

# Rose Petals Health Care Ltd

## Clare Mount

### Inspection report

376-378  
Rochdale Road, Middleton  
Manchester  
M24 2QQ

Tel: 01616433317

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Clare Mount is a residential care home providing personal and nursing care for up to 29 people in one adapted building. At the time of the inspection there were 20 people using the service.

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

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.

People received their medicines as prescribed but some records relating to the management and administration of medicines needed further auditing and updating.

Safe systems of staff recruitment were in place. Staff knew people well and there were sufficient numbers of staff to meet people's needs. Staff had received training in safeguarding and were aware of their responsibilities. Risks to individuals and staff were identified and well managed. All the required health and safety checks were taking place. The provider was managing the risks related to COVID-19.

Assessments of people's needs were person centred and gave staff the information they needed about what was important to and for the person. Staff received the induction, training and support they needed to carry out their roles effectively. Staff were very positive about recent in depth training they had received. People's nutritional needs were met, and most people were very positive about the food. The home was clean, improvements had been made to the decor and furnishings of the home. Some repairs and improvements were still needed. People's health needs were met.

Throughout the inspection, staff were observed to be kind and caring. Staff were friendly, happy and attentive. They knew people well and people knew the staff who were supporting them. People, and where appropriate their families, were involved in decisions about their care.

Detailed person-centred support plans and risk assessments were in place to guide staff. There was a range of activities on offer. Relatives told us they felt involved and were made to feel very welcome. There was an appropriate system in place to manage complaints. The service was following the Accessible Information Standard (AIS). People's wishes for end of life care and support were identified and recorded.

Systems for auditing, quality monitoring and oversight had been improved. The systems and improvements we saw during our inspection needed to be embedded further and required a longer-term track record of sustained improvement and good practice. Everyone spoke positively about the registered manager, the changes and the way the home was now run. People told us the atmosphere and support provided had improved. A relative said, "Nothing is ever too much trouble for the team. They do everything they can to accommodate [person] and myself." People told us the registered manager and staff were approachable

and helpful.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 8 December 2021, republished 11 June 2022 with additional actions) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

At our last inspection we recommended that the provider ensured all staff understood the principles of MCA and DoLS. At this inspection we found the provider had acted on the recommendation and improvements had been made.

This service has been in Special Measures since 8 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clare Mount on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendation:

We have made a recommendation about the audit and management of some medicines.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Clare Mount

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors, a medicines inspector and an Expert by Experience on the 6 July 2022, and one inspector on 7 July 2022. 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

Clare Mount is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clare Mount is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post, who is also one of the providers.

#### Notice of inspection

The first day of inspection was unannounced.

### What we did before the inspection

The provider had completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and three relatives. We also spoke with eight staff including the registered manager, operations manager, care staff and the activity coordinator. We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection systems were not robust enough to demonstrate that medicines were being managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. We have made a recommendation about medicines.

- People were safely administered their medicines as prescribed and when they needed them. We were assured people were not administered medicines to control their behaviour. Records were kept showing medicines had been safely administered, and topical preparations were applied as prescribed. One person said, "I always get my medication within range of the times I should."
- Information to support staff to administer 'when required' medicines was in place and was centred around the person. People received their medicines in a person-centred way, the service used tools to ascertain pain levels for people who were unable to verbally express discomfort.
- Where people were having their medicines covertly, hidden in food and drink, staff did not always have information about how to administer the medicine. There was a risk people might not have their medicines given in the correct way.
- The policy to support staff with the safe administration of medicines did not include the latest legislation and guidance so required updating.

We recommend further auditing to ensure the improvements are sustained and any identified actions are completed.

### Staffing and recruitment

At our last inspection systems for ensuring staff received support, training and professional development was not effective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe systems of staff recruitment were in place. All required checks were undertaken prior to people commencing employment. There were on going checks of nurse's right to practise.
- There were sufficient staff to meet people's needs. We observed when people requested assistance it was provided promptly. Where people had been assessed as needing one to one support this was always provided.
- Staff told us staffing levels had improved. They said, "We have enough staff at the moment. Some days we are low, due to sickness. We all try to support each other on these occasions. Staffing has got better" and "Staffing is good now, better than before. Staff are now working together. There is less agency staff being used."

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were not robust enough to safeguard people from the risk of abuse. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of abuse. People told us they felt safe living at the home. One person said, "I feel safe here. The staff are very nice, they support me a lot."
- Staff had received training in safeguarding and were aware of their responsibilities. They were confident the registered manager would deal with any concerns they raised promptly. One said, "Yes [registered manager] would listen. I have raised stuff in the past and it was dealt with."
- Records were kept of concerns raised and action taken. This included notifying the local authority and CQC where required.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems were not robust enough to demonstrate the safety of people and the environment was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people who lived at the home, and staff, were assessed and well managed.
- The required health and safety and equipment checks were taking place.
- We found a shower room had loose floor tiles. The registered manager confirmed the work was planned for the day of our inspection. A health and safety audit; (which the registered manager had commissioned in January 2022), had identified a loose handrail and worn carpet. This had not been addressed at the time of our inspection. The registered manager said they would be added to the planned programme of improvements and updates to the building and décor.
- Records were kept of accidents and incidents that occurred to people who used the service.
- The registered manager took action to minimise on going risk.

