Care Quality Commission

Waterloo Care Limited

Waterloo House

Inspection report

Waterloo Road
Bidford upon Avon
B50 4JH
Tel: 01789 773359
Website: www.example.com

Date of inspection visit: 30 June & 1 July 2015
Date of publication: 06/08/2015

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

Overall summary

This inspection took place on 30 June and 1 July 2015 and was unannounced.

Waterloo House is a two storey residential home which provides care to older people including people who are living with dementia. Waterloo House is registered to provide care for 33 people. At the time of our inspection there were 33 people living at Waterloo House.

A registered manager was not in post. A new manager had been appointed and their application for registration was being assessed at the time of our visit. 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 and associated Regulations about how the service is run.

All the people we spoke with told us they felt well cared for and safe living at Waterloo House. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care and asked people for their consent before any care was given. Staff protected people's confidential information from others.

Summary of findings

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes and how they wanted their care delivered. People received support from staff who had the knowledge to care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent, which meant people received their medicines from suitably trained and experienced staff.

The provider had thorough recruitment procedures that helped protect people as necessary checks had been completed on potential staff before a decision was made to employ them at the home.

Staff understood the need to respect people's choices and decisions. Assessments had been made and reviewed to determine people's individual capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interests' with the involvement of family members and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The registered manager had contacted the local authority to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, no applications had been authorised under DoLS.

There was an audit system that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received. If anyone had concerns, these were listened to and supported by the provider, manager and staff who responded in a timely way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, staff made sure people received support that kept them safe. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from staff as directed by health professionals.

Good

Is the service effective?
The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals.

Good

Is the service caring?
The service was caring.

The provider encouraged staff to spend quality time with people and to treat people respectfully. People told us they were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People and relatives were involved in care planning decisions which helped make sure the support people received met their needs. Staff had up to date information which helped them to respond to people's individual needs and abilities. There was an effective system that responded to people's concerns and complaints in a timely way and to people's satisfaction.

Good

Is the service well-led?
The service was well led.

People and staff were complimentary and supportive of the new manager and provider. There were thorough processes that checked the quality of service, such as regular checks, meetings, surveys and quality audits that identified improvements. Where improvements had been identified, action plans were in place and we saw evidence that actions had been taken.

Good

Waterloo House

Detailed findings

Background to this inspection

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

This inspection took place on 30 June 2015. The inspection was unannounced and carried out by two inspectors. The inspection completed on 1 July 2015 was announced and consisted of one inspector.

We reviewed the information we held about the service such as statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information of which we were not aware to share with provide us with any information we were not already aware of.

We spent time observing how care was delivered by staff in the lounge and communal areas throughout our visit.

Most of the people living at the home had varying levels of dementia which meant people had limited abilities of communication. We spoke with nine people who lived at Waterloo House to get their experiences of what it was like living there. We spoke with one visiting relative, 10 care staff and a cook. We also spoke with the owner (referred to as the provider) and the manager. We looked at three people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

We asked people who lived at Waterloo House if they felt safe living at the home. One person said, "I feel safe here, I take it for granted" and another person told us they felt safe because, "It is brilliant here. They treat me nicely and I get looked after well. It is good and I feel safe here."

We asked staff how they made sure people who lived at the home were safe and protected. All staff had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. For example, one staff member said, "I have never seen any form of abuse. I treat people like they are my family. I would report it to the owners or the safeguarding team." Another staff member told us about a situation involving a healthcare professional who did not provide support and keep a person protected from potential harm. This staff member said, "The manager really challenged (health professional) who gave poor support to a poorly man. (Manager) really challenged (person) and ended up reporting (person) to the Care Quality Commission."

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which linked with contact numbers for staff should they be required. The manager was aware of the safeguarding procedures and described to us the actions they would take in the event of any allegations received. The provider also reported safeguarding concerns to the local authority and us and took appropriate action to minimise further occurrences. For example, financial monitoring had been improved following some concerns regarding missing monies. However no one at the home suffered any financial losses.

