

Coppermill Care Limited

# Coppermill Care Centre

## Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 5 and 7 June 2017 and the first day was unannounced.

The last inspection took place 9 and 10 April 2015.

Coppermill Care Centre provides accommodation for up to 52 older people. The service supports people with a range of needs including supporting older people living with dementia. There were 50 people using the service at the time of this inspection.

The registered provider also owned two other care services.

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.

The registered manager had been in post for approximately two months and was in the process of assessing what areas worked well and if there were parts of the service that could be improved for the benefit of people using the service.

Feedback from people using the service, relatives, staff we spoke with and professionals was positive about the service.

People's care records included people's needs and preferences, although some of the information was generic and would benefit from being reviewed and amended to include more person centred details on how to support a person.

We made a recommendation for the provider to seek national guidance on writing person centred care plans and information relevant to the person.

Staff continued to receive support through one to one and group meetings. Although we saw no evidence that an annual appraisal had taken place in 2016, staff confirmed they had received an appraisal of their work. Training on various topics and refresher training had been arranged that were relevant to staff member's roles and responsibilities.

We saw information about people's needs had been reviewed on a regular basis.

People had access to the health care services they needed and their nutritional needs were being met.

People received the medicines they needed safely and the registered manager had introduced a daily

record for staff to record that they had counted and checked people's medicines and associated records.

There were checks and systems in place to check the fire procedures and that equipment protected people in the event of a fire.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. There had been no safeguarding incidents since the last inspection.

There were checks on a range of areas in the service to ensure people received good care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

There was a complaints procedure available and people or their relatives felt able to raise any complaints with the registered manager.

## 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 is Good.

There were suitable procedures for protecting people from the risk of abuse.

The risks to people's wellbeing had been assessed.

The provider had processes in place for the recording and investigation of incidents and accidents.

People received their medicines as prescribed and in a safe way.

There were enough staff to meet people's needs and they were recruited in an appropriate way.

### Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to do their jobs.  
Evidence of annual appraisals needed to be made available.

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

People's nutritional needs were assessed and monitored.

People's dietary needs and preferences were being met.

People had access to the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind, polite and friendly staff.

People's privacy and dignity were respected.

Staff understood people's personal preferences.

### Is the service responsive?

Some aspects of the service were not responsive.

People's needs were assessed, however, further improvements needed to be made to make care plans and information about people more person centred.

People were offered the opportunity to participate in a range of different social and leisure activities.

The provider had a complaints procedure in place and people and their relatives felt able to raise any complaints to the registered manager.

**Requires Improvement** 

### Is the service well-led?

The service was well-led.

People had met the new registered manager and found them to be approachable. Relatives felt the service was well managed.

There were systems for monitoring the quality of the service and the registered manager had identified where improvements needed to be made.

**Good** 

# Coppermill Care Centre

## 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 was a comprehensive inspection which took place on 5 and 7 June 2017 and the first day was unannounced.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service.

One inspector visited the service over two days. A specialist advisor, who was a registered nurse and worked with people living with dementia and an expert by experience, visited the service for one day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had experience of caring for people who had dementia.

At the inspection we carried out observations and we spoke with ten people using the service and eight relatives. We also met with, the provider, registered manager, three senior support workers, four support workers, kitchen staff and activities co-ordinator. Additionally we talked with a healthcare assistant from the community district nurse team and the trainer who provided training to the staff team.

We reviewed various care records for six people using the service, including their care plans and risk assessments. The daily notes for 15 people, the activity co-ordinator's notes for four people and the district nurse records for three people using the service.

We viewed six people's medicines management records. We also reviewed three staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we received feedback via email from two health care professionals.

## Is the service safe?

### Our findings

We asked people and their relatives how they were supported with their medicines. No-one looked after their own medicines and people were not covertly given their medicines (which meant medicines were not hidden in drinks or food). Those people we asked said they had been told about the medicines they were prescribed and the possible side effects. One person told us, "I do take medication but not sure what it is. I have been told but you know you forget and they did tell me about the side effects" and "I do take medication and the staff watch me take it." One relative explained, "We have been told (about the medicines) and what they are and about the side effects."

