Barchester Healthcare Homes Limited

Rose Lodge

Inspection report

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Date of inspection visit:
18 April 2016

Date of publication:
14 June 2016

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

Rose Lodge provides accommodation and personal and nursing care for up to 57 people, some of whom were living with dementia. There are external and internal communal areas for people and their visitors to use.

This unannounced inspection took place on 18 April 2016. There were 56 people receiving care at that time.

The service had a registered manager in place. 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained and supported by their managers. There were sufficient staff to meet people's assessed needs safely. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were met. Staff were aware of people's dietary needs and people were provided with a balanced diet and sufficient fluids.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring, courteous and respectful to the people they were caring for. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care.

Care records provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective. People were supported to maintain relationships. There was a varied programme of events for people to engage in and people were supported to spend their time in meaningful ways of their choosing. People were supported to access the community and visitors were encouraged into the service.

The registered manager was supported by a staff team that including registered nurses, care workers, and ancillary staff. The service was well run and staff, including the registered manager, were approachable.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. The service celebrated success and those staff who performed over and above their everyday job requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and courteous.

People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records provided staff with sufficient guidance to ensure consistent care to each person.

There were opportunities for people to develop and maintain hobbies and interests and spend their time in a meaningful way.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well-led.

Staff were managed by an experienced registered manager who ensured people received safe care that met their needs.

People were encouraged and enabled to provide feedback on the service in various ways. People's comments were listened to and acted on.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Rose Lodge

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 18 April 2016. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with six people and six relatives. We also spoke with the regional director, the registered manager, a qualified nurse, a senior care worker five care workers, the head and deputy head of housekeeping, a domestic, a maintenance person and the training manager. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records, staff training records and other records relating to the management of the service. These included audits and rotas.

Good

Is the service safe?

Our findings

People receiving the service said they felt safe. When we asked them if they felt safe, one person told us, "Yes I do. I've not felt frightened or anything like that. I feel protected. [The staff are] very helpful." A relative said, "[My family member] feels safe here. There are always [staff] here. I feel safe to leave [my family member] here. I am quite happy with all the staff. They are very patient."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would report to the senior [care worker] or nurse and do a body map and record everything. They would look into it. We have got the [phone] number in the office if we think nothing is happening and we have the number of the regional manager. There are also numbers for the [local authority] safeguarding team if we need it." Staff were aware of the provider's whistle blowing policy. A staff member said, "If anything is going on in the care home you can ask to talk to the [registered] manager or up the chain [to their manager]. It can be about anything, little to major. I think the [registered] manager would do something." All staff told us they felt confident that the registered manager would act on any concerns they raised.

Care and other records showed that comprehensive risk assessments were carried out to reduce the risk of harm occurring to people, whilst still promoting their independence. These had been reviewed and updated to reflect people's current needs. Risks identified included assisting people to move, people at risk of falls and for those people at an increased risk of pressure ulcers. Staff were aware of the content of these risk assessments and appropriate measures were in place to support people and minimise these risks. For example, guidance on safe moving and handling techniques and how to reduce the risk of falls. One staff member told us, "There are a few people who are at risk of falling… there are risk assessments in [place] and so we know what to do." They went on to describe the actions that had been taken to reduce the risk including a review of the person's medicines. We saw that the actions in these risk assessments were incorporated in people's care plans and that they were being followed in order to promote people's safety.

Staff considered ways of keeping the environment safe and planning for emergencies. For example, staff confirmed there were regular fire drills, and that fire bells and doors were tested regularly. Each person had a recently reviewed individual evacuation plan. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a robust system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to safely meet people's needs. Most people told us that staff responded when they called for assistance. One person said, "I always have a call button on hand and [staff] come reasonably

quickly." Another person told us, "The [staff] said to use my call bell. They come as quick as they can." Three relatives told us they felt there were not always enough staff on duty. However, they felt people's needs were met safely. One relative told us, "If you don't see staff they are in people's rooms." Another said, "I am quite happy with all the staff. They are very patient." One relative commented on staff competency and that staff understood and met the needs of their family member. They told us, "The staff know about dementia."

