

Leazes Hall Care Home Limited

# Leazes Hall Care Home

## Inspection report

The Leazes  
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14 August 2018

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 August 2018 and was unannounced. Following our inspection visit to the home we spoke with relatives and other professionals on 10 and 14 August 2018.

At our last inspection in August 2017 we rated the service as Requires Improvement and found breaches of regulations 12 and 17. The breaches concerned the safe administration of people's medicines and the effectiveness of the provider's quality monitoring system.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and effective to at least good. We found improvements had been made to return the service to a rating of good.

Leazes Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 48 people in one adapted building. At the time of our inspection 44 people were using the service including people with dementia and learning disabilities.

The care service had developed in line with the values that underpin the CQC guidance, 'Registering the Right Support' and other best practice guidance for people with learning disabilities. These values include choice, promotion of independence and inclusion.

There was 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.

Staff were assessed as competent before administering people's medicines in a safe manner. We found the administration of people's medicines complied with the guidance issued by National Institute of Health and Care Excellence.

Pre-employment recruitment checks were carried out by the service before staff began working in the home. When a new member of staff began to work in the home they were supported through an induction period, training and supervision. Staff training included how to safeguard vulnerable adults and staff knew how to do this.

The registered manager monitored the staffing levels to ensure the service could meet people's needs. We found there was enough staff on duty.

Cleaning was on-going during our inspection to reduce the risk of cross infection. We found the home

including people's bedrooms and communal areas were clean and tidy.

Checks were carried out on a regular basis including fire safety to ensure people lived in a safe environment. People had individual emergency plans in place to help if emergency services evacuated people from the building. Adaptations had been made to the environment to support people living with dementia and promote their independence.

Personal risks had been assessed by the staff and actions taken to reduce risks such as falls. The registered manager reviewed in detail accidents and incidents which occurred in the home to see if they could be prevented.

Kitchen staff were aware of people's dietary needs and prepared fluids and nutrition accordingly. We found the food was well-presented.

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

Relatives were complimentary about the caring nature of the staff. Staff spoke to people in kind tones and respected their dignity and privacy. Care professionals who visited the home told us staff provided support when they visited and made sure people's privacy was protected.

Activities were provided by the service. People were able supported to carry out activities of their choosing. These included outings, animal care, musical bingo, pamper therapies and puzzles.

The provider had a complaints policy in place. Since our last inspection the registered manager had dealt appropriately with a complaint made to them.

Care plans were accurate, up to date and reflected people's personal needs. The service made appropriate referrals to other care professionals. Their advice and guidance was incorporated into people's care plans.

New systems had been introduced to assess and monitor the running of the service. Audits had highlighted areas for improvement and actions had been carried out. The registered manager had carried out a survey to monitor the quality of the service. The results were mainly positive.

The registered manager used different monthly newsletters to update relatives and staff of current events, changes and the required standards of care. Relatives felt the registered manager was responsive to their comments and welcomed them into the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People's medicines were administered in a safe manner by staff who were trained to do so.

Cleaning was carried out during our inspection. We found the home was clean and tidy.

Regular checks including fire prevention checks were carried out on the building and its contents to ensure people lived in a safe environment.

Good ●

### Is the service effective?

Staff were trained and supported to carry out their roles. New staff underwent an induction to the service.

The service involved other healthcare professionals and took their advice to help meet people's needs

Kitchen staff were aware of people's dietary requirements and provided food and fluids to meet people's individual needs.

Good ●

### Is the service caring?

People, their relatives and other care professionals described staff to us as kind and caring.

People's dignity and privacy were respected.

Relatives were able to be involved in the care of their family members through discussion with the staff. The registered manager provided a monthly newsletter.

Good ●

### Is the service responsive?

People's needs were assessed and their care plans contained person-centred information.

The provider had a complaints process in place. Information was provided to people about on to make a complaint.

Good ●

A range of activities was provided in the home to meet differing needs and preferences.

**Is the service well-led?**

Effective audit systems were in place to monitor the service and make improvements.

Surveys were carried out to measure the quality of the home. Responses to the latest survey were largely positive.

Relatives spoke with us about the registered manager welcoming them into the home and addressing any concerns they raised in a prompt manner.

**Good** ●

# Leazes Hall Care 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 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 visits took place on 8 August 2018 and was unannounced. Following our inspection visit we spoke with relatives and care professionals by telephone on 10 and 14 August 2018.

