Greenways Healthcare Sussex Limited

Greenways Nursing Home

Inspection report

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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 inspection took place on 26 April 2016 and was unannounced. Greenways Nursing Home provides nursing and personal care and support for up to 31 older people living with dementia or nursing needs. The service offers long term and respite care. Accommodation is provided in an older style building over three floors. There are 26 single rooms and four shared rooms. At the time of inspection there were 29 people living at the service with complex nursing and/or dementia needs requiring support for all activities of daily living. The service is located on a main road in a quiet residential area. The service was last inspected on 29 April 2014 and no concerns were identified.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of inspection but the provider was on site supporting the service and was present throughout the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback.

Greenways Nursing Home has been undergoing extensive building work over the past 12 months. There were appropriate risk assessment and arrangements in place to reduce the impact of the building work such as noise, however people did not have access to an outside space and we identified this as an area that required immediate improvement. There were plans in place for a temporary outside space for people and the provider agreed to have this area completed by the end of April.

There was a system in place to monitor reported accidents and incidents. However, reporting of accidents and incidents was not consistent which meant that the risk of recurrence was not always managed appropriately and this was identified as an area which needs improvement.

Lifting equipment such as hoists and slings were stored in the dining room. This represented an infection control risk and the provider agreed to find an alternative place to store these items.

People were protected from harm. Staff had received safeguarding training, knew how to recognise the signs of abuse and understood their responsibilities to report any concerns or poor practice.

Individual risk assessments were in place to ensure that people's health needs were appropriately managed

and these were updated regularly and in accordance with any guidance from health care professionals. Planned care accurately reflected care delivered. Environmental risks were managed through regular checks and servicing and there were emergency plans in place for the service and individuals.

There were sufficient numbers of skilled staff on duty to support people's needs. Safe recruitment practices and the use of regular temporary staff through an agency ensured continuity and maintained the quality of support offered to people.

The management of medicines was safe. People received their medicines from nurses correctly and on time. The nurses were knowledgeable and experienced and knew people well.

Staff received induction when joining the service. Staff felt supported and encouraged. They received regular supervision and appraisal and there were individual staff development plans in place.

The service acted in accordance with the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the support they receive. Consent was sought from people with regard to the care that was planned and delivered. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005 and applied for DoLS authorisations where appropriate.
Meal times were an enjoyable experience for people who were supported by staff and the chef to make their own meal choices. Food was described by relatives as, "Very tasty whatever, "and "Very good." People were assisted at their own pace to eat and drink and those with difficulties eating and drinking or who required a special diet were appropriately supported according to the advice of health care professionals involved in their care.

Peoples' health was monitored and they were referred to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' support plans.

People were assisted in a caring and respectful manner. Staff and relatives worked together to create a warm and inclusive environment and people were cared for with dignity. Staff supported people at their own pace and encouraged people to make day to day choices whenever possible. A member of staff told us that their colleagues, "Talk to residents calmly with respect. If down in the dumps they try to cheer them up."

Care was person centred. A social care professional commented, "They are doing well on care." A new member of staff told us, "All I have seen is good care." There was a purposeful activities programme in place and people were included in their local community through volunteers and other community organisations involved with the service.

There was a complaints policy and procedure in place and any complaints were dealt with appropriately and within reasonable time scales. Relatives and health care professionals told us that any concerns raised were dealt with promptly by the registered manager. Relatives were consulted at relatives meetings and through surveys and spoke positively about the service.

There was a robust quality assurance programme and data management system in place and records were easily accessible and well organised.

Staff, relatives and health care professionals had confidence in the registered manager who they described

as visible and accessible. A member of staff described the registered manager as, "Right on it." Another member of staff explained to us that the registered manager and the provider were considered part of the team by staff and that the team worked hard to make the lives of people living at the service as good as they could be.

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 always safe.

The impact of the building work on people was well managed but people did not have access to an outside space.

There was a system in place to monitor accidents and incidents; however the reporting of accidents and incidents was not always consistent.

Hoists and slings were stored in the dining room which is an infection control risk.

Staff understood their responsibilities in relation to keeping people safe from harm and there were sufficient experienced and trained staff employed to meet the needs of people using the service.

Medicines were managed appropriately and people received their medications as prescribed.

Is the service effective?

Good

The service was effective.

There was a training plan in place and staff had individual development plans. They were supported through regular supervision and appraisal.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink and to enjoy meal times.

People were supported to maintain good health. Health needs were anticipated with appropriate and timely referral to health care professionals.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and respect.