Staff told us that staffing levels were sufficient to meet people's needs safely. They said they were sometimes very busy but that people always received the care they needed. However, there were occasions when some people had to wait for assistance. They said this was particularly in the mornings if several people wanted to get up at the same time. They told us when this occurred they explained the situation to people. People agreed with this. We saw staff responding promptly when people required assistance.

The registered manager showed us that she used a recognised tool to calculate the number of staff required to provide people's care. In addition to this the registered manager had listened to feedback from people and staff that particular times of the day were very busy and arranged for additional staff at these times of day. Rotas showed that the staffing levels met, and often exceeded, those recommended by the staffing tool. This meant there were sufficient staff to provide care safely to people.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. People said that staff provided them with pain relief when they requested it, if this was outside of the routine times for their medicines. One person said, "If I get a pain I ask for a painkiller and [staff] do give it to me."

We saw that people were safely supported with the administration of their medicines. Staff reminded people what their medicines were for and that they needed to take them to keep well.

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that they had been trained and that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Where people required topical creams to be applied, there were body maps to show exactly where the individual creams should be applied. Protocols were in place for staff to follow for medicines that were prescribed to be given 'when required'. Checks of medicines and the associated records were made which identified discrepancies. We saw that discrepancies were investigated and actions put in place to reduce the risk of re-occurrence.

Good

Is the service effective?

Our findings

People told us that staff understood and met their care needs. One person told us, "[The staff] are wonderful, absolutely wonderful. The care is 100%." Another person told us they thought "[The staff] get the same training." They went on to tell us that staff were competent in their roles. A relative told us, "The staff are well trained – absolutely."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. New staff received a thorough induction into their roles. The training manager told us they had identified that this had not always been the case and therefore some existing staff were receiving this training to ensure all staff had the same knowledge base. Staff members told us they had completed training that the provider had deemed essential before they were permitted to start work at the service. Topics included assisting people to move, safeguarding people from harm and fire safety. They told us once they had completed the essential training they then "shadowed" an experienced care worker until they were competent to provide care on their own.

Following their induction, the provider required staff members to complete annual "refresher" training to ensure their knowledge remained up to date. We saw that staff were deployed so that there were sufficient staff with the right skills in each area of the service to meet people's needs. Some staff had received training in areas that were particularly relevant to the needs of the people they supported. For example, some staff told us they received training in prevention of falls and skin care. Several staff, including domestic staff, told us they had benefitted from recent dementia awareness training. One staff member told us, "[The training] makes you think more. It opens your eyes and makes you more aware." Another said, "The training here is good."

Staff told us that senior staff frequently checked their competence and practice. One staff member said, "[the training manager] is always checking [us]. Are we wearing gloves and aprons? When we are doing moving and handling, checking we are treating people with dignity and respect." They told us they saw this as a positive thing that ensured people received a good standard of care.

Once staff members had completed their induction they told us they received formal one-to-one supervision sessions with a more senior member of staff. Staff told us this was a regular occurrence and that they also received an annual appraisal of their work. One staff member said, "I get supervision from a senior [carer] and had one a month ago. I have also had my [yearly] appraisal." All staff said they felt well supported. One member of staff commented, "I've never felt more supported."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA. We saw that assessments and decisions to restrict people's liberty had been properly taken and the appropriate applications made to the relevant authority for authorisation and were reviewed appropriately. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner.

Members of care and nursing staff were trained and knowledgeable in relation to the application of the MCA. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. The staff we spoke with had an understanding and demonstrated that they knew about the principles of the MCA and DoLS and confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests and were detailed on the person's care plan. Records showed that the views of appropriate people had been taken into consideration.

Everyone praised the food that was provided by the service. People used words such as "lovely", "really good" and "excellent" to describe the food. A relative told us, "The meals are good and [people] get a choice."

