Coverage Care Services Limited

Coton Hill House

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?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 23 and 27 March 2017 and was unannounced.

Coton Hill House is registered to provide accommodation with personal care for up to a maximum of 45 people. There were 44 people living at the home on the day of our inspection. People were cared for in five units over two floors. The Cherry and Berwick units were on the ground floor. The River View, West View and Castle View units were on the first floor. Some people were living with dementia.

There was a registered manager in post but they were not present during the inspection. During our inspection, we met with the acting manager who had responsibility for running the home in the absence of the 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.

The home was last inspected on the 20 and 24 October 2016 where it was rated as requires improvement. At the last inspection the provider needed to make improvements to ensure people were treated with dignity and respect: that staff followed the principles of the Mental Capacity Act to protect people's rights: that their governance systems were effective and that suitably trained staff were effectively deployed.

At this inspection we found that significant improvements had been made in all areas of the service. However, we were unable to improve the rating in well led from requires improvement because the new systems put in place remained untested. The acting manager was temporarily covering for the registered manager and we were not sure what the management structure would look like going forward. We therefore did not have complete assurance that the changes made to improve the service would be sustained. People and their relatives felt that they and their belonging were safe. On the whole staff were aware of the risks associated with people's needs and how to minimise these. Accidents and incident were reviewed to establish if there were any trends or patterns.

People were protected from the risks of avoidable harm or abuse because staff were knowledgeable about the different forms of abuse. Staff were able to recognise the signs of possible abuse and knew how to report their concerns. The provider followed safe recruitment procedures to ensure people were suitable to work at the home before they started work there. There were enough suitably trained staff deployed to meet people's needs.

People were supported to take their medicine safely. Only staff who had received training on managing medicines safely were able to administer medicines. Staff monitored people's health and arranged health care appointments as necessary. Staff followed advice provided by health care professionals to promote good physical and emotional health.

People enjoyed the food and were offered choice. People's nutritional needs were assessed and their dietary needs were catered for. Where people required help to feed themselves this was provided in a patient and dignified manner.

People and their relatives found staff were kind and caring. People were treated with dignity and respect and they were supported to maintain their independence. Staff had formed positive working relationships with people and their relatives.

People received individualised care that took account of their preferences and wishes. People were able to spend their time as they wished and were actively encouraged to maintain their interests.

The provider sought people's views on the quality of care provided to drive improvements. People had not found cause to complain but felt comfortable to raise concerns with staff or management should there be a need to do so.

People and their relatives spoke highly of the acting manager and about the positive difference they had made to the standard of care people received. They found them approachable and responsive to their needs.

There was a positive working culture at the home where the acting manager led by example. Staff felt valued and listened to. Staff felt well supported and were provided with training to enable them to meet people's individual needs.

The provider had openly shared the outcome of our previous inspection with people, their relatives and staff. They had improved the systems they used to assess and monitor the quality of care and their effectiveness was kept under review.

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 felt safe living at the home

There were enough staff to meet people's needs in a timely manner.

People were protected from abuse as staff knew how to recognise and report signs of abuse.

People were supported to take their medicines as prescribed to maintain good health.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and were knowledgeable about their needs.

Staff sought people's consent before supporting them.

People enjoyed the food and were given choice.

People were supported to access health care as and when necessary.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff had formed positive working relationships with people and their relatives.

People found staff kind and caring.

People were involved in decisions about their care and felt listened to.

Is the service responsive?

Good

The service was responsive.

People received individualised care that took account of their preferences.

Staff knew people well and supported people to maintain their interests.

People had not had cause to raise complaint were comfortable to do so should the need arise.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives found the acting manager approachable and spoke highly of the improvements they had made.

Staff felt valued and appreciated.

The provider had improved the systems they used to assess and monitor the quality of care and their effectiveness was kept under review.

Coton Hill House

Detailed findings

Background to this inspection

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

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk in regard to medicines management. A focussed medicine inspection was carried out by a member of CQC medicine team on 31January 2017 to examine those risks. You can read the report for this focussed inspection, by selecting the 'all reports' link for Coton Hill House on our website at www.cqc.org.uk.