We received feedback from the operations manager of the pharmacy company who provided the medicines to the service. They carried out their own checks on the medicines management in the service and were positive about how medicines were handled and recorded. They told us, "The Pharmacy is always informed of medication changes and care workers are very helpful in faxing prescription across and communicating the urgency of the medication" and "The monthly medication paper work is very well organised and prescriptions are requested in a timely manner to allow the dispensing and checking process to be completed and medication is delivered one week before the start of the following cycle."

We checked the medicines management systems in the service. Staff received training on this subject and during the year they were assessed by their line manager to ensure they were competent to carry out tasks involving medicines. We saw that due to recent staff changes the list of staff signatures had not been updated and the registered manager confirmed this would be addressed to ensure that staff signatures were recognisable and approved on the Medicine Administration Records (MAR).

We checked six people's medicines and associated records. The amounts we counted tallied with the amount recorded on the MARS. However, in the morning on the first day of the inspection we saw that a staff member had administered medicines to two people using the service that morning but had not signed the MARS prior to leaving their shift. The senior staff member checked the two people and saw they were wearing their prescribed patches. We informed the registered manager and they confirmed that a full medicines audit would take place to ensure every person had safely received their medicines and they would speak with senior staff to ensure any medicines administered were signed for. The remaining medicines and records we checked were all correct at the time of the inspection.

We saw on the second day of the inspection that the registered manager had carried out a full count and check of all medicines in the service and they had found no other errors. We were satisfied that people had received their medicines and that the registered manager had swiftly addressed the recording issue and would monitor more closely the administration and recording of medicines.

People and their relatives told us they felt safe in the service. People commented, "Oh yes I feel safe but I don't know what makes me feel safe" and "Yes, I feel safe here I'm on the top floor and there's always someone about and I have a call bell it's here on my bed and I've used it and they come quickly."



One relative explained they felt their family member was safe in the service and said the person was "Very safe because he's allowed the whole of the freedom of the home but he must never leave the home on his own. The carers take him out and we take him out but never alone." Whilst another relative confirmed, "I do feel my relative is safe here, there are plenty of staff to check on them."

We asked staff about their knowledge and skills to recognise the signs of potential abuse. They confirmed they had attended training on this subject and the training records showed this formed part of ongoing training for all staff. Staff we spoke with said if they had any concerns they would report it to the senior member of staff or the registered manager. They were also aware of external agencies they could contact if they had further concerns, such as the Local Authority and the Care Quality Commission (CQC).

There had been no safeguarding concerns reported to CQC and the registered manager confirmed there had been none. The registered manager had the relevant safeguarding policies and procedures in place on this subject and ensured staff had read them and signed to say they had seen them.

We looked at how accidents and incidents were managed in the service. There was a process in place for the recording of incidents and accidents. The registered manager checked these documents to ensure people had received the right support following on from any significant event. Some staff had signed up to attend the local authority's falls prevention training where they would gain information and guidance on falls prevention work and would then be seen as 'falls champions' in the service. This would enable all staff to seek advice from staff and to consider ways to minimise falls occurring in the service.

The risks to people's safety and wellbeing had been assessed. These were regularly reviewed and updated and covered a wide range of areas depending on the person's needs. Risk assessments in relation to pressure ulcers, nutrition and falls were in place. We saw on one person's file that there was limited information on what the triggers were that could distress the person and cause them to behave in a different way. The registered manager stated they would ensure this was reviewed and amended so that staff clearly knew what signs to look for when supporting the person.

There were arrangements to protect people in the event of a fire. These included individual emergency evacuation plans detailing whether the person could recognise and respond to an emergency and the number of staff needed to support them. There was a fire risk assessment and checks were carried out on fire safety equipment. There were also other checks on the environment, equipment used, health and safety and cleanliness. As part of the checks carried out on the building we saw window restrictors were checked to ensure they worked properly and water temperatures were taken regularly so that people were not placed at risk.

