Umika Trading Ltd

Ambika Lodge Care Home

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 comprehensive unannounced inspection was carried out on 14 August 2018. This was our first inspection of the service since it was registered with the Care Quality Commission in September 2017.

Ambika Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ambika Lodge Care Home is registered to support up to 21 older people, some of whom may be living with dementia. On the day of our inspection, 12 people were being supported and one person was in hospital.

The service required, and did have, 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.

People and their relatives told us the home was a safe place to live. Risks to people were appropriately assessed, managed and reviewed. Staff had received training in safeguarding adults from abuse and understood their responsibilities and the actions they should take if concerns were identified. Safe recruitment systems were in place to ensure new staff were safe to work with vulnerable adults. There were sufficient numbers of staff deployed to meet the care and support needs of people. Medicines were managed safely and people received their medicines as prescribed. There were safe processes in place to minimise the risks from the spread of infection.

Staff felt valued and spoke highly about the support they received; this included the training and guidance they needed to enable them to fulfil their role and responsibilities. People had sufficient food and drink and were provided with choices at mealtimes. Where required, people were supported to access health care services to maintain their health and well-being. Although people were supported to have choice and control over their lives and there were systems and policies in place to support this, we have recommended that the registered provider reviews legislation and associated guidance to ensure they are acting in accordance with the Mental Capacity Act 2005.

People were treated with warmth, compassion and respect. Staff knew people well and were sensitive to their needs. People's independence was promoted and people were encouraged to do as much as they could for themselves. People were treated with dignity and respect and staff ensured people's privacy was maintained at all times.

People received a responsive service. Care plans were person centred and reviewed regularly to ensure they reflected people's current care and support needs. People's and relatives' involvement and feedback on the service was actively encouraged. The registered provider employed an activities coordinator who supported

people to participate in group and/or one to one activities. Information on how to raise concerns or complaints was available, and people and their relatives were confident any concerns would be listened to and acted upon.

People, relatives, staff and health care professionals spoke positively about the registered manager who was committed to providing good quality care. There were systems in place to regularly assess and monitor the quality of the service. The registered manager was able to demonstrate how they analysed the care and support provided to people to ensure the service was operating safely and was continually improving to meet people's needs.

Further information is in the detailed findings below.

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 cared for by staff who had been safely recruited.

There were sufficient numbers of staff to safely meet the needs of people.

Potential risks to people were identified, managed and reviewed to help keep people safe.

People received their medicines as prescribed.

Infection control practices were in place.

Is the service effective?

Good

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People had a choice of meals and drinks. They were supported to maintain their health and well-being, including accessing healthcare services when required.

People were supported to make their own decisions and choices. However, we have made a recommendation to the registered provider to ensure they were acting in accordance with the Mental Capacity Act 2005 and associated guidance.

Is the service caring?

Good

The service was safe.

Staff knew people well and were kind, compassionate and respectful, and treated people with dignity and respect.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and regularly reviewed to ensure they reflected people's current care and support needs.

There were effective systems in place to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive relationships with people, relatives and the staff team.

The views of people, relatives and staff were sought to drive continuous improvement.

Quality assurance processes were in place to regularly review the quality of the service. Senior management strived to improve the quality of care people received.

Ambika Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 14 August 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service . Our expert had personal experience of caring for someone who lived with dementia.

Prior to our inspection, we reviewed the information we held about the service on our database. This included safeguarding information, information from members of the public and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we engaged with 11 people who lived at Ambika Lodge Care Home and observed staff interactions with people. We also spoke with two relatives, three health and social care professionals, three care staff, the activities coordinator, registered manager and operations manager.

We looked at a range of records which related to people's individual care and of the running of the home. This included three people's care and support records, two staff recruitment files, training and supervision information, staff rotas, arrangements for medicines, policies and procedures and information on how the safety and quality of the service was being monitored.

Good

Is the service safe?

Our findings

People repeatedly told us they felt safe living at Ambika Lodge Care Home and had confidence in the staff to care for them in a professional and compassionate manner. One person told us, "I feel safe living here, there is always someone who would help me in an emergency; they know what they're doing." Another person said, "I'm not worried that people won't look after me here, I do feel safe."