The inspection team consisted of two adult social care inspectors and one adult social care assistant inspector.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

A Provider Information Return (PIR) is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We did not request a PIR prior to this inspection. We sought the required information to inform our inspection on the day we visited the care home.

During the inspection we spoke with six people who used the service and seven of their relatives. We also spoke with five professionals and 10 staff including the registered manager, the deputy manager, team leader senior care staff, care staff, activities coordinator and kitchen staff. We looked at four people's care records in detail, two staff recruitment files and five staff training files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

At our last inspection we found there was a breach of Regulation 12 - Safe Care and Treatment due to people's medicines not being safely administered. The registered manager had taken immediate action and during this inspection we found improvements had been made. During this inspection we found the administration of medicines in the service complied with the guidance published by the National Institute of Health and Care Excellence - Managing medicines in care homes published in 2014. The guidance addresses the ordering, receipt, administration and disposal of medicines. Suitable arrangements were in place to address all the areas specified in the guidance.

Specific arrangements were in place for people who required topical medicines (creams applied to the skin) and for people who required their medicines covertly. This is when people are given their medicines in a disguised form. Clear guidance was in place for PRN ("pro re nata") medicines which are medicines taken 'as and when needed'. Controlled drugs are those which are liable to misuse. The records held by the service on controlled drugs matched those which were stored in a safe manner.

People told us they felt safe living at the service and relatives told us their relatives were settled and they were pleased with the level of care their relative was receiving. One person we spoke with said, "It's canny in here, honest." A relative said, "We're really really pleased." Another relative said, "Best care possible."

Regular checks were carried out to ensure the building and its contents were maintained. Test and maintenance certificates were in place, including for example, those relating to mains electricity and fire safety. Fire safety procedures were maintained. Weekly fire tests were carried out and recorded and weekly audits were carried out on emergency lighting and alarms. The fire service had conducted a quarterly service. Records confirmed that fire drills had taken place on both day and night shifts and full evacuations were practiced six monthly. A fire risk assessment had been carried out by an external fire safety company in July 2017. The assessment recommended reviewing the assessment every 12 months and the registered manager told us arrangements were in place for this to be carried out before the end of the month.

Each person had a Personal Emergency Evacuation Plan (PEEP). These plans documented how people were to be supported to evacuate the building in case of an emergency. They were available to emergency personnel.

People's personal risks were assessed to ensure people were safe and where possible, actions were identified for staff to mitigate these. For example, from the records we viewed we saw risks relating to moving and handling, mobility, falls, nutrition and hydration were identified and reviewed in line with provider policy. Risk assessments for the building and to keep staff safe were also in place.

Accidents and incidents were recorded in line with the provider's policies and procedures. Incidents were recorded thoroughly, analysed and lessons were learnt. People had alarmed equipment in place to alert staff of their movements to try to prevent further falls.

The registered manager carried out regular audits to monitor people's dependency needs. These were used to inform the number of staff on duty. At the time of inspection, the registered manager told us a few staff had recently left the home to work in a new local large store. They were currently recruiting for new staff. We checked rotas and found sufficient staff were deployed in the service daily in line with the needs of people who used the service. A relative who was familiar with the service told us staffing was, "One of the reasons we chose the home for her (their mum), was there was always enough staff."

Pre-employment checks were carried out before staff began working in the service. Disclosure and Barring Service (DBS) checks were undertaken and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

Infection control policies were in place and domestic staff on duty were observed cleaning communal and toileting areas of the building with cleaning rotas in place and signed for daily. All staff were observed using personal protective equipment as necessary to prevent cross contamination.

Staff had received safeguarding training. We found staff had raised concerns and information was passed to the local authority safeguarding team. Information was on display in the home about the conduct expected of visitors toward staff. This protected staff and prevented any untoward incidents which could have serious impact on people who used the service.

At the time of our inspection the registered manager told us there were no on-going disciplinary investigations into staff misconduct.

People's human rights were respected. Family life was promoted and relatives were welcomed into the service. Discussions had taken place with people and their relatives regarding their end of life preferences. This meant the service had considered people's right to life.

## Is the service effective?

### Our findings

People we spoke with said they felt staff had the right skills to provide the care and support they needed. Relatives were confident in the staff abilities. One relative spoke with us about improvements to a person's health; they said, "I think that's a testament to the hard work of the staff, we're really pleased with the level of care that the home provides."

The provider made sure staff had sufficient support with their professional development. Staff told us and records confirmed training in topics which the provider deemed compulsory was mostly up to date. We saw training was arranged for the rest of the year so all staff could keep updated. Training records showed staff members had completed training in key areas such as moving and assisting, dementia, safeguarding and food hygiene. Staff told us they felt they had sufficient training to support them in their role. A staff member said, "We're always up to date with training and we get plenty of support."