This inspection took place on 23 and 27 March 2017 and was unannounced. The inspection was conducted by two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 13 people who used the service and four relatives. We spoke with 14 staff which included the director of operations, the acting and deputy manager and 11 care and support staff. We also spoke with two visiting health care professionals. We viewed three records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and two recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us.

Good

Is the service safe?

Our findings

At our last inspection, we found that people did not always get the support they needed because there were not enough suitably trained staff effectively deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan detailing how they would achieve this.

At this inspection we found improvements had been made. People, their relatives and staff told us there had been improvements in how staff were deployed and how they supported people. One staff member told us, "Increased staffing works well. Walkie talkies have improved how we co-ordinate and go to help each other. If we are having a difficult lunchtime, which does happen sometimes we have an extra support worker we can call on." Another staff member said, "There is a lot more staff on shift, it's not like what is was before. You can see people are more happy. It makes me feel better as now I am able to focus on people." We observed that staff were effectively deployed on River View, Castle View, West View and Berwick units. However, on the first day of our visit we saw that staff left the lounge area of the Cherry unit unattended for a period of 35 minutes mid-morning. During this time one person spilt a drink on their clothes and became anxious. When we asked people what they would do if someone needed help they said they would ring the call bell on the wall. However, they did not call for assistance for the person who had spilt their drink. We therefore could not be sure people would call for help when needed.

We spoke with the acting manager about staffing levels at the home and the situation we had witnessed on the Cherry unit. They told us that people living on the Cherry and Berwick units did not require as much staff support as those living on the other units. Therefore there was only one staff member on both the Cherry and Berwick units as opposed to two staff on each of the other units. They said staff were encouraged to call for support off other units where necessary and should have done so in this situation.

At our last inspection we found that people were placed at risk of harm by staff who sometimes used unsafe moving and handling practices. At this inspection we found improvements had been made staff told us they had received refresher training on how to move people safely. Throughout our inspection we observed staff supporting people to move around the home in a patient and safe manner. For example, we saw staff patiently encouraging a person to stand by pushing themselves up out of their chair. We observed that were necessary staff reminded people to use their walking aids.

At our last inspection we observed that staff did not effectively manage or record incidents between people. At this inspection we found improvements had been made. Staff told us they now had time to engage with people and found that this had helped reduce incidents. They had been shown how to complete behaviour charts to establish if there were any triggers for changes in people's behaviour. They shared these with the health professionals from the memory team who looked at how best to support people to manage their anxieties. This was confirmed by two visiting healthcare professionals. They told us that they were able to gain insight into how people presented by talking with staff and looking at people's care records including the behaviour charts staff completed. They told us staff approached them for support as and when necessary.

Staff told us they consistently completed accident or incident forms involving people at the home. Where people had falls we saw that staff observed at set intervals for the following 24 hours to ensure their health and wellbeing. Accident and incident forms were overseen by the management team who looked at the possible causes and actions required to prevent reoccurrence. For example, on the second day of our inspection one person had two falls and a GP visit was arranged. The GP reviewed the person's medicines and requested further tests to establish whether the person had an infection. In addition to the accident forms, falls triggered the completion of multifactorial falls assessments. These explored in detail any contributory factors associated with falls such as, the person's health needs and environmental factors. The form prompted staff to consider a referral to other professionals as well as reviews of care plans and risk assessments. We observed these were in place in the care records of two people we looked at who had falls.

People and relatives we spoke with felt that the care at the home had improved and they felt safer as a result. One person explained that they no longer worried about things when they went to bed. They said, "I can come and go much more freely especially at night. I do feel much safer and more secure and the staff are nicer. " Another person told us, "It's marvellous here lovely surroundings, comfortable room. I can come and go as I like and the food is excellent. What's not to like, I am happy safe and comfy, thank you." A relative said, "My [family member] is really now much happier and settled and we don't worry what is happening to them when we are not here. It is so much better." Another relative said, "We were aware of your last visit and all we can say is thank you to the CQC and people like yourselves who are able to make such a difference to people's health, safety and well-being – the staff are now so good."

