

Townsend Life Care Ltd

# Port Regis

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 8 and 9 February 2017.

Port Regis is located on the outskirts of Broadstairs. It is a large building with two separate parts set over two floors. Some bedrooms had en-suite toilets and wash rooms. The service provides accommodation for a maximum of 70 people and provides care to older people and those living with dementia. There were 50 people living at the service when we carried out our inspection.

We last inspected the service on 18, 19 November and 4 December 2015. At this time the service was rated requires improvement and the providers were working through their action plan.

The service has a registered manager who has worked in the home for many years and was present during the inspection. 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.

Improvements had been on-going since the last inspection. There was a more positive, upbeat culture in the main home and the West Wing. The main part of the home is large and there are various different areas of the home that people may choose to spend time in. Activities were mainly being held in the large lounge or in the activities room in the West Wing, so people could choose to participate or not. Staff were attentive to people. In between giving care, staff walked around the different parts of the home to check on people, they stopped to talk with people and sat in the communal parts of the home when writing records.

There were three activities coordinators all organising a variety of different activities throughout the week in both the main home and the West Wing. People said they had enough to occupy themselves. Some people did not want to join in with the activities but enjoyed a chat with the staff and watching the children playing in the garden outside the window. A nursery for children was next door to the service.

There were enough staff to keep people safe. Staff were checked before they started working with people to make sure they were of good character and had the necessary skills and experience to support people effectively. Staff had received sufficient training and guidance to make sure they knew how to support people safely and in the way they preferred. Staff had achieved vocational qualifications or were working towards them. Staff received regular supervision and support from the registered manager who worked alongside them some of the time, checking practice and giving feedback as needed.

The staff teams in both the main house and the West Wing were organised so that there was always a member of staff in each lounge, to make sure that staff were available if people needed support. Staff sat with people chatting at times when it was quiet and offering magazines and activities. People said they appreciated this and people who were unable to comment looked visibly calmer and brighter in response to

the staff interaction.

The registered manager and staff team had spent time discussing and considering different ways of working that would be more productive and provide person centred care. Staff were encouraged to talk to each other and comment if staff did something particularly well or if they could maybe improve something. This had started at the last inspection and it was clear that this had been embedded in the culture and had produced improvements in the way people worked together. As a whole the team behaved and worked more confidently. People were complimentary of the staff. Staff said the expectations of their roles were clearer. Staff said the shift planning and daily recording documentation were useful and helped them keep up to date with individual needs and changes with people's care.

The registered manager and team had worked hard to update and review the care planning and risk assessment system. Each person had a care plan that included their preferences and all the information necessary to meet their individual needs. People were involved in the assessments and planning and staff had a good understanding of making sure people had the right support to make decisions and give consent to care. This included support needed in regard to the Mental Capacity Act.

People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed. People received their medicines safely and when they needed them, by staff who were trained and competent.

People were supported to eat a healthy varied diet and at their own pace. There was a good variety of homemade cooked food and people were complimentary of the meals provided, said they were well fed and there were lots of choices. Staff had gone out of their way to make sure people had the food they fancied.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them. Consideration had been given to people's safety and potential risks had been assessed. People had the equipment and support needed to prevent unnecessary accidents and incidents.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, or applications had been made, for people who needed constant supervision because of their disabilities.

Most of the staff in the team had worked in the home for many years. Senior staff were given areas of responsibility and this helped make sure things got done. The daily work planners had been developed and staff said this helped make sure people were supported well and everyone knew what they were doing.

The registered manager had considered people's feedback and made improvements on the basis of these. There was a development plan for the service following on from what people had said and ideas were being discussed and considered. A development plan was being constructed based on research of good practice conducted by the owner and registered manager.

People and their visitors told us that if they had a concern they would speak to the registered manager or any of the staff. There was a clear complaints procedure and opportunities for people to share their views and experiences of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

## 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.

People were kept safe from harm and abuse.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

### Is the service effective?

Good 

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

People were always asked for their consent when being given care. Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy varied diet and at their own pace.

People were supported to maintain good health and the registered manager worked in partnership with other health and social care professionals.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion. Care was given in a respectful and dignified way.

