after, some lovely people working here."
- The management team included the deputy manager, registered manager and the director of care and operations. The registered manager had a proactive and enthusiastic approach to service development and improvement.
- There was a strong emphasis on continually striving to improve. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). For example, during the inspection, we found that one person's behaviour started becoming challenging to the service. The registered manager was open about this and confirmed this. They had requested support from the local authority on how to manage this person's behaviour and professionals visited the person during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives and feedback was received in June 2019. Records seen showed that people were happy with the service provided by Park View.
- A relative said, "I completed a survey and gave them full marks this year. I had a text back to say thank you for completing the survey."
- Communication in the service had been maintained through handovers with staff and regular staff meetings. At these meetings, any concerns, actions or issues were discussed and addressed.

Working in partnership with others

- The management worked with funding authorities, local authority safeguarding team and other health professionals such as the community nurses to ensure people received joined up care. For example, the advanced community practice nurse when necessary for support and advise.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- A healthcare professional said, "Based on dealings regarding 1 customer of mine I think the service is well managed."
- A relative said, "I would be devastated if [X] had to move home, staff and management are so willing to deal with any situation and look at ways of keeping them safe." Another said, "Yes, the staff appear capable. There is always someone on site who can make a decision as whether to call doctor or ambulance."
- Staff told us that the management team continued to encourage a culture of openness and transparency and the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The manager is supportive". Another staff said, "The manager helps me and answers questions raised. I can go to the manager at any time".
- The registered manager continued to complete monthly audits of all aspects of the service, such as medicine, kitchen, infection control, personnel, learning and development for staff. The registered manager also carried out a series of audits monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service.
- The audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.
- Staff told us the director of care and operations visited regularly to monitor the service and speak with people and staff.
- Records were adequately maintained. Care plan records were reviewed regularly and up to date.

Continuous learning and improving care

- The registered manager kept up to date with good practice, to share with staff and improve quality outcomes for people. For example, the service had implemented the National Institute for Health and Care Excellence recommended oral hygiene assessment protocol upon receiving this for people in the home.
- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement the 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 informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.