People had enough to eat and drink and told us they enjoyed the food. People were offered a choice of what they would like to eat and drink in a way they could understand. People were not rushed to make their choice and each choice was explained to the person. Condiments were available on the dining tables for people to use and staff provided assistance where required. Staff took time to listen to what people told them and acted on this. For example, one person requested a small piece of cake. The staff member checked again that the person wanted a small piece and provided them with this. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. Staff were aware of people's nutritional and hydration needs and preferences and how to meet these.

Menus showed choices were available at mealtimes. In addition staff told us people could request other options. Staff were aware of and catered for people's different dietary needs. For example, one person told us they were allergic to a food and had to be careful to ensure they did not eat this. They told us, "The cook came to my door and told me 'you are safe to eat that [name]. I didn't put any [of the allergen] in.' I knew I was alright to eat [the food] then."

We saw staff members assist people to eat and drink. They interacted with people in a kind and appropriate manner throughout. They spoke with the person, told them what they were eating and asked if they ready for the next spoonful. People were enabled to be as independent as possible. For example, we saw a staff member assist one person with the first few mouthfuls of their meal. The staff member then encouraged them to continue eating on their own which they were then able to do. The atmosphere in the dining rooms was friendly and relaxed. Tables were nicely laid which added to people's dining experience. A choice of drinks were available throughout the meal. People chose whether to take their meals in the dining rooms, their bedrooms or the lounges.

Records showed that people's weight was monitored regularly and action taken where concerns were identified. Where appropriate, advice from health care professionals, such as dieticians and speech and language therapists, had been sought and followed in relation to people's diets. This included where people had swallowing difficulties. Food and fluid charts had been implemented for people at risk of malnutrition

or dehydration. We saw staff were careful to complete these accurately and that senior staff monitored people's daily intake and took action if this was not reached. This meant people were supported to have enough to eat and drink.

People benefitted from prompt and appropriate referrals to healthcare professionals. People's health conditions were monitored. Records showed, and people told us, that healthcare support was accessed when required. For example, GP's, tissue viability nurses, speech and language therapists and chiropodists. This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

Prior to our inspection Healthwatch told us they had received feedback from a relative who was impressed with the care their family members had received. They said, "Many staff go way beyond what is expected. Residents [are] seen as a person, not a number."

During our inspection, people and their relatives were complimentary about the staff. One person said, "[The staff] are wonderful. They're my friends." Another person said, "The staff are lovely." A third person commented on how "courteous" the staff were. A relative told us "There's nothing too much trouble [for the staff to provide. [Staff] know how to treat people.

The staff we spoke with told us that they would be happy for their family member to be cared for at the service. They told us they liked working at Rose Lodge. Staff told us of the satisfaction they felt in providing good care to people. One staff member said, "Being upstairs with the [people living with dementia] is the best part [of the job]. I love it."

Our observations showed the staff were kind, caring and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. Staff recognised when people were distressed and comforted them. We heard one person occasionally call out. Staff regularly check the person and spent time with them. Relatives told us that staff showed a very good understanding of the needs of people who were living with dementia. One relative said, "I am quite happy with all the staff. They are very patient." One member of domestic staff said, "If people are in bed, I always ask if they want the TV or music on. I sometimes sit [with them] for a few minutes and chat. What's five minutes out of our day? [The registered manager] is supportive of that." This showed that staff in all roles understood the importance of interacting with people.

Throughout our inspection staff maintained a caring attitude towards people. One person told us that when they first received care, "I was a bit embarrassed, but I'm alright with them now. They'll do anything for you." We saw staff responding on all occasions to people's request, regardless how frequently these requests were made. One person's call alarm was very sensitive and triggered very easily. They apologised to the member of staff who answered the call. The member of staff reassured the person saying, "That's alright. So long as you're alright." They went on to tell the person the fault had been reported and they weren't to worry if they called staff accidentally.

