

Charing Hill Limited

Hillbeck Residential Care Home

Inspection report

Roundwell,
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Kent.

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Date of inspection visit: 13 August 2015.

Date of publication: 29/09/2015

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	

Overall summary

The inspection was carried out on 13 August 2015 and was unannounced.

The service provided accommodation and personal care for older people some of whom may be living with

dementia. The accommodation was provided over two floors. A lift was available to take people between floors. There were 37 people living in the service when we inspected.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe and staff understood their responsibilities to protect people living with dementia. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. The provider and registered manager developed business plans to improve the service. This was reflected in the positive feedback given about staff by the people who experienced care from them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protect people from harm and minimise the risk of accidents.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction and training and were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards was followed by staff.

Good



Is the service caring?

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Staff understood how to protect people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders within the service.

Hillbeck Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 August 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider

completed a Provider Information Return (PIR). The PIR 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 spoke with six people and two relatives about their experience of the service. We spoke with seven staff including the registered manager, the head of care, one senior care worker, three care workers, the kitchen manager and the activities coordinator to gain their views about the service. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 24 January 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People were safe at Hillbeck. They told us, “Yes I do feel safe here; nothing nasty or irritating has happened to me”. “I feel safe here I cannot fall downstairs, when I go upstairs to the hairdresser they take me up in the lift and hold my hand until I get to a seat, staff have to use a code to open the gates to the stairs so nobody can use them without staff being there which is good.” And “I feel very at home and safe here”.

Relatives told us that they felt that their family members were safe. One said “Mum has a pressure mat by the side of her bed so if she gets up or falls staff are made aware and go into her straight away” “I have noticed that staff do hourly heads count so everyone is safe”.

Staff followed the provider’s policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm.

People had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people’s care plan files. Additional risks assessments instructed staff how to promote people’s safety. Staff understood the risks people living with dementia faced and made sure that they intervened when needed.

Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. This ensured that risks were minimised and that safe working practices were followed by staff.

Equipment was serviced and staff were trained how to use it. The premises were designed for people’s needs, with signage that was easy to understand. The premises were maintained to protect people’s safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. People were cared for in a safe environment and equipment was provided for those who could not weight bear so that they could be moved safely.

Staffing levels were planned to meet people’s needs. In addition to the registered manager and deputy manager there were five staff available to deliver care and they were managed by two senior care workers during the day. At night there were three staff delivering care managed by a senior care worker. The registered manager was recruiting a fourth member of staff to increase staffing levels at night in response to people’s needs. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people. There were also additional staff at meal times to ensure people received the support they needed to eat and drink enough.

People were protected from the risks associated with the management of medicines. People told us that they were always given their medication on time. One person told us that taking their medicines made them feel better. The provider’s policies set out how medicines should be administered safely and staff followed the policies. The senior carers were responsible for administering medicines and we observed they were doing this safely. The medicines were dispensed from the medicines room and taken to people. They were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines.

Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had capacity to make informed choices about medicines. Staff who administered medicines received regular training and yearly updates. Their competence was also assessed by the head of care to ensure the medicines were given to people safely. Staff administering medicines did this uninterrupted as other staff were on hand to meet people’s needs. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

Is the service safe?

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor. Medicines were stored at the correct temperatures. These were recorded.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to

evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Is the service effective?

Our findings

People we spoke with who lived at the service told us that they thought staff were trained to meet their needs.

One person told us “I think the staff are well trained. They don’t get harassed about anything; this illustrates the standard of staff here. They(the staff) always look as if they enjoy being here”

Another person said “Staff are very good here always, very professional when they are dealing with anyone. At night they take time to look in to check to see if you are alright”.

A relative said “Staff are very helpful, they look well trained, they take time to speak and listen. If she has a problem they will sort it out. Cannot fault the staff”.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans detailed people’s food preferences.

People spoke positively about the food, and the meals for the day were written on a white board in the dining area. Staff asked people for their choice of meal at breakfast. We observed that breakfast was prepared and served in the dining area. People were offered a choice which was displayed in a picture format. We noticed that people were not rushed to have their breakfast but were able to have it whenever they wanted it. The dining room assistants knew people’s names and preferences and we observed that they gave individual attention to people. They checked what people would like for breakfast giving them a choice or asking them if they would like additional drinks.