The team leader used a computer-based training management system which identified when each staff member was due to undertake further training. The registered manager had oversight of this which meant they could keep track of staff training needs. We noticed that staff had not completed training in learning disabilities despite a number of people who used the service having needs in this area. When we discussed this with the registered manager they told us they had experienced difficulty sourcing appropriate training. By the end of our inspection they had spoken with the provider who was arranging training on this as a priority.

New staff were required to undertake an induction process which enabled them to learn about the service, the people who lived there and undertake training. Staff new to the service were required to complete the Care Certificate. This is a nationally recognised certificate which sets the minimum standards care staff are required to meet in their daily working life.

Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. Staff members who had been employed for over a year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

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 authorisation 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. We found that DoLS applications had been made and

authorised by the relevant local authorities.

Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or what to wear. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

People were supported to maintain their nutritional wellbeing. At the last inspection we spoke with the registered manager about the need to improve the meal time experience for people. The registered manager agreed to look at the staffing arrangements and do more regular spot checks during meal times to ensure it was a pleasant experience for people. We found the registered manager had audited and ensured people's meal time experiences had improved. The registered manager showed us pureed meals which had been made using moulds. People's food was well presented. We observed it being delivered on trays to people's rooms and it was covered. People were offered regular snacks and refreshments including hot drinks and fresh fruit.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. Kitchen staff had access to up to date information about people's special dietary needs and preferences. Staff had completed training in food hygiene and nutrition. At the last inspection we found charts to monitor people's fluid intake were not always used appropriately. During this inspection we found improvements had been made and records were completed accurately. Appropriate action was taken where people's fluid intake was below recommended levels.

A care professional confirmed to us staff work in partnership with them and will complete charts for example, about people's behaviour when required. Other care professionals we spoke with told us staff supported people when they were present to receive the care and treatment they needed. Relatives confirmed the service contacted other care professionals when needed. One relative said, "They always tell me when the doctor has been." Another relative told us, "They've been really good at ringing me if she needs to go to the hospital."

Leazes Hall is a grade two listed building with extensions built at either side to provide accommodation. The registered manager has therefore had to adapt the home as far as possible to ensure the building could promote people's independence. They had sought solutions to meet people's needs. Slopes in corridors were identified with notices. Coloured toilet seats and grab rails were provided to assist people living with dementia to orientate themselves in the building. There were photographs on doors which enabled people to identify their bedroom. One person using the service was frightened of the dark and was reluctant to use bathrooms for fear that someone would switch the light off from outside. Maintenance staff had created a cover for one switch so that people were unable to turn it off from the outside. Another person's room had door handles adapted to ensure to make use as easy as possible. Magnetic strips had been added to bathroom doors to replace latches to reduce the potential of people becoming locked inside.

Holistic assessments of people's physical, mental health and social needs were in place. The service sought information from people, their relatives and other professionals before people were admitted to the care home.

When staff came on duty they were allocated people for whom they were required to provide care on that shift. The registered manager told us they used this system to ensure everyone's care needs were met and to increase the level of accountability in the service. This meant staff worked as a team to ensure people

received timely and co-ordinated person-centred care and support.

# Is the service caring?

## Our findings

When we spoke with a person who used the service and asked if the staff were caring they told us, "Help you to read and help you with the bath if you can't read the temperature." Relatives we spoke with during the inspection repeatedly told us staff were very friendly. They described being welcomed into the home by the registered manager and staff and told us the service felt, "homely". Other relative told us they had, "Nothing but praise" for the staff and, "Staff are friendly and always there to answer my questions."

Care plans supported independence and encouraged staff to offer prompts and assistance as opposed to doing things for those that were able. Staff promoted people's independence wherever possible. For example, we heard a staff member say, "Are you alright [name of person]? Shall I pop the light on for you? Do you want help or shall I wait outside?" People were given equal opportunities to make their own choices. Records showed staff were encouraged to give time to people so they could communicate their needs.

Relatives were encouraged to be involved in the service. The registered manager produced a monthly newsletter. In the newsletter people new to the service were welcomed and condolences were given to families whose relatives had passed away. The newsletter was also used to explain any changes in the service such as new lockable boxes for people's topical medicines and changes regarding data protection regulations. News about activities, special birthdays and staff news was included.