People, and their relatives, were encouraged to be involved in their care planning as much as practicable. This helped staff to provide care in the way people preferred. People told us that staff involved them in every day decisions about their care. For example, what they wear, the time they go to bed and where they take their meals. We saw that several people chose to spend time in their bedrooms, while others preferred the communal areas of the service. One person told us, "I prefer to eat in [my bedroom]. I have [a health condition] and find eating a bit embarrassing. They said staff were happy to bring their meals to their room.

People were encouraged to personalise their bedrooms. This helped people to orientate themselves and

make the space personal to them. One person told us, "Staff suggested I brought some of my own things in. They give you the room and you can make it how you want." We saw people had brought items of furniture, pictures and ornaments and decorated their rooms in the way they preferred.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. We saw information around the service about various external support services. For example charities who could provide information on various medical conditions and how to access advocacy. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

People told us that they felt their privacy and dignity was maintained and that they were treated with respect. We also observed this. For example, we saw staff knocking and waiting before entering people's rooms. People told us staff always closed the doors when they were assisting them with personal care. One relative said, "You never hear a nasty voice, you hear nice soft voices. I have been outside the bedroom when [staff] are washing [my family member]. They keep the door closed and the curtains shut until they have finished." People were supported to dress smartly in clean clothes. People's hair was brushed or combed and they told us they had the opportunity to regularly visit the hairdresser. This meant that staff respected and promoted people's dignity.

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "[My family member] is well looked after. We're quite happy with the service here"

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, allergies, friends and their hobbies and interests. This assessment formed the basis of people's care plans and was to help ensure that the care provided effectively and consistently met people's needs and in the way each person preferred. Examples included guidance on assisting people to move, eat and maintain their skin integrity.

We found that staff were knowledgeable about people's needs and preferences. Staff told us that where possible, they involved people and, where appropriate, their relatives, in writing care plans. Staff told us people's care plans were accurate and updated promptly. Staff recorded changes in people's health and well-being and the care they had received each day. We saw that care records had been reviewed regularly and reflected people's current needs.

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People were encouraged to maintain and celebrate relationships. For example, staff told us that a person who lived with dementia and had complex needs, together with their spouse who did not live at the service, celebrated their 50th wedding anniversary. Staff arranged for a "memory lane" minibus trip for the couple and close relatives, which took in key places that were important to the couple. Staff had also liaised with the venue the family visited for lunch and ensured the person's dietary needs were met.

Relatives told us that they could visit whenever they wanted and we noted one relative took their main meal with their family member. Staff told us this was a regular occurrence and understood how important this was to the person and their relative. This showed that staff promoted and encouraged people to maintain relationships.

The provider employed activities co-ordinators who had put together a varied programme of events that catered for people's differing needs and preferences. The service produced a quarterly newsletter for people and visitors. This advertised past and forthcoming events and provided people with anecdotes, a quiz and crossword puzzle. People were aware of the events that were taking place at the service. One person told us there was plenty to do. They said, "There's always something on in the afternoon. Tuesday is knitting, Thursday is bingo, and Friday I have a hair appointment." Another person said there was "quite a lot going on: [a fitness dance] class, knit and natter, making blankets for charity. Bingo is very popular. There's a simplified cooking group. We make biscuits or cakes. It's a communal thing and a chance to chat with people. That's why I go." Another person commented that the activities co-ordinators had introduced various events and "really tries" to please everyone. They commented that they particularly enjoyed the monthly visit from a local folk singer and games of cards and dominoes.

People told us they had opportunity to access the local community and go out in the home's minibus. One person said they went out once a fortnight, "We make a shopping list. We go to different places. We've got

our favourite places and cafés."