We asked people using the service and their relatives if there were enough staff working in the service. One person told us if they use the call bell staff, "come really quickly." Whilst another person said, "I've not a clue if they have enough staff here I know I would like to go out and walk in the fields but I can't but I can go into the garden and I can go anywhere in the home." Relatives comments included, "Yes, there seems to be enough staff here there's always someone here," "Generally I think there are enough staff working on shift" and ""There are always staff around but they aren't always rushing I see them talking with people." We did not see any people waiting to be assisted and staff were attentive when people called out for them. One person used their call bell to demonstrate how staff quickly came. We saw staff check on the person within a short space of time.

Staff in general told us that there was enough staff to meet the needs of the people using the service. A senior staff member thought that there was a need for more staff at certain times. They also said they did

sometimes feel pressurised to do extra shifts to fill gaps as they did not like to leave their colleagues short.

The registered manager confirmed the service did not use external agency staff and that they were in the process of recruiting for the vacant posts. They confirmed the existing staff members covered shifts that needed filling and we viewed the staff rota and saw staff were not working excessive days in a row. The registered manager each month assessed the dependency levels of each person living in the service so that they could determine if additional staff were needed to support people safely.

We viewed a sample of staff recruitment files. The recruitment checks included obtaining references, proof of address, interview records and a check for any criminal records. We saw on one staff member's file that the reference noted on their application form and obtained during the recruitment process had not been from their last employer. There was no record of why this particular reference had been sought. We discussed this with the registered manager who confirmed that this would be looked into and all future recruitment checks would record the reasons if they had to seek alternative references.

# Is the service effective?

## Our findings

We looked at the induction process new staff worked through. New staff spent time shadowing experienced staff before working alone. The registered manager confirmed that staff newly promoted to a senior post observed medicines being administered, were assessed on their knowledge and practice and completed training before carrying out this task unsupervised. New staff completed the Care Certificate, which are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support.

We viewed a sample of training certificates and viewed the staff team's training matrix to see the range of subjects covered. Training was face to face and was taking place at the time of the inspection. The registered manager was also going to implement training via DVD's so that staff could also use this method to give them up to date knowledge and information. The trainer we met confirmed they provided a range of training to staff and that staff often attended the training on their days off work. Topics for training included, dignity, respect and person centred care, dementia care and equality, diversity and human rights training. Staff confirmed the training was relevant to the work they carried out. Staff were also encouraged to study for a nationally recognised qualification in care and many staff were completing courses.

We asked staff about the support and training they received. Staff said they had not had one to one supervision with the registered manager yet but this was planned to start the next few days. We saw evidence of supervision meetings prior to the registered manager joining the service. Staff also confirmed they had received an annual appraisal of their work but we were not able to see evidence of this during the inspection. The registered manager had a spreadsheet that recorded the 2016 appraisal dates and had booked appraisals for 2017. The registered manager assured us that they would evidence annual appraisals had taken place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been sent to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files if they had been assessed and if a DoLS was then authorised. The registered manager has a system in place so that they could see when people had been assessed and when their DoLS was due to expire. This enabled them to re-apply within the timescales so that people were not unlawfully deprived of their liberty.

People had a range of needs and some were able to clearly vocalise how they wanted to be supported. One person told us, "The staff are strictly told that they must get permission from me for them to carry out the care for me and I make all my own decisions." Where people required others to help make decisions on their behalf this was documented. For example, some relatives, if they had the legal right, signed the care records showing they had been involved in the development of these records.

Relatives we met were clear that they were only signing care documents if they had Enduring and Lasting Power of Attorney for health and welfare. The service had a record of which relatives had these legal powers so they knew who had this in place. One relative told us that their family member was "able to walk about as he wants."