People told us staff were kind and caring and demonstrated respect. One person repeatedly asked for ice cream throughout the day. We noted in their records staff were aware of this person's repeated requests. Staff were patient with them and supportive, for example by saying, "Why don't you have your lunch first then you can have some ice cream later?" We asked staff if they could bring a jumper to a person who told us they were cold whilst sat in a communal lounge. The staff member returned promptly with two jumpers for the person and gave them a choice of which one they would like and let the person choose. They also asked the person what they would like to drink and returned promptly with this.

Staff were patient with people as they guided people around the home. Using our short observation framework for inspection we observed one member of staff encouraging a person to take their time as they supported them away from the dining table. Staff spoke to them in a gentle manner and encouraged them to get their balance before walking away. Another person was listening to their choice of music and were offered whether they were ready for their medication or whether they would like to be offered again shortly. A staff member spoke about people making their own decisions and said, "It's their preference where they choose to sit we go to them."

Professionals told us staff respected the privacy and dignity of people who used the service. One professional told us staff always closed people's bedroom doors when they are working with a person. In the recent survey to monitor the quality of the service all the 30 relatives who responded felt the staff protected people's dignity and respected their privacy.

Staff use humour to engage people. They laughed and had a joke. One person told us about a particular

staff member they got along with really well. Another person said, "I get on with them all [staff]." Relatives told us their family members had developed a rapport with staff.

Staff protected people's well-being and tried to avoid them becoming distressed. Psychological and emotional well-being assessments had been carried out. People were observed having meaningful and familiar conversations with care staff. Staff knew and understood people's backgrounds. They were able to give us information about people's histories, their likes and dislikes. The registered manager in their newsletters to relatives had asked for photographs of people to put up in their rooms to assist with their memories and enable staff to promote conversation. A care professional told us, "They've been caring definitely, if they're worried about someone psychologically they will get us involved and a community psychiatric nurse. They are knowledgeable on the phone and phone up appropriately."

People's bedrooms had been personalised. This meant people were surrounded by familiar items. Decoration was taking place in bedrooms; people were able to choose their own wallpaper and furnishings to personalise their space.

Advocacy was promoted and information was displayed on notice boards around the home. An advocate is an independent person who helps people make choices and represents their views to others. In one person's file we noted they had an advocate to help them make important decisions.

## Is the service responsive?

### Our findings

Each person had in their file a profile which contained information about family members and their contact details. Care plans were in place which described to staff people's care needs and were informed by assessments. For example, we found staff had used the malnutrition universal screening tool (MUST) to measure if people were at risk of losing weight. Examples of other care plans where people had specific needs such as diabetes and mental health were in place. This meant care plans were person centred. Advice leaflets on health conditions were also available to staff.

Care plans were reviewed on a monthly basis. Staff documented if there had been any changes and care plans for specific conditions which were no longer needed had been discontinued. Senior care staff spoke with us about the importance of maintaining a responsive service. They found as the home was currently going through a period of high levels of admissions and discharges they needed to be extra vigilant to ensure records were up to date and accurate for each person.

Daily records were maintained by staff. A daily records file contained all the essential information about people including appointments, family contacts and dietary needs.

The Accessible Information Standard was introduced by NHS England in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was available to people in large print and an audio guide about the home was available. We found there were no easy read versions of documents available for people using the service. We spoke with the registered manager who told us pictures were used to communicate information to people. For example, we observed pictures were available to show the menu options and activities. They were used to promote discussion and seek people's views during resident's meetings.

At the time of our inspection there was no one in receipt of end of life care. A notice board had been created in the home in memory of people who passed away. On the board the service had displayed thank-you cards from relatives whose family members passed away. They expressed gratitude for the care and kindness shown by the staff at such a difficult time. Discussions had taken place with people and their relatives about the care they required at the end of their life. For people who did not wish to be resuscitated in the event of their heart stopping documents known as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were on file.

The provider had a complaints procedure in place. We saw one complaint had been made to the service and had been dealt with appropriately by the registered manager. One person told us they had, "No complaints." Relatives we spoke with told us they had no complaints and if they needed to speak to the manager about the care of their family member on any issue it was immediately addressed.

Relatives repeatedly told us how they were welcomed into the service and were encouraged to be involved in the care of their family members. People were supported to maintain relationships with people who mattered to them and were offered opportunities to prevent social isolation. The service employed an

activities coordinator who spoke enthusiastically about their role. They told us activities included musical bingo, board games, reminiscence sessions, arts and crafts, pamper therapies and puzzles. Singers and entertainers were booked which people said they enjoyed very much. Themed food nights had been held in response to people's feedback. People told us how they had enjoyed a Chinese takeaway and fish and chips. Further themed nights such as Italian and Mexican were planned. A volunteer arranged activities during the weekend.