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people's individual care needs. For example, staff knew how to support people who were at risk of skin breakdown. Staff told us they knew when and how to reposition people who were at risk, to help maintain the person's skin integrity. Risk assessments and action plans were regularly reviewed however some required improvement to make sure staff were consistent in how they supported people. For example, repositioning charts were not always completed and risk assessments did not record the positions people could be moved to, or if people displayed behaviours that challenged, there were no triggers or signs to inform staff. The manager assured us the risk assessment would be reviewed to make sure staff provided consistent care in line with people's care records.

All the people spoken with told us there were enough staff to meet their needs. One person said, "They seem to have plenty of staff". Another person said, "I like it here. They (staff) are all very friendly and they get you things as soon as they can." Other people said if they needed help, staff came quickly when they rang their call alarms.

Most of the staff and people spoken with told us that staff had enough time to provide the level of care and support required. They also had time to sit and talk with people and we noticed that staff had time to do this during our visit. Some staff said there were occasions when unplanned absences limited the numbers of staff on duty, however staff said the manager usually helped staff to make sure everyone was cared for and supported.

The provider and manager told us they were not reliant on agency staff because they had recruited enough staff, which meant they had continuity and flexibility to ensure the rota was covered. The manager said the staff team had changed and they now had staff they could rely on which minimised unexpected absences. The manager completed the staff rotas and told us they completed the rota by balancing the skill mix of the staff so new staff were supported by experienced staff and senior staff. The provider told us they did not use a dependency tool but preferred to engage staff and the manager to tell them when more staff were required. The provider recognised when people's needs changed and said, "We staff to meet people's needs here." We were told if people's needs increased, staffing levels would be increased if required. The provider told us they and the manager had completed weekday and weekend shifts to help out and said working shifts helped them to make sure staffing numbers continued to meet people's needs.

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks to check that staff were suitable to provide care to people.

People told us they received their medicines when required. We looked at four medicine administration records (MAR) and found medicines had been administered

Good

Is the service safe?

and signed for at the appropriate time. Staff told us a photograph of the person kept with their MAR reduced the possibility of giving medication to the wrong person. People received their medicines from experienced staff who had completed medication training. Staff also had competency assessment checks which made sure they continued to administer medicines to people safely. The management of MARs were checked regularly to make sure people continued to receive their medicines as prescribed. Staff administered PRN (as required) medicines in line with the provider's policies. PRN information was recorded on MAR charts and provided information for staff to follow regarding dosage and when to administer.

Maintenance schedules were in place to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance and water quality checks.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situations. Fire emergency equipment was checked regularly. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services. Staff we spoke with were aware of the emergency plans, particularly in the event of a fire. The manager told us they helped keep people safe by changing the door access code at certain intervals to minimise people accessing the home who had no reason to, such as contractors and ex staff members.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and knew how to provide the care and support they needed. One person said, "Everyone here should feel fully happy with the staff I think." A relative we spoke with said their family member's overall health and wellbeing had improved and staff were attentive to their needs. This relative said, "This is the most homely home, the staff are fantastic and saw things from my point of view. [Family member] has said that they are well looked after and [family member] has commented on how kind the staff are and how happy they are here."

Staff told us they completed an induction when they first started at the home, and received training to support them in ensuring people's health and safety needs were met. Staff said they shadowed more experienced staff which helped them gain knowledge about people's needs before they provided care on their own. One staff member who recently started work at the home said, "I will have my first supervision after two weeks, at the moment I am only shadowing for this first two weeks. I have completed my care training." Staff told us they had supervision meetings which gave them opportunity to discuss any concerns they had or further training they required. Staff said they received the training necessary to provide the care and support people required. For example, staff told us they were confident and understood how to support people whose behaviours challenged others. One staff member said, "We keep them in a safe setting. Communication is key and we use distraction techniques such as talking to them, having a cup of tea. It's to stop them getting frightened."

The provider completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated. Training records showed some staff had not received their training updates as required but we were told training was being arranged for those staff who required it. The manager told us when they completed a daily walkabout and worked shifts on the floor, they observed staff to make sure they continued to support people effectively and put their training into practice. For example, the manager told us they observed staff when they assisted people to make sure people were moved safely and without stress.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We found staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and treatment. Staff knew which people made their own decisions and which people wanted to remain as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own decisions. One person told us, "I can do things for myself, but I need a little help now and again. Staff are very helpful."