Staff received training on MCA and DoLS and confirmed what the main restrictions were in the service. For example there were key codes for the lifts. Staff were able to describe their understanding of the MCA. One staff member told us, "We have to assume people have capacity to make decisions."

The healthcare professional we met described how the registered manager was interested in what they were doing when they visited from the district nurse team. They confirmed that they were asked "what you're here for and what you are doing". This demonstrated that the registered manager was keen to know who was visiting the people using the service and the work they did to ensure people stayed well. They also told us the service was clean and the staff were good. They regularly provided catheter care and noted that "There were less infections than in other homes. This is a good home."

People saw a range of healthcare professionals, such as the GP and chiropodist and these visits and appointments were recorded so that staff could monitor any changes in people's needs. People's care plans noted if they were to be weighed weekly or monthly depending on if there were any issues with their weight. One healthcare professional told us, "The staff are helpful and aid me with seeing the service users in a timely way."

People spoke about how previously the meals had not been very good. However the registered manager had made changes to the catering arrangements and people explained they were now happier with the meals. People told us, "The food is brilliant now. We had meetings and my moan was always about the food but now brilliant. We get a good choice and yes I get hungry at night but I can always get toast and tea and my favourite meal is roast beef," "The food is very nice it's like I would have at home" and "The food is very good but I don't eat Pork. The meat is not halal, which is not a problem for me."

We met the catering staff and they were aware of people's preferences and if anyone had a low weight and needed fortified drinks or meals. The cook told us they provided milkshakes for people to encourage them to gain weight. Both the cook and registered manager informed us that by September 2017 menus would be available in a picture format to help those people choose a meal who need a visual aid to help them make a decision.

The provider talked with us about planned works for the building. They were in the process of building a conservatory on one side of the ground floor which would increase the living room space and this looked out onto the garden. The provider was keen to make the environment more dementia friendly for example making the location of the toilets and bathrooms clearer for people living with dementia. This work had not yet commenced but was due to start in 2017.

# Is the service caring?

## Our findings

People were positive about the staff and their comments included, "I'm treated very well its very relaxing it's the atmosphere here it's very good but I find it very dull to the life I was used to," "Everybody's very kind and helpful here and the staff treat me very well they're wonderful I couldn't do their job" and "Some (staff) are very good."

Relatives spoke highly of the staff team. They told us, "We all think the staff are very good and we get to talk them and they know us all by our first names and they listen to us and they do act on what we say," "Staff are good at getting X (person using the service) better," "They (staff) spent time talking with X (person using the service)", "Staff are very professional" and "Staff are bright and jolly." Relatives also confirmed their family members were "well looked after."

We saw the service kept a record of any written compliments that they received. Comments we saw included, "Good care home with helpful and friendly staff" and "You are really kind and fun people."

We asked people if staff respected their privacy and dignity. They responded, "Yes, they (staff) always knock on my door before they come into my room" and "The staff they treat us with respect and dignity and when they come into my room they always knock before they come into my room and if I need help getting dressed they close the curtains and close the door."

Staff told us "Staff care about the residents" and "I would place my family member here at Coppermill."

Staff appeared to know the people's needs well and showed awareness of their preferences. They also knew the relatives and we observed them interacting with them positively. Staff engaged with people during activities and we saw people laughing and chatting in a relaxed way.

We saw staff respond in a caring manner when there was an argument between two people and staff managed this well. They offered people reassurance and found one person another seat who wanted to leave the room.

We saw people could spend time in communal areas of the building and in their bedrooms. People were encouraged to spend time with others but were not pressured to do so if they chose not to. We observed one person undecided about coming out of their bedroom and appeared to feel more relaxed once staff explained to them that they could choose where they sat.

On one person's file we saw a 'This is me' document which gave staff some details about the person's preferences. For example, 'X (person using the service) likes to wear rings' and it noted the name they preferred to be called. Other details such as preferred daily routine for waking up and sleeping were also noted so that staff knew what how the person wanted to be supported.