Staff and relatives worked together to create a warm and homely environment where people were treated as individuals.

Staff supported people their own pace and encouraged them to make day to day choices whenever possible.

Is the service responsive?

Good

The service was responsive.

Care was person centred and responsive to changes in individual needs.

There was a purposeful activities plan and community involvement tailored to the interests of people living at the service.

Complaints were managed in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

People spoke positively of the registered manager and had confidence in their ability to manage the service.

There was a robust quality assurance system in place and the opinions of staff and relatives were sought through meetings and surveys.

There was a strong culture of team work at the service and everyone involved in the service worked together at key times to make sure that people's experience was the best it could be.

Greenways Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 26 April 2016 and was unannounced. The inspection team consisted of an inspector and a specialist advisor.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We also contacted stakeholders, including health and social care professionals involved in the service for their feedback.

We spoke to five people but they were not all able to communicate their opinions due to complex support needs. We therefore spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also spoke to three relatives, nine members of staff and the provider. During the inspection we observed the support that people received in the lounge dining and communal areas and where invited, in their individual rooms. We took time to observe how people and staff interacted at lunch time and during an activity. Five health and social care professionals gave feedback regarding the service and two of these gave their consent for their comments to be included in this report.

We reviewed five staff files, ten medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menu and activity plans.

We looked at five sets of personal records. These included care plans, risk assessments,
And daily notes.

The service was last inspected on 29 April 2014 and there were no areas of concern found.

Requires Improvement

Is the service safe?

Our findings

People were not always able to talk to us due to their cognitive ability however they appeared relaxed and calm. A member of staff told us, "They are very safe here." And two relatives agreed that their family members were, "Very safe."

Greenways Nursing Home has been undergoing extensive building work over the past 12 months to extend the existing service and remodel the current building. This meant that there was no outside space for people to use due to the building work. A health care professional had recommended that one person should be taken out for a walk when weather permits but staff told us that lack of an outside space meant that it was not always possible to take people outside as it meant leaving the premises. There were plans in place for a temporary outside space at the front of the building but this had not been completed. We identified this as an area that needed improvement and the provider told us that an accessible outside space would be ready for people to use by the end of April 2016.

There were appropriate risk assessment and arrangements in place to ensure works were undertaken safely and to reduce the impact of the building work on people. For example, building noise was identified as a risk to people's wellbeing and therefore it had been agreed that the builders would not start making noise in the morning until staff had informed them that everyone was awake. In addition to this it was agreed that there would be no building noise over the lunch time period and building work would finish at 5.00pm every day. There was some building noise during the course of the morning but people did not seem disturbed by it and over the lunchtime period there was no building noise. A member of staff told us how one person whose room looked out on the building site was, "Interested in how it is going in the building." They went on to explain that the builder always asked if all the people were awake and if people were asleep in the morning the builders would not make a noise until later. They also told us, "(People are) safe because all the time inform what is going on in the building."

Due to some remodelling of the interior of the original building there was limited storage space. This meant that hoists and slings were stored in the dining room. This is an infection control risk and the provider was asked to find an alternative storage area for these items.

Accidents and incidents were monitored but were not reported consistently. One person's daily notes detailed a skin tear in April 2016 and an incident report was completed. However, there was no corresponding incident report for another entry detailing an unaccounted for bruise found in March 2016. Accidents and incidents cannot be monitored effectively if they are not reported consistently and this was identified as an area which needs improvement.

The environment was managed safely. The provider employed a dedicated maintenance person and day-to-day repairs were attended to within a reasonable time scale. There were routine safety checks of equipment to ensure that they remained safe for use, however, the general environment was tired and equipment was worn. The provider told us that this would be addressed as the original building was due to be refurbished once the building works were completed.

There was an emergency plan in place and each person had a Person Emergency Evacuation Plan (PEEP) detailing how they should be assisted to evacuate the building or an area of the building in the event of a fire. Weekly fire drills took place to ensure that all staff knew what to do in the event of a fire and how to use specialist evacuation equipment.

Staff had received safeguarding training and were able to explain how they would recognise the signs of abuse and the actions they would take to keep people safe should they suspect abuse or poor practice. There was a whistle blowing policy in place and staff knew where it was kept and understood their responsibilities in relation to keeping people safe from harm.

There were individual risk assessments in place to assess people's risk of malnutrition, pressure damage and mobility which included risk of falls and manual handling considerations. Where people had specific health needs there were detailed risk assessments and associated care planning to support these needs and minimise risk. For example, one person was assessed as at high risk of pressure damage and there was a plan in place detailing measures to reduce this risk. Measures included the use of a pressure relieving mattress and we observed that the person had an air-flow mattress in place which was set to the correct level for their weight.