We observed lunch being served in the dining room. We saw staff chatting and laughing with one person living at the home as they assisted with laying out the table mats and serviettes for lunch. As people gathered for lunch they were encouraged to take a seat and those who required assistance were gently supported into their seat. People were then given a choice of fruit juice to drink with their lunch. People were weighed regularly and when necessary what people ate and drank was recorded so that their health could be monitored by staff. We saw records of this taking place.

The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training was planned to enable staff to meet the needs of the people they supported and cared for. For example, staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. Staff we spoke with told us the training was good at Hillbeck. This provided staff with the knowledge and skills to understand people’s needs and help people maintain their health and wellbeing.

New staff inductions followed nationally recognised standards in social care. The training and induction provided to staff ensured that they were able to deliver care and support to people to appropriately.

Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. Training records confirmed staff had attended training courses after they had been requested in supervision meetings.

Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others. This often occurred when people living with dementia became frustrated or anxious, often without obvious cause. We observed that staff used the techniques they had learnt to keep people calm and prevent potentially harmful behaviours from developing. For example they used items that were familiar to someone to calm a person who had become distressed.

People’s mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people’s capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate.

Is the service effective?

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. Relatives told us about being involved in meetings and discussions about how best their loved ones should be cared for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager

understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. This protected people's health and wellbeing.

Is the service caring?

Our findings

We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way. We observed that staff ensured a lively, jovial atmosphere. Staff chatted and joked with people and ensured that the people felt comfortable. We observed one person communicating with others by writing notes and waiting for responses which included lots of smiles and nods. We saw staff including the kitchen assistants, listening to people, answering questions and taking an interest in what people were saying.

One person told us, "I have just moved here from another home which has closed for rebuilding. It is a very disturbing for me after feeling very secure there. Staff here has been very good, they listen to me and tell that I'll soon get used to my new home. To be really honest I cannot fault them (the staff), they are all lovely, very caring to me" Staff were aware of people's preferences when providing care. The records we reviewed contained detailed information about people's likes and dislikes.

We observed staff providing care in a compassionate and friendly way. Two carers who needed to move a person using a hoist put the person at ease by talking her through the process and confirming with her if it was okay.

People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. People told us that their care plans were followed and they could say what they wanted staff to help them with.

We observed that staff knocked on people's doors before entering to give care. Staff described the steps they took to preserve people's privacy and dignity in the service. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff.

Staff operated a key worker system. Each member of staff was key worker for three or four people. They took

responsibility for ensuring that people for whom they were key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

People had choices in relation to their care. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. One person said, "I am able to wash and dress myself, staff pop in and offer to help if I need it." Others said, "I like to help out, I help the staff lay the table mats and serviettes for lunch." Another person told us, "I was asked if I liked to wash myself or if I would like help, I told them I like to shower every day and that is not a problem, the staff pretty good here".

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. There were residents and relatives meetings at which people had been kept updated about new developments in the service. For example, the new extension that had been built. One relative told us "A questionnaire was available in the foyer and that they had discussed staffing and activities at the recent relatives meeting". Relatives had requested some external doors to be kept locked and this had happened. However, people could move around the service and the external grounds freely. We found that the results of the surveys/questionnaires were analysed by the provider. Information about people's comments and opinions of the service, plus the providers responses were made available to people and their relatives. This kept people involved and up to date with developments and events within the service and they could influence decisions the provider had made.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. People described to us how the registered manager had responded to changes in their needs.

One person told us “I love the sing songs and music here. It makes it much more pally joining with others. It creates a nice place to be. I am pretty happy here”. And, “There are lots of activities here singsongs; Singers come in. sometimes there is dancing. I prefer watching television in my room”.

Another person told us “We sometimes have a dance”.

One relative told us “Before coming into the service the staff came and completed an assessment with their relative first before speaking with them. Staff then spoke with us about her health”

Another said, “There’s never any issue about getting the doctor, the staff are very good at keeping me informed. I always get a phone call from the staff when the doctor has been called”.

People’s needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person’s needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. We saw that assessments and care plans reflected people’s needs and were well written. Care planning happened as a priority when someone moved in. We saw a care plan that had been fully completed on the same day a person moved into the service.

If people’s needs could no longer be met at the service, the registered manager worked with the local care management team and continuing care team to enable people to move to nursing care or other more appropriate services.