People were protected from the risk of harm and abuse. Up to date guidance on local safeguarding procedures was available to the registered manager and staff. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them. Staff were confident any concerns would be listened to and actioned appropriately by management. Staff were aware they could contact external agencies such as the Care Quality Commission (CQC) to report any concerns of abuse. The service had a whistle blowing policy in place which was clearly displayed. Staff told us they would feel confident to 'whistle blow' if required. One member of staff told us, "I would report any concerns straightaway to the deputy manager or to [registered manager]. If I felt I wasn't being listened to I would go to the owners or to CQC." They went on to say, "I would whistle blow if I had to, at the end of the day I have a duty of care to the people I look after and relatives trust us to look after their family members." One person told us, "They would never treat people badly here, they wouldn't dream of that at all." There had been one safeguard alert raised by the service, and records showed they had dealt with the incident appropriately.

There were systems in place to identify, mitigate and for the on-going review of the risks to people. Where risks had been identified, management plans had been put in place to minimise these; for example, in relation to eating and drinking, mobility and falls. Staff had a good knowledge of people's identified risks and described how they would manage them. Staff told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe. Personal emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in fire awareness and how to respond to emergencies. We noted a letter from Essex County Fire and Rescue Service following a visit to the service, confirmed the home was meeting satisfactory standards of fire safety.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and references. Records showed checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with people. The DBS check helps employers to make safe recruitment decisions. Staff holding professional qualifications had their registration checked to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). New staff were required to undergo a six month probationary period, and staff disciplinary procedures were in place to respond to any poor practice.

People were supported by a consistent staff team and rotas were planned to ensure there were enough staff to meet people's care and support needs. The registered manager carried out an assessment of people's

dependency levels to ensure there were always enough staff to meet the individual needs of people living at Ambika Lodge Care Home. During our inspection, we observed staffing levels were sufficient and people were being supported in a timely way. Staff confirmed to us they did not feel rushed or task focussed as management always ensured there were enough staff. One member of staff said, "There is always enough staff. If anyone is on leave we cover for each other. If someone is off sick and no one can help [registered manager and operations manager] will come on the floor and help." People confirmed to us their care and support needs were met in a timely way. One person told us, "If I call for help [staff] come quickly, they never make me feel a nuisance for calling." Another person told us that staff always ensured their call bell was within reach at all times; they went on to say, "They come quite quickly, I would never be left a long time." A visiting relative said, "There's always enough staff on, you can tell. They're not running back and forth, they've got time to do things properly and spend time with people." A healthcare professional told us, "There are always enough staff. I turn up unannounced and there has never been an issue, staff are always visible."

Medicines were managed and administered safely. An electronic medicine system was used which tracked ordering, dispensing, receipt and administration of medicines. The medicine administration records (MARS) we looked at were completed appropriately, recorded allergy information and a photograph of the person to make sure they were correctly identified. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. The registered manager and registered provider undertook regular audits to ensure people were receiving their medicines safely and correctly. Records showed an external pharmacist audit had been undertaken in March 2018 and no issues had been identified with regard to the management of medicines.

Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager and registered provider, and ensured if any trends were identified, prompt action would be taken to prevent reoccurrence. There had been no significant incidents since registration of the service. The registered manager and operations manager told us any lessons learned from incidents and accidents would be shared with the staff team to improve the quality and safety of the service.

Appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place, such as for the electrical and gas systems. The operations manager told us they had made a lot of improvements to the building such as installing handrails along corridors to help people with mobilising.

People were protected from the risk of the spread of infection. An infection control policy was in place which provided staff with information relating to infection control. Staff had completed infection control and food hygiene training and had access to personal protective equipment (PPE) such as disposable gloves and aprons. There were systems in place to ensure food was clearly labelled with the date of opening so it could be used or disposed of within safe timeframes. A relative told us, "They do really well, there is never a smell when I turn up. There's always cleaning going on, it's not just because you are here." During our visit, we noted the environment of the home was clean and safe.

Good

Is the service effective?

Our findings

People's care and support needs were assessed prior to living at Ambika Lodge Care Home. This meant all necessary information was obtained to inform the care planning process and ensure the home was appropriate to meet people's needs and expectations.

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us they had received an induction when they started work at the service which included shadowing experienced members of staff, an orientation of the building, fire safety and emergency procedures and getting to know people.

Staff told us they had received appropriate training and guidance to enable them to perform their role and meet people's care and support needs. The registered manager told us new staff were required to complete the Care Certificate. The Care Certificate is a nationally recognised training programme for staff who are new to working in the care sector. Staff were required to complete the registered provider's mandatory training such as moving and handling, health and safety and fire awareness. They also had the opportunity to undertake additional training, such as sepsis, syringe driver and GERT. GERT involves staff wearing an adapted suit which stimulates aspects of dementia and frailty, enabling them to have greater empathy of how people with these conditions feel and experience, both physically and emotionally.