Staff rotas confirmed that there were sufficient numbers of nurses and care staff planned to keep people safe and meet their needs. Call bells were answered promptly and where people were unable to summon help themselves staff checked on them regularly. A member of staff told us that people did not use the call bells as they felt safe and knew the staff would be checking on them.

Staff had been recruited through a recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Checks were also undertaken with the Nursing and Midwifery Council (NMC) to confirm that nurses were registered with them and were able to practice. The provider used an agency to employ some regular members of staff where posts were difficult to fill. These regular agency staff enjoyed the same induction, training, development and support as members of staff employed at the service and in this way the provider was able to ensure consistency and help maintain quality care.

People received their medicines safely. Medicines were stored securely and appropriately and people were receiving their medications as they were prescribed. Nurses administered medicines to people. We observed a nurse administer medicines to people. They were supportive and caring in their approach and did not rush people. There were protocols in place for some people to have their medicines administered covertly. This is where essential medicines are disguised in food or drink where people do not have the capacity to decide for themselves whether or not to take their medicines. Nurses told us that often people decided to take their medication and therefore it was not necessary to administer them covertly and records showed that this person centred respectful approach meant that people were not routinely given their essential medications without their knowledge. The nurses we spoke to were knowledgeable and experienced and clearly knew people well. Their practice was checked through annual competency assessment and registered manager completed monthly medication audits to check that people received their medicine correctly.

All areas viewed were clean and there were no malodours. Staff had training in infection control and we observed staff using good infection control practices in the use of personal protective clothing to help prevent the spread of any cross infection.

Good

Is the service effective?

Our findings

Staff were knowledgeable; they knew people well and supported them effectively. There was a training plan in place and supervisions were tracked to ensure that all staff were supported regularly. Each member of staff had an individual development plan and staff told us that they felt encouraged to develop their skills and knowledge and to advance in their chosen careers. There was an induction plan for new staff and lead carer meeting minutes showed that induction was discussed and improvements made. A lead carer told us that she felt, Very happy when I see people who I helped induct developing and getting on well." The rota demonstrated that a range of skilled staff were employed each day to meet the needs of staff and people and indicated when staff were in their induction period and undertaking shadow shifts. There were a number of volunteers working at the service regularly and they were also supported with training and one to one meetings with the activities coordinator. This meant that people were cared for by a skilled and motivated team who were supported to deliver care to the best of their ability.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training and understood the principles of the MCA and DoLs and were clear about the mental capacity of individuals. There were mental capacity assessments in place to support decisions made in the best interests of people and DoLs applications had been made to the local authority appropriately. Two DoLs authorisations had expired but new applications had been made to the local authority in good time. One person had a DoLs authorisation in place. A health care professional had recommended daily activities as a way of managing their anxiety and this was included in their care plan. This person was actively engaged in activities by staff for prolonged periods of time and appeared to enjoy these.

Staff told us that they sought consent to care and treatment. A member of staff told us that they always explained what they were going to do and asked permission before doing it.

People enjoyed the food. One person said the food was, "Very tasty whatever." Relatives and staff were complementary about the food they said it was, "Traditional," and "Very nice." Staff were also offered a meal and told us that the food was, "Lovely."

People were offered a choice of meal and alternatives were also available. The chef spoke to people individually mid-morning to find out what they would like for lunch. The menu for the day was on display in the main lounge area and people clearly enjoyed talking about food with the chef and were keen to make

their choices. The chef knew people well, they sat down next to them and engaged in gentle banter about the food they liked or disliked.

Lunch was served in different areas of the home but everyone was assisted in some way as the team and relatives worked together to ensure that people had the best possible dining experience. Relatives told us they visited at lunch time so that they could be involved in caring for their family member and the atmosphere was relaxed with gentle conversation between people, staff and relatives. In the main lounge area there was soft appropriate music playing while people were supported to eat their lunch. When the last pudding was served the chef also came to support a person to eat.

A relative told us how they had felt the portion size was too small for her family member. She had brought it to the attention of the staff and now they have a larger portion. There were two meal choices for lunch but the chef told us they had also prepared sausages as they knew they were a person's favourite. Staff told us that they had received training on how to support people with swallowing difficulties and this was reflected in individual care plans, for example one person needed to have their fluids thickened in order to drink them safely.