Where people lacked capacity to make decisions, the provider recorded information about their capacity, however this information was not 'decision specific'. The manager and provider agreed to seek guidance around this to make sure people's capacity to make specific decisions was clear so staff knew what support people needed. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' by those closest to them. The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. However due to changes in how DoLS are considered, the provider agreed to contact the local authority and review people to make sure their liberties and freedoms were not being unnecessarily restricted.

People told us they enjoyed the food and we saw they were offered a variety of drinks during our visit. One person told us, "We get a double choice of food every day and it is very varied. The breakfast is very good and you can ask for tea, coffee and drinks." Staff told us if people did not want the choices on the menu, alternatives would be provided. We spoke with the cook who said, "People are offered choices and if they want something else, we can do it for them." People who had risks and individual requirements associated with eating and drinking, had their food and drink monitored to ensure they had sufficient amounts.

Good

Is the service effective?

Where risks had been identified, care plans provided guidance for staff to follow, so they were sure people received their food and drinks in a way that continued to meet their needs. People were weighed regularly to make sure their health and wellbeing was supported and if there were concerns, advice was sought from other healthcare professionals.

Records showed people received care and treatment from health care professionals such as dentist, opticians, district nurses, occupational therapists, speech and language therapists and dieticians. This was confirmed to us by people we spoke and one person told us, “I see the doctor when I need to.” The GP visited the service on a regular basis and saw people who required treatment. Staff told us they were made aware of any changes and followed GP recommendations.

Good

Is the service caring?

Our findings

People told us the staff were caring and treated them with respect. People said they were happy living at the home and satisfied with the care they received from staff. One person we spoke with said, "Nothing wrong at all, I am dressed and kept lovely. The girls (staff) who look after me are lovely. Everybody's as good as gold as far as I am concerned. Frankly, I am quite happy here." A relative told us staff attitudes had a positive effect on their relation and they knew this because their family member told them how happy they were living at Waterloo House.

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. People and families provided personal information that was displayed in people's rooms called 'This is me'. Staff said this information helped them know information about people that was important to them. From speaking with staff we found staff knew about people's likes and interests and staff said this helped them have conversations with people about their particular interests and life experiences. For example, one staff member said one lady enjoyed walking around the home and from talking with this person, realised they were a keen rambler who had previously enjoyed many walks in different parts of the country.

People who were independent, told us staff respected their choices and supported them to be as independent as they wanted, for example washing themselves, dressing, or eating their meals. Staff gave people choices about how and where they spent their time. We saw some people preferred to stay in their rooms, whilst others sat in communal areas and staff supported people with their choices. One staff member said they always encouraged people to be independent. They said, "You need to interact, see what they want, you ask them what they want to do, such as do you want to wash your face." This staff member told us that it was important for people to continue to do as much for themselves as possible, such as with walking, so they retained levels of mobility.

Staff had a good understanding of people's individual communication needs and gave examples of how they involved people who had limited communication skills. For example, staff looked for non-verbal cues or signs in how people communicated their mood, feelings, or choices. Some of the signs people expressed showed they may be in pain, or be have experiencing episodes of behaviours that challenged. Staff told us they understood what to look out for. For example, one staff member told us how they recognised when a person with limited communication wanted a drink. This staff member said, "They pointed to their throat if they wanted a drink, and, pushed the cup away when they did not want any more."

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. Staff were friendly and respectful and people appeared relaxed with staff. Staff supported people at their preferred pace and helped people who had limited mobility move around the home. During our visit, one person had a fall. Staff responded very quickly and reassured the person that they would be okay as help was on hand. The staff assisted this person with sensitively and in a dignified way. A staff member brought an umbrella to protect them from direct sunlight and offered them a drink before safely hoisting them into a wheelchair. The manager, provider and senior staff member attended to make sure this person was supported.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke with people quietly and discreetly. When people needed personal care, staff supported people without delay to carry out any personal care needs discreetly. Staff knocked on people's doors and waited for people to respond before they entered their rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when they supported them with personal care. Staff recognised this was important, especially in some rooms as they faced communal areas such as the garden.

There were no restrictions on times for relatives and friends to visit people living at Waterloo House. During our visit we saw people come and go through the day.

Good

Is the service responsive?