People had support from friends and family to help them make decisions about their care and support. People said they were

listened to and what they said mattered.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received the care and support they needed to meet their individual needs. Staff were flexible and responded quickly to people's changing needs or wishes.

People were supported to make choices about their day to day lives. There was a variety of activities organised that people could join in with.

People and their relatives were confident to raise concerns with the registered manager and staff and knew they would take them seriously and work to resolve them.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture where people and staff were confident to question practice and support each other to provide the best care.

The registered manager was clear about their responsibilities and staff were well supported by the leadership in the home.

The registered manager encouraged people, their relatives and staff to share their views which were taken into account in the running of the home.

# Port Regis

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 and 9 February 2017 and was unannounced. Two inspectors made up the inspection team and were in the home for one day.

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 all the information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During our inspection we talked with nine people living in the home, three relatives who were visiting people and a visiting community carer.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

We talked with one of the owners and the registered manager, seven care staff and domestic staff.

We looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at six people's assessments of needs and care plans and observed to check that their care and treatment was given in the way that had been agreed. We looked at four staff files to check recruitment and looked at training and supervision records. We discussed and checked audit records for the maintenance of the building and quality monitoring checks of the service. We checked medicines records and storage and observed a medicines round at lunch time.

We received feedback from four health and social care professionals before and after the inspection.

We last inspected this service in November 2015, where some improvements were needed.



# Is the service safe?

## Our findings

At the last inspection people's risk assessment documentation was not all up to date to reflect changes and to give staff the correct guidance. Staff were relying on verbal communication about any changing risks. At this inspection the risk assessment format had been improved and all risk assessments contained the right information for people.

The registered manager had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks to make sure people received the care they needed to minimise the risks from occurring.

Further information had been included in the falls analysis so that the registered manager and staff could take appropriate action in response to any falls. For example, a person explained that they had fallen in the toilet recently and the staff had assessed this and provided a better mat for them to stand on which had helped them.

At the last inspection the registered manager was asked to review the staffing levels to make sure there were enough staff to provide person centred care. At this inspection the registered manager had made changes to the way staffing was organised and this had enabled them to provide person centred care. Throughout the inspection we saw staff being attentive to people and there was always at least one person in each lounge and the different communal places in both the main house and in the West Wing. A new daily planner sheet had been introduced so that staff were clear about their areas of responsibility for the day. Staff were accountable and said this worked well. People who stayed in their rooms said they did not have to wait long if they called staff. People said they were treated with kindness, patience and respect.

There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse and this had been reinforced in their supervision meetings with the registered manager. Staff told us they would report any concerns to the registered manager or owners. The Kent and Medway safeguarding protocols were available for all staff to refer to if needed and staff said they were confident to contact external agencies as appropriate.

New staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Relevant checks had been completed before staff worked unsupervised at the service which included records of police checks, proof of identity, and health declarations.

Medicines were managed safely. People received their medicines on time and in the way they preferred. Staff took time and did not rush people with their medicines. Medicines were stored safely and items that

were not blister packed, were signed and dated when opened.

There were guidelines in place about medicines that were to be taken when required, including: what the medicines were for, how often they could be given, the maximum doses and when to give them. There were very good descriptions of people's body language or behaviour for those people who could not verbally request medicines that staff could watch out for.

The medicines record sheets were signed off with no gaps and as required medicines were recorded clearly, including the outcome from taking it. People were encouraged and given the opportunity to take their own medicines if they wanted to but no one had taken this option. People said they were offered pain relief when they wanted it and had their medicines regularly.

A maintenance staff member carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included making sure that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. During the inspection the fire alarm sounded and staff responded quickly and calmly following the fire procedure and reassuring people until they were given the all clear.

## Is the service effective?

### Our findings

A person said "The district nurse comes regularly every week to dress my legs and the staff here are very good and helpful."

Relatives commented that the staff were kind and one relative said "My (relative) can be very difficult but the staff are very good with them. Before coming to the home they had refused to eat and had lost a lot of weight but one particular member of staff is very good with them and had managed to get them to eat again. They also got an infection which the staff picked up and it is being treated."