Malnutrition Universal Screening Tool (MUST) was used to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. Where people had been identified as at risk of malnutrition or hydration guidelines had been put in place for staff to follow. People at risks weights showed that prompt action had been taken where any weight unplanned loss had occurred.

Care was planned by a knowledgeable and experienced team of nurses. People's health and wellbeing was monitored and people were supported to access routine medical support from health care professionals such as doctors, opticians and dentists and more specialist or emergency services where required. For example, staff noticed one person had difficulty swallowing food and fluids which meant that they were at risk of weight loss. A referral was requested and the person was seen by the Speech and Language Therapist (SALT) who confirmed the person had swallowing difficulties and their recommendations were incorporated into the individual care plan. The person was also at risk of inhaling food or fluids into their lungs which could then lead to a chest infection. This additional risk was identified in the care plan for nutrition and hydration and was cross referenced to the care plan for breathing so that both risks were managed appropriately and communicated effectively to staff.

Pressure area care was well managed and documented. People at risk of pressure damage had all appropriate measures in place such as air mattresses and regular turns. Air mattress settings are determined by the weight of the person using the mattress. Air mattress pumps were personalised with a sticker indicating the weight of the person using the mattress and the corresponding setting to ensure that the air mattress was effective as a measure to reduce the risk of pressure damage.

Good

Is the service caring?

Our findings

People were supported respectfully and with kindness. People's body language was relaxed and positive. One person sitting in the lounge did cry out once but staff attended to them r immediately and they became less anxious with a few words of reassurance. A relative described staff as, "Very caring, very considerate." This relative also said, "They are respectful of her (family member) and her illness (dementia)." Staff and relatives told us that the limitations of the environment and the extensive building works were not important. A relative said, "Look beyond the building it's the people inside." The service is welcoming and has warmth. I am 100% sure to come here was the right decision for Mum." A member of staff felt that the building work did not impact on people they said, "It's not the outside that matters it's what's inside that counts."

Staff demonstrated genuine care and concern for people. One person was sliding down in their chair in the lounge. A member of staff was passing through the lounge and noticed this. They returned shortly afterwards with another member of staff and equipment to help the person move. The member of staff knelt down to ask the person's permission to support them to reposition and using the hoist correctly staff sat the person more comfortably in their chair gently, explaining what they were doing throughout the procedure.

Detail in the care plans encouraged staff to care for people as individuals. One person's care records described how they liked to socialise in the lounge but tired easily and showed this by becoming tearful. The daily record documented that that staff had, 'Intervened when she is distressed and ask if she would like to go to bed and she said yes so staff transferred her to bed and she slept well.'

The atmosphere of the service was inclusive and warm. Relatives came and went throughout the day and lunch time had a family feel as staff and relatives worked together to support people to enjoy their meal. Support was unobtrusive and people were allowed to take their time to enjoy their food without staff taking over or hurrying them. Staff knew people and their relatives well and greeted them individually and in accordance with their preferred form of address. Conversations between staff and people were positive, encouraging and staff congratulated people on their achievements or thanked them for their cooperation when supporting them to move. People were dressed in accordance with their preferences and with dignity. A relative told us how her family member always liked to be smart she said, "It's fantastic very attentive he is always clean."

People were supported by staff to make choices. A member of staff explained how they would support a person to choose what to wear. They said they would hold up two shirts and notice if the person was, "Admiring a shirt more than the other." We observed that staff took time to explain, offer choice and gain consent at every care opportunity without hurrying or making a decision for a person where that person was able to make a choice give time and support.

People were supported with personal care in their rooms or ensuite bathrooms. Staff knocked before entering bedrooms and communicated with people respectfully. Two people shared a room. A member of staff told us, "They talk to each other all night long." They went on to explain how they protect each person's

dignity by using a screen during personal care.

Staff also described the registered manager as caring towards the staff team, for example one member of staff described how she regularly asked them how they were when she knew they were having some health problems.

Good

Is the service responsive?

Our findings

A health care professional said, "Staff are motivated and responsive to the needs of the residents." Planned care was person centred and staff knew people well. Life histories had been gathered and were used to inform the activity programme and some life history information was used to plan care and find strategies to support people. A social care professional said, "They treat all their patients as individuals." There were plans in place for future care and detailed information about people's cultural and spiritual needs.

Relatives felt that staff treated their family members as individuals. A relative explained that her family member had their own bedding and that the provider was able to accommodate this so that it was washed and returned to them and not muddled up with the other bedding used in the service. Another relative told us how their family member found personal care distressing. The relative had provided a tin of biscuits so that staff could give the person biscuits to hold and eat during personal care as a distraction and staff confirmed that this had proved a successful strategy for reducing this person's anxiety around personal care.