Our findings

People told us the care and support they received was personalised and responsive to their individual needs. People we spoke with said staff met their needs and responded when they needed assistance. One person said, "I am very happy, I could not fault it" and "They (staff) come quite quick when you press the buzzer. They are very kind and help me with the things I want."

We asked people if they were involved in their care decisions and how they wanted their care and support provided. All the people we spoke with said they had not been involved in those decisions, however no one we spoke with said they wanted to be. People told us their relatives were involved and they were satisfied with the care they received. A relative told us they felt involved in care decisions and said staff contacted them when there had been changes in their family member's condition. This relative said they were very satisfied with the care and support provided at the home and said they were pleased to know their family member had settled in very well.

A copy of people's care plans were kept secure in an office, however individual rooms had a summary of the care and support people required. We were told this information helped staff and particularly new staff to provide the individual care people needed because it was immediately at hand. The summary sheet contained personal information such as people's levels of continence, levels of mobility and how people needed to be transferred and the required staff numbers to transfer people safely. This information was kept discreet, so people's personal and sensitive information was hidden from others.

We looked at four people's care files. Care plans and assessments contained information that enabled staff to meet people's needs. Plans contained personal preferences. For example, how people wanted to be cared for, their routines, when to go to bed, when to get up and how they wanted staff to support them. Staff told us they read care plans and updated care plans regularly for those people who they were their keyworker. Staff had good knowledge of the needs of the people they cared for.

However, we found some discrepancies in the care records and what staff told us. We looked at the care plan for a person with behaviours that could challenge. There was good information about this person health and preferred communication methods so staff knew how to respond and provide care. However, there was a lack of information in the care plan that provided staff with important information such as what signs may trigger those behaviours, and how staff could diffuse any potential situations. We also saw another care plan for a person who required repositioning while in bed. We were confident this person was repositioned when required, but there was insufficient information in the care plan to show how this person should be repositioned. The manager agreed this would be useful information and agreed to review the care plans to make sure they accurately reflected people's support needs.

Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with the knowledge and important information they needed to support people, particularly those who had concerns or health issues since they were last on shift. One staff member said, "I find it useful. I get to know how residents are feeling."

People had a variety of activities that helped keep them mentally and physically stimulated. The home provided group activities for people within the home, as well as supporting individuals with their own hobbies and interests. During our visit we heard people singing to music. Some people we spoke with preferred to stay in their rooms and not participate in group activities. These people told us staff spent time with them on a one to one basis which they enjoyed, such as chatting to them about their past, doing arts and crafts and reading to them. One person told us they enjoyed exercising and we saw them walk around the home. They said, "I have to do my exercises, I like to keep moving." We spoke with one staff member who helped put together activities for people. They said, "It's about stimulating them. It changes their mental state." They told us about one person who liked doing manual tasks. They said they helped them to do arts and crafts and helped them do small tasks around the home, such as taking cups to the kitchen or the cleaning in their room.

Parts of the home were decorated with memorabilia of past historical events and entertainers from music and film. Staff said these were used as prompts to engage people in conversations. Other pictures were tactile which encouraged people to touch them. The manager had arranged for a notice board constructed of door handles,

Good

Is the service responsive?

locks and latches to be fitted which we were told people interacted with. The manager said, “Men like playing with those, it’s more industrial and mechanical.” Staff had other themed activity events planned such as Wimbledon cream teas and strawberries and had celebrated ‘Royals’ theme in the last couple of months, as well as looking to plan days out to the butterfly farm and walking into the village.

People knew how to make a complaint, but everyone we spoke with had not made any complaints about the service they received. One person said, “I think it is more than first class.” There was information available in the home for people and relatives about how they could make a complaint. The manager told us complaints were taken seriously and the provider told us any complaints were reviewed regularly with the manager’s involvement to ensure appropriate measures and learning was undertaken.

We looked at how written complaints were managed by the service. The manager told us the home had received two complaints since they took up their post in February 2015. Both complaints had been dealt with to people’s satisfaction. The previous registered manager’s complaints system was not maintained which meant we were unclear how many complaints were received before this time, and the provider was unable to tell us. The manager had introduced a new system so all complaints were recorded and evidence of what actions had been taken were kept. Where required, staff were made aware of complaints and what actions they could take to minimise similar complaints being received in the future.

Good

Is the service well-led?