#### Preventing and controlling infection



At our last inspection we found infection control procedures were not being followed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection systems for ensuring assessments and care plans were accurate and reflected people's needs were not effective. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had introduced a detailed assessment that was used to make sure people's needs and choices were identified when they started to live at the home.
- Person-centred support plans and risk assessments, that reflected what was important to and for the person, were in place to guide staff.
- Personal profiles gave good detail about each person and identified what was needed both in terms of support and care records. It gave good detail about how people liked their support to be.

Staff support: induction, training, skills and experience

At our last inspection systems for ensuring staff had the training, the support and experience to competently undertake their role were not effective. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Staff had recently completed in-depth face to face training covering mental health, pressure area care, safeguarding, infection control, manual handling and dementia. Staff said they had benefitted from the extra courses and felt more confident in doing their jobs. One told us, "Recent training on dementia has helped a lot and supported with my understanding of dementia. I hope I can better care for people because of the training that has been provided." Another said, "Things have improved. The quality of care is better after the training. Manual handling has improved a lot."
- Staff felt supported and we found staff knowledge and understanding of their role was greatly improved. A

relative told us, "From what I have seen, the staff are well trained. [Person who used the service] can be challenging and they always assist [person] with patience. They understand [persons] needs. They are all kind and helpful."

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

- People were supported to eat and drink and maintain a balanced diet. Most people were very positive about the food.
- People's nutritional needs, likes and dislikes were identified. Risks associated with nutrition were identified and timely intervention sought if concerns were raised. Where people were at risk of losing weight, we saw their weights were regularly monitored and where needed support was sought from other professionals, such as speech and language therapy and dieticians. A relative said, "They have made [person who used the service] a proper diet plan which they have gone over thoroughly with us, finding out all the foods [person] likes. The food is good and [person] is putting weight on."
- The home had received a 5-star hygiene rating from the food standards agency in July 2021.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection systems for ensuring people had their healthcare needs met were not effective. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008/ (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff worked closely with other agencies to ensure people's health needs were met.
- People were supported to access a range of health care professionals. One person said, "They are quick at getting the doctor in if I need one." A relative said, "They do let me know if they have got the doctor in. [Person] didn't have [their] glasses on during my last visit and it turned out [person] had broken them, but they had contacted the optician and ordered a new pair."
- A staff member, who had received additional training was the oral hygiene champion. The provider had funded a dentist and podiatrist to attend the home every month.

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

- Since our last inspection, improvements had been made to the decor and furnishings of the home. Some repairs and improvements to the décor were still needed. The provider told us the work was on going and showed us a plan of future decorating and improvements.
- Each person's room was personalised with photographs, belongings and things that were important to them.
- The garden area had been cleared and developed as a level access space. During our inspection we saw this was well used.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the service ensure that all staff had an understanding of the principles of MCA and DoLS.

- The provider was meeting the requirements of MCA. Staff were aware of, and demonstrated an understanding of, MCA and DoLS. During our inspection we observed staff asking people for consent before providing support.
- Where conditions had been placed on DoLS authorisations, the provider had ensured these conditions were being met.
- We saw there were records relating to capacity, consent and best interest decisions. We found for one person there was not detailed evidence of the capacity assessment which had been undertaken regarding the use of bed rails and access to staff call bell. We discussed this with the registered manager. On the second day of our inspection we were shown the records.

# 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 our last inspection we did not rate this key question. The last time we rated this question it was rated good. At this inspection the rating for this key question has remained good.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. Throughout the inspection staff were observed to be kind and caring. They spoke with, and about, people in a respectful way. Staff were friendly, happy and attentive. They knew people well and people knew the staff who were supporting them. During lunch we saw an impromptu sing song as people were waiting to be served, several people and staff joined in with a song.
- We observed staff chatting to people they were supporting. They took their time and provided gentle encouragement and reassurance. One person who lived at the home said, "I will never forget how kind and helpful the staff have been to me here. They are all very good."
- People's beliefs, faiths and cultures were respected.