Staff we spoke with informed us they had received training in how to protect people from abuse. They were knowledgeable about the different types and signs of abuse such as changes in people's presentation and unexplained injuries. They knew how to report concerns should they witness or become aware of any concerns. We saw that the provider had systems in place to ensure concerns of abuse were reported to the relevant outside organisations. Where required the provider had completed and shared investigation reports with the local safeguarding team. The provider had also notified CQC of such events.

Risks associated with people's needs were routinely assessed, monitored and reviewed. On the whole staff were aware of these risks and were able to tell us the steps they took to minimise them. However, one person had recently fallen causing bruising to their nose and was not wearing their spectacles on the first day of our visit. Staff did not show any regard for their compromised sight and the person was seen to mobilise around the unit without staff support. When we spoke to staff about this person they told us they had not been told what to do to prevent the risk of further falls. The acting manager acknowledged that staff should have been aware of the risks and measures they had in place to reduce the falls. These included the use of movement sensor equipment and a referral to the person's GP for a review of their medicines .

Safe recruitment and selection processes were in place to ensure staff were suitable to work with people living at the home. Staff told us that the provider obtained references and clearance of Disclosure and Barring Service (DBS) checks before they started work. DBS checks enable employers to ensure that potential new staff are suitable to work with people. We also saw that the provider had introduced yearly self-declaration checks to make sure that staff remained safe to work at the home.

On the 31 of January 2017 a member of the CQC medicine team undertook a themed inspection on the safe management of medicines. This inspection found where people were prescribed medicines on a when required basis there was insufficient information to show care staff how and when to administer these medicines or the responses to treatment they should observe. Staff did not consistently check with the prescriber the accuracy of people's medicines when they moved into the home. People's medicines were stored safely and securely. There were processes in place for handling medicines errors and staff received

medicine competency assessments to ensure the on-going safe management of medicines.

At this inspection we saw that staff received the support they needed to take their medicines as prescribed. The acting manager told us they had put in place processes to ensure that staff validated people's medicines with the prescriber prior to administering them.

Good

Is the service effective?

Our findings

At our last inspection we found the principles of the Mental Capacity Act had not been applied by staff. People's ability to make decisions about their care and treatment had not been appropriately assessed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us a plan to tell us how they would do this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection we found improvements had been made. Action had been taken to ensure that the practice of locking one person in their room at night was stopped. Staff now maintained this person's safety in the least restrictive way. The provider had reviewed and submitted a DoLS application for this person. Where necessary the provider had reviewed best interests decisions and DoLS applications for other people living at the home. The provider now had a clear system in place to record and review when DoLS applications were required to ensure people's rights were protected. We saw that people were supported in the least restrictive manner. For example, when people wished to leave the locked units they were supported to do so by staff. On both days of our inspection we saw people going for walks in the garden area with staff.

People told us that staff always asked their permission before supporting them and respected their wishes. Staff had received training on the MCA and DoLS and understood the principles of the MCA and what this meant for their practice. A staff member told us that one person had refused to get up on the first day of our inspection. They said, "[Person's name] is not ready to get up. I don't want to upset them. I will go back later." Staff told us some people had difficulty communicating their needs and wishes verbally. Staff therefore showed people options of what they might like to wear or what they wanted to eat and drink and observed their reactions to determine their choice. Where people were unable to make certain decisions for themselves we saw that these were made in their best interests by people who knew them well.

At our last inspection, the provider had not ensured that staff had the skills and confidence to manage people's behaviours when they became anxious or distressed. At this inspection we found improvements had been made. Staff told us they had since received training and guidance on how to support people living with dementia and in completing behaviour charts. One staff member explained that the acting manager

had a very good understanding of people living with dementia. If staff were finding it difficult to manage a situation they had found they could approach them for support. They told us, "[Acting manager's name] will ask us what we have tried. They encourage you to step back and look at the situation." They went on to tell us they had found this beneficial as it helped them look at possible causes and enabled them to support people more effectively.

People and the relative we spoke with felt confident that staff had the skills and knowledge to meet their needs. One person said, "I am happy here and very comfortable. I am well looked after thank you. The staff take good care of me all the time - very happy." Another person told us, "I am jolly lucky to have the care that I have. You will like what you see here." A relative explained that they had noticed a marked improvement in the quality of care provided since our last inspection. They said, "My [family member] was always ok here but it has noticeably improved - which is good." Another relative told us, "All I can say is that we are more than happy and satisfied with [family member's] care here – cannot fault it."