Staff spoke positively about working at the service. They told us they felt supported in their roles and received supervision. They said the registered manager and operations manager were approachable and available for support and guidance at any time. Records showed staff had received supervision and observations of their practice. The operations manager told us they had recently reviewed the format for staff supervision and shared with us a supervision template they had developed which they would be implementing imminently. This showed staff would receive a structured opportunity to discuss their responsibilities, reflect on their performance and to discuss how they can further improve their practice.

People were supported to access healthcare professionals and services, such as GPs, the district nursing team, dentists and chiropodists. One person told us, "Staff know exactly how to look after me and what to check on. They'll be quick to phone the doctor if I'm unwell." Another person said, "I saw a [person] fall once and they looked after them very well so I know they'd look after me. If I don't feel well they call the head nurse here." Care records showed staff worked in partnership with health and social care professionals to ensure people received effective care and support. The registered manager told us some people had been admitted to the service to receive end of life care but had gone on to make significant improvements. We also saw evidence how people had been admitted to the home with high grade pressure ulcers and staff worked with relevant health care professionals to provide appropriate care to ensure these healed.

We received complimentary feedback from several healthcare professionals about the service. One healthcare professional said, "It's blossoming here, I have no concerns about the residents. Care plans are up to date and reviews are carried out. The staff know about people and are open to suggestions and always follow any recommendations." Another said, "[Staff] are very good, helpful and organised. They listen to

advice. Many people came here on end of life but they go beyond expectations due to the care they receive. [Since service was registered], there has been a transformation here."

People were supported to drink and eat enough and maintain a balanced diet. A menu board was displayed and care plans recorded people's dietary needs and preferences. Snacks and drinks were available throughout the day and a 'night time' menu was available. We observed the meal time experience. Staff sat with people, talking with them whilst supporting them to have their meals at a relaxed pace. People were able to choose where they wanted to eat, for example in their own rooms or in the main lounge, and staff respected this. People were complimentary about the food. Comments included, "The food is really good, you get a choice, and they do it how I like it and offer me sauces etc." And, "I'm never thirsty or hungry here, and it's all very personal. I like porridge in the morning but they know I like honey in it, sometimes I'll ask them for a few prunes in it." Alternative menu options were available if people choose not to have what was on the planned menu. One person said, "We always have a choice but if I fancy something different they'll do that for me. I could ask for anything I think." Throughout our visit we observed people being offered a selection of hot and cold drinks. People told us staff reminded them of the importance of drinking plenty of fluids, especially in the recent period of hot weather.

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). Where people had been deprived of their liberty, the registered manager had made appropriate applications to the local authority. Where these had been authorised, the registered manager had notified the Care Quality Commission as required. The registered manager had a system in place to monitor the status of DoLS authorisations and DoLS applications that were in progress.

Some people had bedrails and, although a risk assessment had been completed regarding the use of bedrails, a MCA assessment had not been completed. Although the use of bedrails is intended to keep people safe, if a person has capacity a record of the consultation regarding the use of bedrails should be held. However, if the person lacks capacity a 'best interest' decision should be taken. Wherever possible, the best interest decision should involve relatives, other relevant health and social care professionals and staff. It is important staff are clear on the reasons as to why the restriction is in place, and there should be evidence that other options had been considered as part of the best interest decision. We also noted one person received their medicine covertly in their drinks and, whilst a best interest decision had been made with the involvement of a GP, a pharmacist had not been part of the decision-making process. A pharmacist should have been consulted to ensure that the properties of the medication remained effective once mixed with food or drink and ingested. Whilst there had been no negative impact on people living at Ambika Lodge Care Home, we recommend the registered provider reviews the legislation and associated guidance to ensure they are acting in accordance with the MCA.

Staff we spoke with demonstrated an understanding of the principles of the MCA and understood the importance of gaining people's consent prior to care tasks being carried out. For example, one member of staff told us, whilst a person may make a decision that they deemed to be unwise, they understood they had to accept and respect that decision if the person had capacity. However, they would report their concerns to senior management. Throughout our inspection, we observed people being given choices by staff, seeking their permission and explaining the care to be given.

Ambika Lodge Care Home is a two-storey building. People are free to access all areas of the service and garden area, including a communal lounge and dining room on the ground floor. There is also a 'quiet' lounge on the ground floor. The service has a mixture of shared and single rooms, with en-suites in single

rooms. Double rooms had privacy curtains in place. We noted people's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Good

Is the service caring?