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

- People, and where appropriate their families, were involved in decisions about their care. A relative said, "I do find the whole team very caring. Even small changes, they phone. They discuss all things and ask our advice regularly."
- One person said, "I've always thought the staff are caring and have my interests at heart."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.
- Throughout the inspection we observed staff knocking on bedroom doors and seeking permission before entering. Staff we spoke with demonstrated a strong belief in promoting people's dignity and independence.
- A relative said, "[Person] has built a relationship with staff and other residents and it gives [person] the freedom to still have a walk and not feel restricted, but in a safe environment."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found systems for ensuring that assessments and care plans were accurate and reflected people's needs were not effective. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed, and detailed person-centred support plans and risk assessments were in place to guide staff about how people liked their support to be provided.
- Accessible, person-centred one-page profiles of each person who lived at the home had been developed. These were shown to all new staff. This ensured new staff immediately knew what was most important to and for the person. There was also a person-centred video that people could play on their televisions for staff and visitors. This included information about the person's life story, hobbies, interests and family and friends.
- People and their relatives had been involved in planning their care and support. One relative said, "We've worked very closely with them on [persons] care plan. They offer professional and emotional support. If [person] needs other professionals, [they] get them. It's great peace of mind knowing [person] is in the right place for [their] care. I feel [person] is secure there."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read.
- There were pictorial menus on each dining table, as well as large print written menus on the wall and notice boards. We observed two people point to the pictures of the food they wanted. When food arrived, it was very similar to the image. One staff member described how they use photographs to prompt people; such as using a photograph of the dining room when it is time to go for lunch.

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

- We saw a range of activities were on offer. The provider had employed an activity coordinator. They were increasing community-based options using the providers minivan. A person who lived at the home said, "There is always something or other going on. We do the skittles, exercises, singing and things." One relative said, "They have dancing and singing, and [person who lived at the home] has a newfound love of karaoke. We are very comfortable that [person] is in the right place."
- Relatives told us they felt involved and were made to feel very welcome. One said, "They invited me to have a meal with [person who used the service]. It was very nice of them to make it special for us." Another told us of a party the staff had put on for a special occasion. They said, "They went over and above the call. The Chef made a huge platter of food for everyone which we weren't expecting, and it was wonderful."

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints.
- People we spoke with said they didn't have any complaints but knew how to raise a complaint if they needed to. A person said, "The manager has always been very obliging and personally, I haven't had to complain about anything." A relative said, "I've never had to complain but if I did, I'd go through the channels. They did go through it and there are [complaints] procedure notices in the building."

End of life care and support

- People's wishes for end of life care and support were identified and recorded.
- Records identified advanced decisions about resuscitation.
- Staff had attended training run by a local hospice about palliative care.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems for governance and management oversight were robust and effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for auditing and quality monitoring and oversight had been improved. Since our last inspection the provider had employed the services of an independent consultant to support with the improvement and development of the service. They were now the operations manager. The registered manager and the operations manager worked well together.
- Everyone spoke positively about the registered manager, the changes and the way the home was now run. A relative said, "The manager is easy to talk to. I've not really had to complain. They ask me a lot about things, so it means I get my say. I would recommend this place to others."
- Staff told us the home was well run and the registered manager was approachable and supportive. Staff said, "I have no concerns everything is good. I would go directly to the manager and inform them. They [people who live at the home] are like my parents", "[Registered manager] is approachable all the time, we can talk about any concerns. She is very friendly" and "It feels like a family. Staff are very happy and engaged with their activities, morning and night staff."
- We found further improvement was still needed with medicines, building decoration and improvements and some records needed updating. During our inspection immediate action was taken by the registered manager to rectify issues found or ensure plans were in place to improve further. The systems and improvements we saw during our inspection needed to be embedded further and required a longer-term track record of sustained improvement and good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the atmosphere and support provided had improved. Relatives said, "Nothing is ever too much trouble for the team. They do everything they can to accommodate [person] and myself" and "It has



been a really positive experience. All the staff are so polite, just gorgeous, we see Clare Mount as an extension of our family."

- There was a system in place for the management and oversight of complaints, accidents and incidents and safeguarding's.
- People told us their views about the service were sought. A relative said, "Communication was a problem a while ago, but they have definitely taken steps to improve it over the last few months. They are good at getting other professionals in and they now always let me know straight away."
- People told us the registered manager and staff were approachable and helpful. They said, "[Registered manager] is a very nice lady, very helpful and always answers my questions" and "The Manager is always helpful and [staff names] too. If I've had problems, they get the necessary professionals. They are absolutely perfect, good people who really care. They've helped me a lot with filling forms in and things too and I'll never forget them."
- The registered manager had organised opportunities for people or their relatives to drop in and talk with them each week.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ; Continuous learning and improving care; Working in partnership with others

- The registered manager understood and acted on their duty of candour. The management team were open and transparent throughout the inspection.
- The rating from the last inspection was displayed in the reception area.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- There was a statement of purpose. We discussed with the registered manager the need to update parts of the statement of purpose. Following the inspection, they confirmed this had been done.
- Statutory notifications of accidents and incidents had been sent to CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on what action to take for events that could disrupt the service.
- Throughout the COVID-19 pandemic management had worked very closely with health and social care professionals to ensure people's needs were met.