The care people received was person centred and met their most up to date needs. People’s life histories and likes and dislikes had been recorded in their care plans. This assisted staff with the planning of activities for people. Care was personalised and responsive to people’s needs. Comments

in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative’s needs. Changes in people’s needs were recorded and the care plans had been updated.

The registered manager sought advice from health and social care professionals when people’s needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence nurses and District Nurses. These gave guidance to staff in response to changes in people’s health or treatment plans. There was continuity in the way people’s health and wellbeing was managed.

The registered manager and staff responded quickly to maintain people’s health and wellbeing. Staff had arranged appointment’s with GP’s when people were unwell. For example, one person no longer wanted to take their medicines. Staff sought advice from the persons GP and a full medicines review had taken place with the person’s involvement. Staff were responsive to maintain people’s health and wellbeing.

In response to people at risk of falling there were specific individual manual handling plans to instruct staff. Technology like fall alarms was considered where appropriate to alert staff if someone fell, so that staff could respond quickly to provide assistance.

The activities people could get involved in were advertised within the service. In the morning we observed seven people in the lounge listening to organ music, and singing along to music being played by the activities lady. One person sat beside the organist occasionally playing some notes as well as clicking his fingers and tapping his feet in time with the music. He appeared engrossed in the music. Other people in the room joined in either singing or clapping to the beat.

In the afternoon the residents played a balloon game throwing a balloon between each other with music playing the background. The participants in the game were laughing and smiling throughout. People were encouraged to lead the game coming into the middle of the room and throwing the balloon out to other people in the room. The activities person told us they were looking to introduce other activities.

One person was sitting in the lounge told us proudly, “I am knitting poppies and have made the 100th poppy and have

Is the service responsive?

received a letter from the Queen”. The activities coordinator told us when the person had started with the poppies she had provided a template for her but got told that it wasn’t right and the person had created her own template. The activities coordinator sews the poppy pieces together after they had been knitted. The activities provided mental stimulation and some physical activity to maintain people’s health and wellbeing. Activities also enabled people to participate in groups helping them meet and get to know others in the service.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to.

There were examples of how the registered manager and staff responded to complaints. All people spoken with said they were happy to raise any concerns. Notes from the residents meeting in April 2015 showed complaints were discussed. One complaint raised was about having no key for the door lock. This had been resolved. The person said, “I asked staff for a key for my lock for privacy. I can now lock my door for privacy whenever I want to”. One relative told us “I would get it sorted out straight away. I go to the office and speak with a manager” The registered manager always tried to improve people’s experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The registered manager had been in post since January 2015. (A registered manager is a person who has registered with the CQC to manage the service.) However, they had experience of managing another service for people living with dementia and they demonstrated to us they had the transferable skills to provide good leadership at Hillbeck.

The registered manager had carried out an audit of the service soon after they arrived. This audit enabled them to identify areas of the service that needed improvement which they recorded and took the actions required. For example, the audit had identified that care plans needed to be fully reviewed and made more effective. This was recorded on their action plan. We found that care plans had been reviewed by the head of care. The care plans were very effective at providing a thorough record of people's needs.

The registered manager and their staff team were well known by people and their relatives. Staff were committed and passionate about delivering high quality, person centred care to people living with dementia. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. People said, "The manager is nice and friendly always stops and chats." "It (Hillbeck) is exceptionally well run, there is a lot of pleasure thrown in". And "The manager is highly respected." "I am very lucky being here all things considered I would recommend this place to anyone."

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, providing people living with dementia with care and support through a skilled and knowledgeable staff team. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care and meeting their dementia needs. This was an important consideration and demonstrated the people were respected by the registered manager and provider. Where people needed to be referred to other care providers, for example if they needed nursing care, the registered manager supported this process.

Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team in the service. One said, "I understand

the whistle blowing policy, but things are improving, the new registered manager is superb". Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Audits within the service were regular and responsive and they drove improvement. For example, audits carried out by the provider up to April 2015 had identified some issues around the management of medicines. The registered manager and the head of care had implemented on-going training and checks of medicines which resulted in medicines issues being resolved. In the July 2015 provider audit there were no medicines issues raised.

Senior staff carried out daily health and safety check walk rounds in the service and these were recorded. The audits were effective and covered every aspect of the service.

Managers from outside of the service came in to review the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and

Is the service well-led?

faulty equipment. The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their

legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels with the organisation so that they were dealt with to people's satisfaction.