People were supported to follow their own interests. Relatives told us they were aware of activities in the home and people were invited to join in, although some people preferred to watch television in their own rooms. On the day of our visit some people who used the service went on a day trip to the coast. One of the people who had been told us, "I've had a nice day out at the seaside and bought some sweets so I'm happy." The registered manager told us they had found a fish and chip restaurant who could provide pureed food. This meant people who required this type of diet could go on the outings to the coast. Another person told us how much they enjoyed looking after the animals. One person spoke about going to work; the registered manager told us they were attending a day centre. Religious services were held for people who wished to follow their own beliefs.

## Is the service well-led?

### Our findings

During our last inspection we found a breach of regulation 17– Good governance. The provider's quality monitoring system was not always effective in identifying and generating improvements within the service. Since the last inspection the registered manager had introduced new auditing systems which showed areas for improvement had been identified and actions taken. For example, during one audit the hot locker designed to keep people's food at an appropriate temperature was not working properly. This was immediately repaired. Care plan, environmental and health and safety audits were carried out.

People, their relatives and other care professionals were complimentary about the registered manager. They described to us a registered manager who was welcoming, friendly and approachable. One relative said, [name of registered manager], she's great, we see her on a near daily basis." A care professional told us they had previously recommended the home to others. Relatives told us the registered manager would email them with information as required. Staff told us they felt supported by the registered manager.

Surveys had been carried out in 2018 to measure the quality of the service. These were largely positive. All the 30 relatives who responded felt they were treated well by the management and could discuss issues with them.

The registered manager was proactive in dealing with issues which arose when managing the regulated activity and questioned practices. In discussions with their staff, the registered manager found staff were referring to a new type of packaging for a prescribed topical medicine. Staff were calling the container the, "mayonnaise pot". On examination the registered manager found the container was very similar to those in which mayonnaise was sold. They wrote to the company which produced the topical medicine and explained about the needs of people with dementia. They received a response from the company who told them they would no longer be using the containers. As an extra precaution the registered manager had arranged for locked cupboards for people's rooms in which their topical medicines could be stored.

Relatives spoke with us about the culture of the home. They described it to us as warm, welcoming and friendly. They told us it had a homely atmosphere where people were settled. We found there was a strong team working ethos. One member of staff told us, "The staff here are brilliant. They'll do anything you ask them to do. For example, we needed to make improvements on topical medicines and now we have."

The registered manager held staff meetings and kept staff up to date with a monthly newsletter. In each newsletter they stated, "Thank you for all your continuous high level of care." Newsletters went on to advise staff what they needed to do to meet people's needs and regulatory requirements They also included other issues such as sickness monitoring, pay slips and recruitment updates. The registered manager explained in the newsletters they wanted no CQC, 'requires improvement' ratings.

In June 2018 the service found itself being reported in local newspapers. The home's neighbours' peacock had taken up residence in the gardens of the home. The newspapers reported Trevor the peacock was leaving the grounds of the home and searching for a mate. This had resulted in him disturbing local

residents. The registered manager described responding to community members and retrieving the peacock from local gardens. One resident had offered to buy the home a peahen which the home had accepted. A national chain of pet shops had also supplied the home with rabbits and a hamster. The registered manager told us the staff at Leazes Hall care home had strengthened their relationships with people in the community due to the 'antics' of their visiting peacock. Since the increase in animals in the deputy manager had introduced a pet policy and completed a risk assessment.

Relationships with key organisations such as local churches and the locally elected councillor were in place. They visited the home on a regular basis. The activities co-ordinator told us how a local restaurant hosted a monthly coffee morning for people who used the service.

Records held in the home were up-to date and accurate. These were regularly reviewed and amendments made as required.

There was clear partnership working between the registered manager, the staff in the home relatives and other professionals. For example, relatives told us if they needed to discuss any issues about the care of their family member staff made the necessary changes to support people. Referrals were routinely made to care professionals to seek their knowledge and skills to address people's needs. Staff carried out the required observations and reported back to care professionals to help inform their assessments.

We reviewed the notifications sent to us by the registered manager and found they had met the statutory requirements for all types of notifications. We found three notifications which had not been submitted to CQC but all appropriate actions had been carried out to keep people safe. The registered manager apologised for the oversight and immediately made the notifications to us.