At the last inspection there were some shortfalls in staff training. At this inspection the variety and methods of staff training had improved and staff were visibly more confident.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. There was an on-going programme of training which included face to face training, practical training carried out in the home and on line training including refreshers as needed. Staff were trained in person-centred care, dementia awareness, safeguarding vulnerable adults and equality and diversity, which along with other courses provided staff with the skills, knowledge and understanding to support people. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as district nurses, the clinical nurse specialist and speech and language therapists.

At the last inspection there was no clear system of checking staff competency. At this inspection the registered manager had introduced clinical supervision, which meant that the registered manager checked how staff were working and made sure that staff were putting their training into practice and providing care in the right way. The registered manager worked alongside staff each day and picked random days and times at regular intervals to observe individual staff. She then gave them some feedback and this formed part of staff's one to one meeting discussions about their competency and development. Staff said they found these meetings really helpful.

Staff offered people choices and gained their consent when giving care. Capacity assessments had been completed to determine whether people were able to make choices independently or whether they needed support for different aspects of care and at different times. Staff were aware that people's capacity fluctuated and were responsive to people's changing needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Decisions about care had been made in people's best interests and in line with their legal rights. The registered manager and staff were aware and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When bigger decisions needed to be made for example, medical

treatment, best interest meetings were held with all relevant people to support including relatives and advocates. (An advocate is a person who is independent and can support a person to make a decision that is in the person's best interests.) The registered manager had applied to local authorities to grant DoLS authorisations as needed.

There was a good range of food for people to choose from that included special diets so that people could get the nutrition to keep them healthy. People said they enjoyed the food which had been freshly prepared in the kitchen. Staff had the guidance needed to support people in the right way. People were encouraged to keep hydrated and were offered regular drinks and snacks. If people were reluctant to eat staff encouraged them in a gentle way, praising them when they ate and offering reassurance. For example, one person was asked what they fancied; one day it was pork pie and another it was fish and chips from a chip shop. The staff got these things immediately and the person ate everything that was offered. Staff had got to know people's individual preferences, for example, if people liked their drinks in cups and saucers or in a mug and which type of biscuit they liked. People were also able to have snacks during the night or early in the morning. For example, one person liked to have food late at night so food was available in the fridge for them to help themselves to.

People were supported to stay healthy and manage health conditions well. There were good links with health professionals. A district nurse visited to provide treatment to a person and commented, "[Person] is improving all the time and that is all you can ask for." The registered manager checked if there was anything else they needed to do and the district nurse replied, "No just keep doing what you are, it is working."

Referrals were made quickly if there were any concerns about people's health. When people were unwell their families were kept informed. If people went into hospital staff kept in contact with the ward to see how the person was and when they were likely to return. Staff were clear about what to do when people returned from hospital. They checked discharge information and updated the care plan with any notes about their condition and medication changes. One person returned from hospital during the inspection and staff welcomed them back warmly and followed this procedure.

People were supported to attend health appointments if they wanted and staff offered support and reassurance. Records of appointments and advice given were recorded in people's files and reflected in their care plans and risk assessments if required. A visiting health professional said that the registered manager listened and acted on their advice.

People were supported with their mental health and helped to manage their dementia. Staff had attended training and worked with other professionals to support people who sometimes had difficulties with their awareness and could sometimes become anxious, upset and emotional. Staff helped people calmly and diffused potential situations between people. Incidents were monitored for patterns and staff got to know people well to see what they could do to help people orientate themselves and have things that were important to them. Staff recognised why people behaved in certain ways, for example, one person had brought up a large family and nurturing babies and children had been a significant part of their life and they calmly and contentedly continued this with some baby dolls.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care provided. Staff were passionate about people having the care they wanted and being independent for as long as possible. One person commented, "I enjoy my life here, the staff are very kind and helpful and I am quite contented". People's relatives said they could visit whenever they wanted and were offered refreshments and could stay for meals with their family member if they wanted to.

People looked comfortable and people who needed help looked well cared for. A person said "I spend most of my time in bed but I'm quite happy here and well cared for. The staff are lovely and treat me with dignity and respect".