## Is the service responsive?

### Our findings

People's needs were assessed prior to their admission into the service. One relative confirmed that the assessment had been done on the telephone but had been detailed. Another relative we met was in the process of preparing their family member to move into the service. They were complimentary about the process leading up to the admission. They said they had been given support and information all the way along.

Most people were not certain if they had seen their care plan. One person told us, "No never seen it as far as I know but I think my son has" and "My cousin has seen and updated my care plan."

Relatives confirmed that they had seen people's care plans, if they had the legal right to do so and had contributed to them.

We viewed a sample of people's care records. There was a 'map of life' in people's files and this had person centred information which would help staff to care for people in an appropriate way. Also other documents had been completed well, for example food charts detailed what people ate and the quantity. Overall people's individual needs had been assessed and there were detailed care plans. Although, there were a lot of documents used to describe how to support people and in some cases even if they did not have a particular need the care plan was still in their file even if there was no need for support in that particular area. Care plans included information on the person's preferences, wishes and abilities and the staff regularly updated care plans and reviewed individual needs. However, we saw there was room for further improvements. In one person's care records it was recorded that the person was prone to physical and verbal aggression but did not detail what staff needed to look out for in relation to the particular behaviour. The term that the person 'suffers with Alzheimer's Disease' was also noted, which was a negative term to use. In another person's care records, the eye sight care plan suggested glasses should be in a "fit state of repair" but did not say that staff should ensure people wear their glasses when needed. One person was trying to play bingo but could not see the numbers as they were not wearing their glasses. The glasses were brought in later by a staff member (after about 30 minutes).

On the first day of the inspection we drew the registered manager's attention to the way some of the care records were written in a general way. By the second day of the visit they had ensured the care plans we had viewed for three people on the first day of the inspection were written in more detail to outline the individual's needs. We fed back to the registered manager that as part of the care plan audits they were currently carrying out they needed to check that care plans were detailed in the right areas and that certain documents could be taken out of a person's file if they were not relevant to the person. They confirmed this would be checked when carrying out the audits.

Daily records were viewed. In some cases they were task focused, outlining what the person had eaten and how they spent their day, but there was little details about their mood, or where the daily records recorded the person watched TV, it did not note what sorts of TV programmes they enjoyed viewing. This was also fed back to the registered manager for them to review the information staff were recording each day.

We recommend the provider seeks national guidance on writing person centred care plans and information relevant to the person.

People and their relatives gave us feedback on the activities organised by the activities co-ordinators. One comment included, "We have minute bowling, skittles, musical bingo, armchair football and quizzes. I like hangman and arts and crafts." Whilst another person told us they did not engage in the activities, with one person saying, "Some of the games they play are childish."

A relative explained that "When X (person using the service) came here first they would not join in and the activities coordinator worked with X to do activities and they also brought a snooker table and other residents can use it."

We observed activities. One activity was bingo and the activity coordinator tried to engage all the people that were present but only a couple of people appeared to be interested. Two people were in the room but were not taking part and were sleeping. Other activities were bowls and skittles. Everyone had a go and people seemed to be enjoying it. There was music playing and there was a fun atmosphere.

We met the activity co-ordinator and they explained that there was a vacancy at present in their team and this was currently being recruited to. They confirmed they had been on training run by the National Association for Providers of Activities for Older People (NAPA). They had an activity plan each week based on people's preferences. The week after the holiday a group of people were going on holiday with staff and the service had its own transport so trips out could be arranged. External entertainers also visited the service. They provided a range of activities such as exercise and music. In the warmer weather the garden was also used and there was a room for people if they wanted a quiet space.

People were asked for their views on the service through a variety of ways. There was a meal commission meeting held on a regular basis where opinions on the food were sought and an annual general meeting which the provider attended to hear feedback on the service and to share any news they had on any planned improvements. Satisfaction questionnaires were also given to people and their relatives and this was due to be sent out in 2017.

