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Lakenham Residential Care Home

Inspection report

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05 September 2017

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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

The unannounced inspection took place on 29 August and 5 September 2017

Lakenham Residential Care Home is a care home which provides care and support to older people some of whom have been diagnosed with a form of dementia. The home does not provide nursing care. The home had previously been able to accommodate 28 people. The provider had applied to the Care Quality Commission (CQC) to reduce this to 25 people. In May 2017 the provider had been issued with a new registration to accommodate 25 people at the service. There were 20 people using the service on the first day of the inspection.

The service had a registered manager. 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.

We had previously carried out a comprehensive inspection of this service in July 2016. A breach of a legal requirement had been found at that inspection. The breach was because care plans did not always include details relevant to maintaining people's health and wellbeing. Also people and their families had not been involved in developing and reviewing their care plans. Following the inspection we were sent an action plan setting out the actions the provider was going to take. At this inspection we found action had been taken regarding these concerns and the requirement had been met.

The registered manager had worked with staff and put in place very comprehensive care plans. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people where able and their families had been involved in their development. Therefore people received personalised care that was responsive to their needs.

Risk assessments were undertaken for people to ensure their health needs were identified. Accidents and incidents were reported and action was taken to reduce the risks of recurrence.

Everyone gave us positive feedback about the registered manager and said they were very visible at the service and undertook an active role. They promoted a strong caring and supportive approach to staff.

People were supported to follow their interests and take part in social activities. A designated activities coordinator was employed by the provider. They ensured each person at the service had the opportunity to take part in activities and social events which were of an interest to them.

Staff were able to anticipate people's needs and were respectful, discreet and appropriate in how they managed those needs. There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Staff were compassionate, treated people as

individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily preferences. Staff showed concern for people's wellbeing in a caring and meaningful way. Where possible, people were involved in making decisions and planning their own care on a day to day basis.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) (2005). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA for the majority of decisions.

People were supported by sufficient staff to meet their needs promptly. Staff had the required recruitment checks in place and were trained and had the skills and knowledge to meet their needs. Staff had received an induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintain a balanced diet. People were seen to be enjoying the food they received during the inspection.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

People were referred promptly to health care services when required and received on-going healthcare support. Healthcare professionals were positive about the quality of care provided at the home and the commitment of the team to provide a good service.

The premises were managed to keep people safe. The home was clean and had a nice atmosphere although there were some area of the home looked tired. The There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The registered manager actively sought the views of people, their relatives and staff. This was through regular staff meetings, being very active within the service, surveys and a comments book to continuously improve the service.

There was a complaints procedure in place and people were confident any concerns they raised would be looked into.

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.

Medicines were safely managed.

People were protected from abuse by staff who recognised signs of potential abuse and knew how to raise safeguarding concerns.

People's risks were assessed and action taken to reduce them as much as possible.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs.

People were protected because recruitment procedures were thorough.

Accidents and incidents were reported and action taken to reduce the risks of recurrence.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their best interest.

People were supported to maintain good health and access healthcare services. Staff recognised any deterioration in people's health and sought medical advice appropriately.

People were supported to eat and drink enough and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People and relatives gave us positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect.

Staff knew the people they supported, about their personal histories and daily preferences.

Staff showed concern for people's wellbeing in a caring and meaningful way. They showed people compassion and had developed warm and caring relationships with them.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care plans were detailed and reflected people's individual needs.

Arrangements were in place for people to have their individual needs regularly assessed, recorded and reviewed.

People were supported to follow their interests and take part in social activities.

People knew how to raise a concern or complaint, and said they felt comfortable doing so. Improvements were made to the complaints procedure during the inspection process.

Is the service well-led?

Good

The service was well led.

The registered manager was very visible at the service and inspired staff to provide a quality service.

People, their relatives, staff and health professionals had high praise for the registered manager and staff at the service.

People, their relatives and staff were actively involved in developing the service.

There was an effective audit program to monitor the quality of care provided and ensure the safe running of the service.

Lakenham Residential 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 checked 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 comprehensive inspection took place on 29 August and 5 September 2017. The first visit was unannounced and carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. The second visit was announced so we could spend time with the registered manager to look at records. On the second day only the adult social care inspector visited.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed the majority of the people who lived at the service and received feedback from seven people who were able to tell us about their experiences. We spoke with five visitors to ask their views about the service.