Staff treated people with compassion and kindness. Some people could become anxious and staff explained that they had learnt how to recognise this and gave people reassurance.

A relative said that their family member was admitted to hospital with a broken hip following a fall. The person was not very happy in hospital. The registered manager visited them and arranged for them to return to the home quickly. They said, "We are very grateful to her for her kindness and care".

People were supported and encouraged to maintain contact with people who were important to them. Some people had their own phone lines in their bedrooms to keep in touch with their families and friends and a laptop computer was also available for people to Skype each other. This had proved particularly useful for people to keep in touch with relatives who lived a distance away or overseas. People's relatives and friends could visit as and when they pleased.

Staff got to know what was important to people and people's life histories, who was important and significant events were recorded in their care plans and this included photos depending on what people wanted. For example, one person had photos including a newspaper photo of them receiving a medal and these were reference points for discussion with the staff. Important occasions were celebrated. On people's birthdays the kitchen staff would prepare people a special meal to celebrate the day and a birthday cake. For example, one person had recently had steak and chips with all the trimmings.

Staff knew people well and had built up strong relationships with them. Staff explained that they spent time with people to get to know them and spoke with their relatives to find out what was important when caring for each person. Staff were adaptable and changed their style of interaction to suit people. Some people liked to joke with staff and others required staff to be more gentle and encouraging.

People said they were listened to and staff supported them to say how they wanted to be cared for. People were supported by their families and friends to make decisions and have the explanations and information they needed for this. The registered manager made sure that people were aware of advocacy and support services when needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People were encouraged to be as independent as possible and the routines in the service were flexible. One person commented, "I get up and go to bed when I want."

People were treated respectfully and with dignity. Staff knocked and waited before entering people's rooms and told people what they were doing before doing it. Staff encouraged people to recount fond memories. One person started reciting the 'guides promise' and staff joined in then they began talking about their experiences about being in the guides and scouts. People visibly enjoyed the interaction.

Staff helped people settle in and get to know other people in the home and encouraged people to form friendships. For example, staff chatted to a person who had recently moved in and introduced them to someone who had lived there for a while. They talked about things they had in common which led to an exchange of experiences which were reassuring for the new person.

Staff protected people's privacy as much as possible. If people chose to spend time in their room this was respected, staff checked on people but did not pressure them to leave their rooms.

People's care plans and records were stored securely so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

## Is the service responsive?

### Our findings

People said they enjoyed walking in the surrounding grounds and garden in the summer and they enjoyed watching the children from the nearby nursery play in the grounds. People were participating in planned activities in different parts of the home. In the main home people were doing arts and crafts and word searches in the morning and a quiz in the afternoon. In the West Wing people were decorating cakes in the morning and joining in with instruments and singing in a music session in the afternoon with lots of clapping and laughter.

The registered manager made sure that the service would be able to meet people's needs before they moved in and talked to people about what was offered so that they were clear about what to expect. A thorough assessment covering the prospective person's essential health and wellbeing needs was completed and formed the basis of the plan of care. People and their relatives said they were involved in planning their care and were able to say what was important to them and express their preferences. People said staff listened to them and supported them in the way they wanted.

At the last inspection the registered manager was in the process of reviewing the care plan format and this review was now complete. People and their representatives had been involved in how their care was arranged and organised. The care plans had been completed based on these discussions. A 'This is Me' plan was included in the care plans. 'This is Me' summarised what was most important to each person and what should be taken into account when providing their person centred care.

Care plans were person centred and based on the person's preferences. They gave good detail of the person's life before they entered the service and what was important to them. Staff had clear guidance around the support people needed and this was reviewed and updated monthly. Preferences like whether people preferred a bath or a shower were written in the plans. One person said "I really love the big bath they have here."

People said there was enough to do to keep them occupied. People told us about some of the planned, regular activities and their own interests. Since the last inspection, there was an additional activities coordinator, so across the home there was a programme of group activities six days a week by three activities coordinators, that people could participate in if they wanted to.