People also received information from the newsletter which gave important information to people using the service and relatives and visitors. Relatives could also attend meetings and one relative told us, "They do have them and we have been to a couple and I now read the minutes from them." Relatives who are unable to attend the meetings are sent the minutes so that they are kept informed of what is going on in the service.

We asked people if they knew how to make a complaint. Their comments included, "Yes I have made a complaint, only about the food," "I have no complaints I really like it here" and "No never made a complaint." Relatives were confident that they could speak with staff if they had a complaint. One relative said they previously had a complaint and "it was dealt with." A second relative also confirmed that when they had a concern, they informed the registered manager who dealt with the matter immediately. They described how the registered manager "get on and does what is needed."

There had been no complaints recorded by the registered manager and they were looking at how to record informal minor complaints so that any comment was recorded. This would demonstrate how any feedback and issues were dealt with. They also explained that there was currently no pictorial version for people on how to make a complaint or raise a safeguarding concern. The registered manager said this would be developed and introduced for people who responded more to visual aids and pictures.

## Is the service well-led?

### Our findings

Feedback on the running of the service was complimentary. People told us, "Yes I have met the new manager, she's very nice and very approachable and I think she has started to put her stamp on it" and "I think she's doing a good job."

Relatives were also positive about the running of the service. They commented, "The service is run for the benefits of the residents" and "communication is good." The registered manager was also in the process of meeting relatives individually so that they could see if there were any problems and to start developing a working relationship. One relative confirmed, "I've had a meeting with the new manager and she's answered our queries and yes its run really well 10 out of 10."

A healthcare professional said, "I find Coppermill to be efficient and professional" and a "well run-establishment." Another healthcare professional said, "I can confidently state the service is very well led by the manager through her team."

Overall staff welcomed the new registered manager and their comments included they were "approachable," "supportive" and "She knows what she's doing, she's an open person." Staff agreed that the registered manager had spent time getting to know staff, people using the service and relatives. Staff told us the registered manager had implemented questionnaires for them as part of the process of getting to know staff and the service. Some staff were waiting to see what changes were going to take place, as the previous manager had been in post for many years and therefore many staff knew their management style and the culture of the service. One staff member told us they felt the atmosphere was "tense" but generally staff were optimistic saying it was "early days" and that change could be for the better.

The registered manager had joined the service in early April 2017 and was settling into the role assessing areas working well and where improvements needed to be made. They had previously managed care services and had the necessary experience and qualifications to manage the service. We found they were being supported by the provider, who visited the service regularly and they kept up to date via the managers meetings that took place in the local authority and by the contact they had with organisations such as Skills for Care. This is a social care organisation that can offer advice and information to care providers and services.

The registered manager had carried out a range of audits since they had started working in the service. For example they were in the process of checking people's care records, staff records and incident and accident records to ensure information was up to date and correct. The reviews of these records enabled them to identify any problems and act quickly to make improvements to the service.

Medicine audits had been regular and documented and the new registered manager had introduced a record by the second day of the inspection for senior staff to note on a daily basis that they had checked the medicines on the floor they were working on. Prior to this, we had identified that senior staff although said they counted and checked every person's medicines had not been recording these daily checks. This



showed that the registered manager was quick to address any shortfalls and identified areas where record keeping could be improved.

Other areas identified by the registered manager as needing to improve was how staff responded to a fire. A recent fire drill practice had been held and it was picked up that some staff struggled to know how to effectively respond in the event of a fire. The registered manager had recorded the action to take such as reminding staff how to deal with a potential fire and their action plan stated that staff would receive guidance and information through staff meetings, training and group supervision.

The registered manager was aware that some areas of the service needed to improve, such as providing all staff with an annual appraisal of their work and to consider the format and content of the current care plans. This demonstrated that in a short time they had seen what worked well in the service and where they could make adjustments for the benefit of the people using the service.

During the inspection the registered manager and staff team provided the information we needed and made sure we had access to records. They engaged positively with the inspection team and were able to assist with any queries we had. This showed staff were confident in the work they carried out and could explain their roles and responsibilities well.