Other people told us they preferred to occupy themselves in their rooms reading, listening to the radio or watching television. We saw one person doing a crossword and another told us they got great pleasure from watching the birds on the feeder outside their window which staff had put up. Several people commented on the pleasure they got from the gardens. One person said that the gardener "always waves when he passes" and how much they enjoyed watching him and looking at the garden Another person who had recently moved to the home said, "I looked round the gardens yesterday. They're marvellous. My [relative] brought her [child] boy and [they] had a rare old time running round. I didn't realise it was like this." A relative told us that they were pleased to hear that staff were setting up a gardening group. They told us the person they visited "was very interested in that as [they] used to work on the land."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One person told us that if they had a complaint they would "go to the head person." They couldn't remember the registered manager's name but they were confident they could report their complaint to her and that she would take action. A relative said, "I would email the [registered] manager." They told us they had made a complaint and that this was dealt with to their satisfaction. Another relative said they would "talk to the top person [registered manager] downstairs. We've met her, she's very nice, and said if we had any complaints or were not happy we should speak to her directly and she would sort it out."

Information about how people could complain, make suggestions or raise concerns was available throughout the service. Staff had a good working understanding of how to refer complaints to senior managers for them to address. The manager told us they had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

Prior to our inspection commissioners of care told us they had found the service provided to people had improved over the last year, since the current registered manager had taken up post.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us she felt supported by the systems in place from the provider organisation and her direct manager.

People and relatives made positive comments about the service offered. One relative said, "This is definitely a good home." Another relative commented, "I would recommend this home."

People and relatives particularly made positive comments about the registered manager and the improvements they had seen since she took up post in March 2015. One person told us, "[The service has] improved a lot since [the current registered manager] arrived. She's a hands on person. She often helps out as waitress, cleaner, carer. She really knows what's going on. She's very approachable." A relative said, "The [registered manager], she's around all the time. Very approachable."

Staff also praised the manager and said they felt she was approachable, listened to them and supported them. One staff member said, "[The registered manager] has really turned this place around. There are better activities [now], there's always something going on. Any ideas, we can run past [the registered manager] and she'll listen." Another staff member said, "[The registered manager's] door is always open. She's very supportive and aware of personal circumstances so you can give the best care you can. She's a really good manager."

The registered manager sought feedback from people and relatives both formally, through meetings, and informally on a day-to-day basis. People and relatives said they found the staff and registered manager approachable. They said their views were taken seriously and action taken as a result. For example, one relative told us, "There is a residents' meeting this Thursday. [It's] every two months. We discuss any maintenance needed... we will find out more about [planned improvements] at the meeting. [The registered manager] says 'tell us what you feel' and then they tell us what they are doing and act on our concerns. For example, the code to come in was not given to [to relatives]. One resident felt they had to get up and open the door, but now we have been given the code." This showed that people and their relatives were consulted about the running of the service.

The registered manager was supported by a staff team that included registered nurses, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people at the service. There was an open and honest staff culture which the registered manager promoted. Staff told us they felt able to speak out during meetings and that they

were listened to. Staff said that they had regular supervision and we found they had sufficient training for their role. This meant staff were competent and supported to meet people's needs effectively.

The registered manager told us they had introduced an 'employee of the month' award. People, relatives, visitors and staff were encouraged to vote for staff who had made an outstanding effort over and above their everyday job requirements. This had been advertised in the quarterly newsletter and around the home. In addition people were invited to nominate staff for the provider's care awards where there were 13 categories. This showed the provider and registered manager celebrated success.

Senior staff, including the registered manager, worked alongside staff in providing care. This meant senior staff led by example, mentored staff and constantly monitored the quality of the service provided.

Regular audits were conducted to monitor the quality of the service provided. These included audits of medicines, people's weights, care plans and staff training. Any shortfalls were identified and an action plan agreed between the provider's representative and the registered manager to bring about improvement. The regional manager said this was monitored by senior managers and any extensions to action dates had to be agreed with them.

There were several examples of events which encouraged people, staff and visitors to work together. For example, people told us about fetes and other events to which visitors were invited. One person organised a collection for a regular visitor to the service who was raising money for a charity. Staff told us that some staff members were taking part in a charity fun run to raise money for a marquee for the garden.

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.