Our findings

The service had a strong visible person-centred culture. People were relaxed in the company of staff and it was clear, from our observations, positive relationships had been made. Each person had an assigned keyworker who helped to assist and monitor their individual needs. People and relatives told us staff were very caring and kind. Comments from people included, "I love it here, the staff are so kind and caring, I wouldn't want to be anywhere else." And, "Staff here are lovely, very helpful, they work to make it nice here. It's lovely, like being in your own home not an institution." And, "In my previous home the staff were bullies, here they come into my room singing and dancing,oh what a difference."

People were treated with dignity and respect. During our inspection, we observed staff being caring and kind in their approach to people and being sensitive to each person's individual needs. Staff addressed people by their preferred names, spoke to people in a polite and respectful manner and engaged with them in a friendly and companionable way. Staff were not rushed or task orientated, and it was clear the needs and well-being of people were of primary importance. The atmosphere within the service was calm and pleasant. One member of staff said, "I love having conversations with people, what they did in the past and making them smile." Responses from a recent questionnaire showed people felt staff supported them in a respectful and dignified way.

People's independence was promoted. Staff recognised the importance of encouraging and enabling people to do as much as they could for themselves. One member of staff told us, "I always ask people if they would like to do things for themselves, such as washing their faces during personal care, and giving choices as to the clothing they want to wear for the day." They went on to say, "[Person] was mobilising with a wheelchair when they came here and said they wanted to start walking again. We made a referral to occupational therapy and got a frame. Now they are managing quite well and can walk on some days, this is important for [person]." This approach showed people were supported to have as much independence and control in their lives as possible.
People's privacy was respected. Staff knocked on people's doors before entering and told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing.

People's diversity needs were respected and included in their care plan. The registered manager told us people would be supported to access religious support if required. A pastor and choir visited the home on a regular basis.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required.

People were encouraged to maintain relationships with friends and families. The registered manager said visitors were welcome at any time, however 'protected mealtimes' were in place. Staff told us how they

sourced an appropriate telephone for a person with a visual impairment to enable them to keep in contact with their family. A member of staff said, "It took about four phones before we found the right one for [person], but this has helped them with their independence and to keep in contact with their family." A relative told us, "I always feel welcome here, they never make me feel I am a nuisance, there's always tea and cakes on offer too, I can just help myself."

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs.

Prior to people moving into the home, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans. During our inspection, a person was due to be discharged from hospital. The operations manager told us they would be carrying out a full re-assessment to make sure they could continue to meet the person's needs safely, including ensuring the necessary equipment was in place before the person was discharged back to the service.

The registered provider used an electronic care planning system. Care plans were person centred and identified people's needs, choices and preferences and how these were to be met; for example, in relation to mobility, night time support, medicines, skin care and social activities. People's care plans were regularly reviewed and, should a person's needs change, these were discussed at staff shift handover meetings, recorded in the service's communication book and the care plan updated. The electronic monitoring system also enabled messages to be sent to all staff. This meant there was always up to date information available to guide staff on how to care for people.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded any sensory and communication needs. The registered manager confirmed to us they would always ensure appropriate formats would be sourced if required, for example large print, pictorial, braille and translation services.

The registered provider employed an activities co-ordinator who also worked at the service in a housekeeping role. The member of staff had two distinct coloured uniforms which enabled people to know what role they were performing. People had access to a range of activities which they could be involved with including group and one to one activities. The activities coordinator explained to us that, although group activities such as bingo and quizzes were organised, these were delivered in a flexible manner, dependent on how people's health was on the day. One person told us, "[Activities Coordinator] is my best friend here, they're lovely to me, I am also very fond of the supervisor. They'll both come and sit with me and have a chat. It means a lot when you are stuck in bed."

The activities coordinator was able to describe to us about the things people enjoyed doing. For example, one person liked to play cards but, due to their health condition, was unable to use their hands; they said, "I play for [person]. We manage." They went on to say they had noticed not many people received visitors in the evenings so they had started to work longer hours one day a week. They said, "I am taking it in turns with people to get a takeaway of their choice. We sit in the dining room together, having a social time." One person told us, "I do get bored sometimes but [activities coordinator] will notice if I am fed up and not myself. They will sit and talk with me or take me out to the shops; sometimes we go to McDonalds." At the

time of our inspection, the activities coordinator was in the process of finalising arrangements for a garden fete. The registered manager told us this was the first steps towards fundraising to get a mini bus for the service.

People's and relatives' involvement and feedback on the service was encouraged. Although only one residents' meeting had been held since the service had opened, the operations manager told us that as the service was small, they engaged in daily one to one interactions with people and their relatives. Records showed questionnaires were undertaken to gain people's and relatives' views. We saw responses to recent questionnaires had been very positive. Suggestions put forward had also been actioned such as the installation of a bird table in the garden and a review of the food menu.