We spoke to 12 staff, including the registered manager, deputy managers, senior care worker, care workers, cook, activity person, maintenance person and one of the provider's.

We reviewed information about people's care and how the service was managed. These included four

people's care records and five medicine records, along with other records relating to the management of the service. These included staff training, support, three staff employment records, quality assurance audits and minutes of monthly team meetings. We also contacted health and social care professionals and commissioners of the service for their views. We received a response from three health and social care professionals.

Good

Is the service safe?

Our findings

People and relatives using the service felt safe. Comments included, "I feel very safe here"; "I am more than happy with Mum being here" and "I wouldn't leave him here if I didn't think he was safe". A staff member staff said "I truly think the residents and their families feel they are safe here."

People were protected by care staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in the safeguarding of vulnerable adults. Care staff had a good understanding of how to report suspected abuse both internally to management and externally to outside agencies if required. One staff member said, "I would take an issue to the CQC (Care Quality Commission) or even the police." Another said, "I have never seen anything that concerns me here."

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, skin integrity, nutrition and hydration, mobility, continence and manual handling. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People identified as at an increased risk of falling out of bed had been assessed and the appropriate actions undertaken. For example, the use of bedrails. Where a person had been assessed as requiring a pressure relieving mattress this had been provided. Staff ensured they had weighed the person and that the mattress was set at the correct setting for them to ensure it was effective.

Our observations and discussions with people, relatives and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. People received care and support in a timely way. Staff, whilst busy, seemed to have time for everyone and were able to ask for support from other staff when needed. People, when asked if staff responded to call bells promptly, responded, "They normally come within five minutes, which is quick enough"; "It depends on how busy they are downstairs but it's ok" and "They come straight away, they're in and out all the time." People in their rooms had call bells accessible during our visits. Care staff also said they felt there were enough staff on duty. One commented, "I believe we look after residents to the best of our ability. We chip in to make sure we have enough staff on every day." The registered manager did not use a formal dependency tool to assess the staff levels required to meet people's needs. They said they had their own system to identify people's dependency needs but this was not a documented system. They said they looked at who needed additional support and who needed two staff to help mobilise and have personal care. They said they would increase or decrease the staff as necessary.

There was a deputy manager or senior care worker with three care staff on duty throughout the day. They were supported by the registered manager, a housekeeper, a maintenance person and a cook. One of the providers lived on site and was regularly in the service to offer support. At night there were two waking care staff. The management team and staff undertook additional duties to cover staff leave and unexpected sickness when able.

The registered manager said they were actively recruiting for two ancillary posts. The owner said they would

always welcome "quality staff to the team". There were robust recruitment checks for new staff; this included ensuring all pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and had a current photograph of the person and indicated if the person had any known adverse reactions to medicines.

Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. They had their competency assessed by the management team. Staff said they were confident that the medicine administration at the service was safe and that they had received effective training and updates. The registered manager observed medicine rounds and if they identified concerns regarding a staff member's medicine administration practice, they would speak with them and if necessary arrange further medicine training and support for them.

The home had a medicine policy dated which had been reviewed in May 2017 which reflected up to date good practice. All staff who administered medicines had signed that they had read the updated policy.

When staff gave out medicines they wore a red tabard making people, staff and visitors aware not to disturb them and therefore reducing the risk of making an error. Care staff were calm and took their time to administer the medicines they were giving out and ensured people had a drink to help them to take their tablets. They stayed with the person until they were satisfied the medicines had been safely taken.

One person was self-administering their medicines. Staff had completed a self-administration assessment and had systems in place to support the person take their medicines safely.

Prescribed creams were recorded on people's medicine administration records (MAR). The information was transferred onto a topical cream chart for staff to sign when they had administered the topical creams. This guided staff which cream to use, where it should be applied and the frequency of the cream application.

The home had a comprehensive system in place for the administration of anticoagulants (known as blood thinning medicines). These medicines have to be adjusted in dose dependant on regular monitoring blood tests. The staff had an effective communication system with the GP surgery to ensure the correct dose was administered and recorded.

Medicines which required refrigeration were stored at the recommended temperature and staff were knowledgeable about the procedure when the fridge temperature was outside of the recommended range. A monthly medicine audit looked at all aspects of the medicine procedure at the home.