Our findings

People and relatives we spoke with, had no concerns about the quality of care provided at Waterloo House and found the provider and manager were open and approachable. The home had been through a challenging period and there had been a number of changes at both staff and managerial levels in the last few months. There had been concerns identified to us by the provider in early 2015 about the lack of security of people's finances. Since the appointment of the new manager in January 2015, the provider and new manager made positive changes at the home. The provider told us that the new manager, "Has really brought the home on. They have done so much on the floor. (Manager) leads by example." The provider told us the new manager had made an application to the Care Quality Commission to become the registered manager.

The provider told us the home has improved the delivery of care. They told us, "Some places say they do person centred care, but it's lip service. Here, (manager) has brought in 'all about me' (personal information) and families like that." The provider told us the new manager had received a letter of praise regarding how the manager had dealt with a recent complaint. The provider recognised the changes made did not suit every staff member which had caused some issues in the staff team. The provider and manager addressed these issues and said some staff had left the service because they did not 'fit in' with the new philosophies of care. We were told the new staff members worked well with existing staff and this was supported by what new staff told us. The provider said the culture at the home and atmosphere had changed and was, "Really positive." We were told staff came in on days off, out of choice, to help colleagues, attend training or to support each other. The provider told us they not expect staff to come in, so paid them for the extra time spent on duty. The provider said, "The manager has enthused them."

We asked the manager what they identified as being the main challenges they had faced since they became manager. They told us, "My main priority was getting up to speed with audits, checks, the quality of service and getting staff and people's feedback." The manager told us they did a daily walk around to identify concerns, but also to talk with people who used the service and staff. They also told us they did night shifts so they could speak with night staff and understand the challenges they faced. People and staff told us the manager had an open door policy which meant people, staff and visitors could talk to the manager without prior appointment. During our inspection, we saw people and staff visit the manager without any prior appointment and the manager spent time talking with those people.

The manager told us that one of the issues was a lack of a consistent team working within the home. Records showed the manager had addressed this with staff in team meetings and stressed the importance of staff supporting each other. The manager also identified the system of staff handover was, "Not effective and staff were not overly interested." The manager said staff were now, "100% involved, it's written down and it's more detailed." Staff we spoke with said they found the handover provided them with the necessary information they need to support people effectively. One staff member said the handover had improved and staff were more engaged.

Staff told us there had been improvements and spoke positively about the manager and changes they made. Comments made to us were, "The managers are really quick to respond if we need anything. The manager is open to ideas", "There has been a lot of changes, it was very hard to get used to. Things are still not right and there is a long way to go, but we are trying" and "I think the new manager is very good and really approachable. I have seen her be really supportive, she is very fair and very open. She has got some good ideas."

Staff told us they had supervision meetings and staff meetings. Staff said this gave them opportunities to discuss any issues or concerns they had. One staff member said they liked supervision meetings because, "I can discuss any issues or any training that I need to help develop my skills."

There were systems in place to monitor the quality of the service which were completed by the registered manager and the provider. This was through a programme of audits, including checks for care plans and medicines audits. Quality checks were also completed and monitored by the provider to ensure any actions identified for improvements had been taken that led to an improved service. For example, a shower room had been refitted and adapted so it made it easier for people with limited mobility to use.

There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, infection control and fire safety. These audits were

Good

Is the service well-led?

completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The manager and provider analysed incidents and accidents for any patterns or trends. The manager said, “We look at these to check people are safe. We always do a urine test if people are wobbly on their feet to make sure they do not have a urine infection.” The manager said they had not identified patterns as yet due to the low number of incidents, but if they did they would seek support from other healthcare professionals such as the GP and occupational therapists.

People and relatives were able to share their feedback and suggestions about the service they received. They could do this by attendance at regular meetings or through the provider’s annual quality survey questionnaire. We looked at the minutes of the last relatives meeting held in April 2015 and saw actions had been taken to improve the quality of service. For example, people suggested picture menu cards would make it easier for people with dementia or cognitive impairments to recognise certain foods. The manager was in the process of completing this, but we were told a plated meal was always presented to people at lunchtime to help them make their choice. During our inspection, we saw staff show people a plated meal, although we were told this did not always happen. We brought this to the attention of the manager who agreed to make sure this happened on a regular basis.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.