There were systems and processes in place to manage complaints. Information on the service's complaints process was clearly displayed and contained in the 'service user guide'. Records showed there had been two complaints since the service's registration, and these had been dealt with appropriately.

People's preferences relating to end of life care were recorded in their care plans. The operations manager told us they were currently supporting a person who wished to have their Do Not Attempt Resuscitation (DNAR) revoked. This was confirmed to us by the person's GP. The operations manager said people's end of life wishes would be regularly reviewed, recorded and upheld. Management also recognised the need to support families. The registered manager told us family members were welcome to stay at Ambika Lodge Care Home if rooms were available. We saw many compliments received by the service regarding end of life care. Feedback included, "[Operations manager] managed to have sensitive end of life care discussions with [person] when they could not talk to me about these issues." And, "It meant so much to us all that [person] was able to spend their last few days with people who really cared about them. For that, we will always be grateful; thank you for also looking after us as a family." During our inspection, we noted the care and compassion being shown to people following the recent passing of a person who had lived at the service. One person told us, "My friend has just died, and I am very grateful that staff have been very understanding this morning; they knew I was upset because we got on so well."

Good

Is the service well-led?

Our findings

The service required, and did have, a registered manager. They were supported by a deputy manager with the day to day management of the service. The registered manager promoted a positive, person centred culture and demonstrated their commitment and passion to ensuring people living at Ambika Lodge Care Home received good quality care. They were visible within the service and knew people well. People repeatedly told us they saw the registered manager and registered provider on a regular basis. They were able to name them, or describe them, to us and said they were 'approachable', 'pleasant' and 'on the ball'. One person said, "[Registered manager] is always in and out, they muck in with the staff, they don't mind doing what the staff have to do."

Senior management promoted a culture of openness and transparency within the service to aid learning and continuously improve the quality of the service. Staff confirmed this and said they were encouraged, and felt able, to share their views and put forward any suggestions. The operations manager told us, "There is always room for improvement, we need to be open and learn when things go wrong as well as celebrating when things go well." The registered provider had recently introduced an 'Employee of the month' recognition award for staff who had gone 'over and above'. It was clearly evident during our inspection that senior management valued the staff team.

Staff felt appreciated and enjoyed working at the service. They told us they were provided with the support and guidance they required to enable them to fulfil their roles. A member of staff told us, "Staff morale is good as we work effectively together as a team; it's like a family. [Registered manager and operations manager] are always on hand and are very approachable." Regular staff meetings were held and topics such as training, activities and the day to day running of the service were discussed. One person told us, "The staff work together well. I've never had staff whinging or moaning about things; they just get on with things happily." A relative said, "Staff here are always motivated, getting on with things. They never seem desperate to leave which says a lot I think."

We received complimentary feedback from health and social care professionals. They spoke positively about their relationship with the registered manager, operations manager and staff. Comments included, "[Name] has brought a lot of positive energy. The rapport between management and staff is very good. The staff know about people's needs and follow up recommendations." And, "Staff are always welcoming, the home is calm and feedback from residents and families is excellent."

There was a strong focus on continuous learning and implementing best practice and staff were encouraged, and supported, to develop their learning. The service was signed up to the local authority's PROSPER project. This is a resident safety initiative to improve the culture around people's safety and provides training, support and guidance to care services to reduce falls, pressure ulcers, chest and urinary tract infections. On the day of our inspection, the registered manager and operations manager were looking at suitable training for staff to attend. The registered manager also researched websites such as the Care Quality Commission, Skills for Care and NICE, networked with other care home providers and subscribed to health and social care publications. The registered manager told us they shared information and learning

with the staff team. The registered manager told us they were supported by both the operations manager and registered provider who visited the service on a regular basis.

The registered provider had effective quality assurance systems in place to assess and monitor the quality of the service. For example, audits were completed on various aspects of the service such as health and safety, medicines management and care plans. Observations of staff practice were also undertaken. The registered manager also sought feedback from day to day conversations with people and relatives, staff meetings and questionnaires. We noted responses received from all questionnaires were complimentary and, where appropriate, action had been taken on feedback. The registered provider also carried out regular visits to monitor the quality of the service provided. From our discussions with the registered manager and operations manager, we were confident they were committed to ensuring the quality monitoring systems in place were continually reviewed to ensure robustness and to support continuous improvement.

Personal records were stored in a locked office when not in use and information on the service's computers were password protected to ensure information was kept safe.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood their responsibilities under duty of candour, which places a duty on staff, the registered manager and the registered provider to act in an open way when people came to harm.