Plans and procedures were in place to deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person, whether they would understand the fire alarm and what assistance they would require in case of an emergency evacuation of the service.

Premises and equipment were managed to keep people safe. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff recorded in a maintenance book any maintenance issues they identified. The provider employed a maintenance person who checked this

book each day and took action to address any issues. People confirmed there were regular fire drills at the service. Comments included, "they have them two to three times per week" and "The maintenance man (person's name) is very good and looks after the drills."

The provider had a legionella risk assessment completed by an external company. They had reviewed the recommendations and had put in place a risk assessment and actions taken.

The home on the whole was clean and homely, although some areas of the home looked tired. There were plenty of communal space where people could spend time quietly on their own or with other people as they chose. One person said, "I suppose I am comfortable. It's a nice place to sit. I sit outside for a cigarette." The provider said they were in the process of redecorating some rooms and had new carpets on order. Skirting boards were being repainted.

There were personal protective equipment (PPE's) such as gloves and aprons around the home for staff to use. There was handwashing signage and handwashing facilities in bathrooms for staff to use.

Good

Is the service effective?

Our findings

People and relatives using the service felt safe. Comments included, "I feel very safe here"; "I am more than happy with Mum being here" and "I wouldn't leave him here if I didn't think he was safe". A staff member staff said "I truly think the residents and their families feel they are safe here."

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There were personal protective equipment (PPE's) such as gloves and aprons around the home for staff to use. There was hand washing signage and hand washing facilities in bathrooms for staff to use.

Good

Is the service caring?

Our findings

People and relatives were positive about the quality of care at the home and the caring attitude of the staff. Comments included, "This is a 'happy place"; "It has a very nice atmosphere"; "If I want something special, it's no trouble for them" and "During the last year with the new manager things have been better". One relative said, "I would recommend Lakenham; the staff are so caring and have the patience of a saint… nothing fazes them." A visitor said, "staff are happy to always go that bit beyond to help out."

The whole staff team were respectful and considerate in their behaviour towards people. There was a clear message given to us from the management and staff about people at the service being treated as they would want their family to be treated. Staff treated people with kindness and compassion in everything they did. Comments included, "This is a brilliant place here"; "The staff always knock before they enter my room and respect my privacy"; "I have never heard anyone being rude or using raised voices"; "They show kindness to us all"; "The staff treat residents with courtesy; they are very kind" and "The staff treat me well. I appreciate what they do for me."

Throughout our visits staff were smiling and respectful in their manner. They greeted people on their first encounter with affection and by their preferred name; people responded positively and appeared happy in their company. The atmosphere at the home was calm and peaceful.

Staff knew people well including their preferences and personal histories. Staff spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes.

People's consent for day to day care was sought. Staff were skilled at looking for visual signs of consent for people unable to express their wishes. Where one person was unable to communicate verbally staff had developed a means of communication that suited the person. They were very patient and demonstrated a good knowledge of the person's usual choices but still asked the person if that was what they wanted.

Staff supported people to be involved in making decisions about the care and support they received. Care records demonstrated that staff whenever possible had involved people to review their care needs. This included how they wanted to have their hygiene needs met and refreshments they liked.

People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge, would like to watch television, had they finished their meal or did they require a snack. People were as independent as they wanted to be, they were able to choose whether to remain in their bedrooms or use communal areas. Staff recognised people may require a specific gender staff member to provide personal care. One person said, "I always have a lady staff member to help with my bathing." A care worker said, "With lady residents I always ask if they mind if a male staff member helps with their personal care."

Staff supported people to be as independent as they wanted to be. People were walking around the communal areas and throughout our visits. People went on outings with families and friends into the local community.

When people beckoned to staff, they went over and ensured they gave the people their undivided attention and stayed until the person had completed their conversation. Staff knocked on people's doors before entering their rooms. This was confirmed by one person and a visitor. They said, "The staff always knock on my door and ask if they can come in and seek permission before care is given" and "Mum can't really communicate so the staff can't really ask, but they knock and come into her room."