Care plans were regularly reviewed and relatives told us that they were often involved in care planning. Care plans were personalised containing information on people's backgrounds and interests to inform and support delivery of care. For example, one person's care plan detailed what music they enjoyed, their cultural and spiritual needs and strategies for communication to include certain words. Staff clearly knew people and their histories well and used this information to care for people. One member of staff described how a person they supported was a skilled in woodworking in the past. They explained how this knowledge helped staff to support this person when they were anxious as they had found that showing them photographs of the things they had made in the past calmed them.

Activities were tailored to meet the needs of individual people and there were sufficient varied activities provided for people to enjoy. Each person had a detailed activities map which included information from their life histories. People's engagement, participation and enjoyment of activities was documented and used in the planning of future activities.

The provider had employed a dedicated activities coordinator to plan and oversee activities and they explained to us how they engaged people and planned activities that helped them to make sense of their world. For example, an activity involving building plans, furniture and fittings catalogues and samples to engaged people in the building work and what was happening around them. Relatives told us that their family members were excited by the building project and looked forward to moving into the new building once it was completed. Despite the lack of an outside space gardening activities took place and people had planted pots of growing herbs and bedding plants for a planned temporary outside space for people to use.

The activities coordinator described other meaningful activities such as sewing and knitting and woodworking projects. For those people unable or unwilling to engage in group activity the activities coordinator used images of places, people and things that were important to them in their past to start conversations or to find images of new things to talk about.

In addition to the formal planned activity there were other adhoc planned activities for staff and relatives to enjoy with people such as quizzes and memory games. There were 4 regular volunteers made up of relatives past and present and support from the community to include; visits from the local school, bible study sessions, a voluntary woodworking session, visits from a local model railway club who set up a layout of track and model trains, entertainment from a local amateur dramatic club, pat dog and a visiting small pets from a local pet shop. The activities coordinator also supported people to access the wider community. For example they made contact with the amateur boxing association on behalf of a person who used to box and wrote to the National Farmers Union who sent a selection of books and magazines to a person who used to be a farmer.

There was a complaints policy and procedure on display in the service and there a complaints and compliments box was available. Staff, relatives and health care professionals who worked with the service told us that they were able to discuss their concerns openly and that they were listened to. A social care professional told us, "(Registered manager) will get on it straight away if there is a problem."

Good

Is the service well-led?

Our findings

People were not all able to communicate their opinions due to complex support needs; however they clearly knew and were comfortable to approach the leadership team and were in and out of the main office. Staff, relatives and social and health care professionals expressed high levels of confidence in the registered manager. One social care professional described the leadership at the service as, "Strong professional management. With the emphasis on good professional care."

The registered manager was on leave on the day of inspection; the provider was at the service and was present throughout the inspection. Staff told us that the provider supported the service with two to three visits a week and the registered manager was supported by a business service manager and a team of nurses. The provider, business service manager and nurses were confident and able to assist fully with the inspection process demonstrating an effective leadership team.

Staff had a genuine sense of purpose and spoke positively about their colleagues and the service. They included the registered manager and the provider when they spoke about team working. Staff said they felt supported and one member of staff told us, "We are a good team here. A good team is a happy home and a happy home is happy people." Another member of staff described the team as a, "Solid team," with "Great communication."

The inclusive culture and person centred approach was demonstrated by the team during lunchtime when care and support staff came together to ensure that people enjoyed the social experience of eating a meal.

There was a robust quality assurance system in place with a calendar of audits programmed throughout the year to include monthly medication and regular infection control, care plan and housekeeping audits. A staff survey invited comments regarding induction and staff allocation and staff meeting minutes demonstrated that any issues raised in the survey were followed up and improvements were noted. A relatives survey was undertaken in July 2015 and one relative told us how the issue they had raised had been addressed and resolved and relative meeting minutes showed that themes identified in the survey were subject to solution focused discussions. A relative told us she found the most recent relatives lunch helpful and that she felt her, "voice was definitely heard."

Data management was well organised and accessible which meant that staff were able to fully assist us in the absence of the registered manager and they were secure and confident in their roles.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications, in a timely manner, about any events or incidents they were required by law to tell us about. Staff and social and health care professionals told us that the registered manager acted in accordance with the requirements following the implementation of the Care Act 2014. For example, 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. A social care professional told us that the registered manager, "Leads by example," and described the culture of the service as, "Open and

transparent." Health and social care professionals felt that the service worked well with them and other organisations.