In the West Wing there was a separate room where activities were organised and held. Staff helped with the activities, chatting to people individually and encouraging them to find something that interested them. The activities coordinators provided some activities at a large table and there were seats arranged in groups to encourage people to socialise. Staff supported the activities coordinator and encouraged people to participate or sat with them offering alternative activities and chatting to people.

People took part in a range of activities from table top activities and jigsaws to a quiz, that was a regular favourite. A music man visited regularly and brought instruments for people to play along with him. One person had lived in the Caribbean and asked the music man to play some reggae music when he did and

staff said the person "lit up on hearing it". One person explained that they liked to run a blog, tried out new activities and then wrote about them. There was also an exchange of game skills between the owner, registered manager, and people, as they were teaching each other to play bridge and cribbage, which they were all enjoying.

People were supported to go out independently to local shops and pubs as much as possible. Staff also spent time with people and encouraged them to continue their hobbies. The owner and registered manager had plans to develop the activities provision further.

People were protected from social isolation. Some people spent as much time as they could downstairs with others but also liked to go to their rooms to watch TV or have some quiet time and this was supported and respected by staff. A person said, "I can go and spend some time in my bedroom when I want to."

People and relatives told us that they knew how to complain and said they would raise any concerns with the registered manager. There was a complaints policy which was displayed in entrance to the service. When a complaint was received the registered manager followed the policy and procedures to make sure it was dealt with correctly. All complaints were logged and investigated and responded to promptly. The registered manager said if an issue was highlighted following a complaint then it was discussed in the team meeting and they discussed what they could learn from it. A healthcare professional complimented the way the owner and registered manager had responded to a complaint and had put improvements in place to prevent this happening again.



## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well managed. The registered manager regularly helped with various tasks around the home and helped to serve the lunch so that she could make sure everything was running well. People and their relatives said the registered manager was approachable and because she was often around different parts of the home it was easy to talk with her. A visiting family said they had needed to find a home at short notice, when their relative was discharged from hospital. They said, "The manager was extremely helpful to us and within two days had visited our [relative] and found a room for [person] at the home. We are very grateful and hope [person] will settle down well." Staff said they were well supported by the registered manager who was approachable and listened to them. One staff commented, "I can go to [registered manager] at any time and she will always listen and help me."

The registered manager encouraged staff to develop their skills by discussing situations and asking what they would do. Senior staff said they were supported if they had made a decision in the absence of the registered manager and this helped them take on the responsibility of their role with more confidence. They had the opportunity to talk about how they could have done something better and were praised if they had done something well.

Staff had the confidence to question practice and to report concerns about the care offered by colleagues or if they were unsure about something. The culture in the home had developed so that staff were able to give feedback to each other and talk about what was going well and how they could improve the service offered to people. When incidents happened the team discussed these in structured meetings and learnt from them.

The registered manager worked in partnership with other organisations. Other professionals were involved and their advice was listened to and acted on.

The registered manager worked alongside staff during parts of the day to continually assess how staff were organised and whether there were any training gaps. Staff had a clear understanding of their role and had areas of responsibility in the team. Staff said there were regular team meetings and they were happy to say what they thought.

The office was located centrally in the home and the door was open unless there was a private meeting, so people and visitors could see the registered manager if they wanted to talk to her. Health and safety audits of the environment and equipment were carried out by the registered manager and deputy manager regularly to make sure people were safe in the home.

The registered manager sent out questionnaires to people, their relatives and representatives, visitors and visiting professionals. The registered manager explained that feedback could be given anonymously, "so that we can get honest feedback on what we do well and also what we could improve on, as we are aware there is always room for improvement."

The registered manager said, "We have learnt to learn from any issues raised so that we will improve and we are always open to anybody visiting and giving us advice." The owners and registered manager worked closely with other professionals to help support people's needs.

The registered manager had made improvements to the service based on the feedback they had received. The owner and registered manager talked about their ideas for further improvements to develop the service. This included ideas for increasing meaningful activities for people with dementia based on their research. Completing a written development plan with projected timescales for achieving each target is an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported.

Documentation for monitoring people's health and well being were completed in good time so that they were accurate and were clearly written. Records were stored safely and securely to protect people's confidentiality.