People's relatives and friends were able to visit without being unnecessarily restricted. One person had taken responsibility for answering the main door at certain times during the day. They were very welcoming, very positive and very knowledgeable about the service. Throughout our visit visitors were greeted by the staff and management team. Visitors appeared comfortable and relaxed. They felt very much part of the home. Comments included, "The staff are welcoming and very willing and cheerful. I am always offered a cup of tea when I arrive"; "I feel welcome…I can come and go as I please" and "They treat me like part of the furniture. They always ask how I am and give me a cuddle."

People's religious beliefs were supported. Communion was held in the services private chapel on the first Monday of each month.

The registered manager was passionate about ensuring people in their care who was nearing the end of their lives had the best possible support. People had been supported to complete a 'thinking about your future health care' document. This recorded what mattered to them and when nearing the end of their life what would they like to happen and their wishes. People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about resuscitation in the event of unexpected collapse.

There were some positive compliments from families and others in the comments book in the main entrance to the service. These included, "Nothing is too much trouble, all the staff are caring. The manager is wonderful. We have all the information we need to reassure us"; "Thanking all staff for the marvellous care and attention" and "Thank you to (registered manager) and all the staff who have gone to all lengths to make (persons) stay her (lakenham) so special."

Good

Is the service responsive?

Our findings

At our last inspection, there was a breach of regulation. This was because care plans did not always include details relevant to maintaining people's health and wellbeing. Also people and their families had not been involved in developing and reviewing their care plans. The registered manager had worked with staff and put in place comprehensive care plans and people were involved in reviewing their care.

People and their families were regularly involved in reviewing their care plans. Comments included, "The manager shares the contents of the care plan and reviews any changes…she is very easy to talk to"; "The family discuss any changes that are made to my care plan" and "I see my husband's care plan twice a year for review."

People received personalised care and support specific to their needs, preferences and diversity. People were treated as individuals; the staff took the time to ascertain their interests and details of their life stories. Before people came into the home a pre admission assessments was undertaken. The registered manager had met with new people to ascertain their needs, views and wishes and to assess whether the service could meet their needs. The information gathered was then transferred to a care plan of how their needs were to be met. The registered manager said it was very important new people were assessed before coming to the home so they could ensure they could meet their needs. They went on to say they had declined referrals where a person's needs were too great for the service to manage at the time.

Care files contained people's personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. They also contained care plans and assessments. There were care plans in place of how people's needs were to be met. For example for health care, medicine management, level of understanding, communication, mobility, personal care, skin care, night time support, nutrition and hydration. People's wishes and instructions were taken into account so care was person centred and they remained in control of their lives.

The care plans identified the concern which the person needed support with and then the plan of care and enabling techniques to be used. For example, where one person had differing mood levels, staff were informed of what to look for in the way the person was presenting to identify a low mood was imminent.

Care plans were up to date and were clearly laid out, making it easier to find relevant information. Each care plan set out the desired outcome which was trying to be achieved. There was information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Care plans included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

Staff said they were told about new people at the service at handover and people's changing needs. They also had the opportunity to read the information contained in people's care files which enabled them to

support people appropriately in line with their likes, dislikes and preferences. One care worker said, "The care plans are constantly updated and there is good accountability for all actions taken. We are well advised about changes that are made to a person's plan."

Staff made referrals to health services promptly when they recognised people's needs had changed and informed relatives of any concerns. For example, one person was not complying with their medicines. This medicine was important to maintain health and wellbeing. The registered manager had contacted the persons GP to make them aware of the concern.

People were supported to follow their interests and take part in social activities. There was a staff member employed for three afternoons a week as part of their duties to oversee activities. In the hallway there was a chart detailing the activities available throughout the week. The activity person said they were in process of making individual art books for everyone, containing art they had produced and meaningful events. They said they supported people to do puzzles, indoor floor games, pamper sessions and indoor bowls. We were shown seaside globes with shells and sequins in which people were in the process of making.

Some people did not wish to join a larger group for activities and some preferred or, needed for health reasons, to stay in their rooms. The activity person spent time with them each week, such as just chatting or a hand massage. External entertainers also came to the home. On our first visit an exercise class took place in the lounge which people appeared to enjoy.

One lounge at the service had been made into a sensory lounge. There was a laver lamp and light tube with water and fish to make the space feel calm and relaxing. The activity person said the handmade sign on the door was made by a person at the service.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager and it would be dealt with straight away.

The provider had a written complaints policy and procedure. The complaints procedure advised people if they were not happy with the outcome of their complaint to contact the Care Quality Commission (CQC). This was incorrect as the CQC do not deal with individual complaints. We discussed this with the registered manager who said they would review the complaints procedure to ensure people had the correct guidance.

There had been only one complaint raised with the registered manager since our last inspection. The registered manager had looked into the concern and had responded to the complainant.

Good

Is the service well-led?

Our findings

People and visitors said that the home was well led. One person said, "Any issues or concerns were soon sorted out by the manager who was happy to listen to suggestions for improvement." Other comments included, "A well run place, this is" and "That's why we like it here … it's more like a family."

All of the health and social care professionals contacted fed back positive comments about the leadership at the home. Comments included, "(The registered manager) is excellent and we liaise together regarding visits for my patients"; "I feel this service is now very well managed. (The registered manager) has brought direction, passion and consistency to Lakenham" and "I personally believe ….. is very committed to her job. I've had no adverse experiences or concerns with management at Lakenham." In a survey recently received by the provider one health professional had recorded, "(The registered manager) is always present when I have visited and is very knowledgeable of the patients and their social circumstances."

Leadership at the home was visible; the registered manager was in day to day charge supported by one of the providers. They had developed a good working relationship together with both having their delegated roles and responsibilities. Along with the management team there were two deputy managers, senior care staff, care workers, a maintenance person, housekeepers and cooks. Staff worked well as a team and felt supported. They were consulted and involved in the home and were passionate about providing a good service.

Staff said the registered manager was approachable and were confident if they raised concerns they would be dealt with. Staff comments included, "The manager really cares about this place and the residents. She will even answer her phone when off duty and help us" and "(The registered manager) is very good…on the ball, gets things done…everything at her fingertips."

There were good communication systems in place for staff through daily handover meetings. One member of staff said, "It's a good team with good communication. It's very hard work. I think it's a good place."

People and those important to them had some opportunities to feedback their views about the home and quality of the service they received. There had been a resident and family meeting last year. The registered manager said this had been a really good meeting, where families had met others and the registered manager had been able to get to know them. This had been an informal occasion and no minutes were taken. The registered manager said they had held a garden party in the summer of 2016 and 2017 which had been a good opportunity for people and staff to spend time with families and friends. They went on to say that they regularly spoke with people and visitors and if any concerns were raised these were dealt with quickly to resolve.

In July 2017 questionnaires had been sent out to people, families and health professionals. The provider had received 18 responses which were all positive and no concerns highlighted. These had been collated and the registered manager said they will share the findings with people and families.

Staff meetings were held every four weeks. Staff were able to express their views, ideas and concerns. The last meeting held on 8 August 2017 staff had reminded staff about the importance of all care staff having a handover at the start of a shift and wearing of tabards during mealtimes. The minutes showed staff were asked to raise any issues and these had been discussed. We attended the start of a staff meeting on our second day; the registered manager was very positive and thanked everyone for coming and for their hard work. One staff member said, "We have staff meetings every month and they have minutes and agendas and we sign to say we have read them."

There was a range of quality monitoring systems in place which were used to continually review and improve the service. The registered manager had a programme of audits and checks they undertook each year. These included looking at accidents and incidents, infection control, complaints, care plans, room checks, premises and equipment inspection, pressure equipment and any wounds at the service. They also undertook an environment and safety inspection. Where they identified concerns, action was taken to resolve. For example, vacuum cleaners were removed from a corridor when not in use as they could be a trip hazard. Medicine audits were completed on a monthly basis by the registered manager as well as random checks

Accidents and incidents were reviewed annually to look for trends and analysed. The registered manager was aware of all accidents at the home and was aware if there were any concerns which needed to be addressed at the time.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Health care professionals said the service made appropriate referrals and always acted on their advice or recommendations. One health care professional commented, "I feel I am well informed of any circumstances that require my attention."

In March 2017 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored four with the highest rating being five. The provider had actioned all of the concerns identified and the registered manager said they were hopeful of a score of five when they returned. This confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager kept the Care Quality Commission (CQC) informed of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service. The CQC quality rating was on display in the main entrance. The provider did not have a website at the time of the inspection but were aware of the requirement to display the rating on it.