Staff we spoke with felt the improvements had been achieved because they were better supported by management than previously. One staff member told us, "Finally we are getting support and supervision." Another staff member told us their one-to-one meetings gave them the opportunity to look at their training needs as well as to discuss any concerns that they may have. A new staff member told us they received a structured induction into the service. They learnt about company policy: received essential training and worked with experienced staff members until they got to know people and their support needs. If they were unsure about anything they said they would ask other staff or management for advice. Where new staff had no experience or qualifications in care the provider enlisted them on the Care Certificate. The Care Certificate is a nationally recognised qualification that provides training on the standards of care required of staff.

People we spoke with were happy with the choice and quality of food provided. One person clearly enjoyed their dessert we heard them say, "mmm that's lovely." We saw that lunch was a sociable event with people chatting with each other and staff. There was lots of laughter and smiles. People were offered choice about when they ate and what they would like to eat and drink. We saw that staff clearly knew people's likes and dislikes. We heard one staff member say, "Would you like some peas [Person's name] instead of the other veg because you don't like broccoli do you?" Where required staff supported people to eat and drink in a dignified way. Where there were concerns about people's weight or nutritional needs staff kept records and monitored their intake. Some people required soft or pureed diet and we saw that these were provided.

People were supported to access health care support as and when needed. One person had begun to have difficulty swallowing food, we saw that the GP had been contacted and a referral had been made to the Speech and Language Service. Another person had developed blisters on their legs and staff had referred them to the District Nurse service and were following the guidance provided. When they had continued concerns about the person's skin condition they had referred them to the GP for further treatment.

Good

Is the service caring?

Our findings

At our last inspection we found that people were not always treated with dignity or respect. People's care needs were not consistently met. We could smell that some people required help with personal care and that there were unpleasant odours in some parts of the home. We also found that people were not always treated with kindness and consideration. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us a plan to tell us how they would do this.

At this inspection we found significant improvements had been made and that the provider was no longer in breach of the Regulations. People and their relatives felt that staff treated people with dignity and respect. One person said, "There has to be a bond of trust and care when you live in a home. I was alright before because I am still independent – but the improvement now has made such a difference it has all definitely improved especially the care." A staff member told us, "I wasn't here when you came in October. I was really very shocked and upset at what you found. I know it is much better now though. I came into care to care and I can do that now. I love my residents and this is their home and they should be looked after and treated well." We observed that staff quickly recognised when people required help with their personal care needs and supported them in a discreet and calm manner.

People and their relatives found staff were kind and caring. One person told us, "It is so lovely here and everyone is so kind I am really happy - everyone takes care of you." Another person said, "Isn't it nice in here I like it very much. People (staff) talk to you and are so nice and caring." A relative told us, "There has been a visible improvement in the whole standard of care here during the last few months. The environment has improved visibly and that's not just because it has been re-furbished it is visibly cleaner and there is no unpleasant smell anymore. Sometimes I used to visit my [family member] and the smell made me feel ill it was so bad." Throughout our inspection we observed that staff were attentive and spoke with people with kindness and compassion.

People and their relative told us they were involved in decisions about their care. They were given choice about how they wanted their care provided and how they wished to spend their time. One person told us that they were still quite independent and staff respected this and would only provide support when needed. Staff told us the management team actively encouraged them to spend more time with people to get to know them and their wishes. One staff member told us, "Things have definitely improved since you last came out. We have more direction and focus on people. We have all been told to spend time doing things with people." Each person was allocated a key worker. One staff member explained that as a key worker they checked people's wardrobes to make sure they had enough clothes and toiletries. If people needed anything they would inform the management team who in turn would make contact with their relatives to purchase the required items.

Staff had formed positive relationships with people and their relatives. We heard staff socialising with people with genuine warmth and understanding. They talked with people about day-to-day things and shared stories about each other's family lives. One person told us the one staff member was due to get

married, this was confirmed by the staff member who continued to talk with the person about this. Another person told us, "They're (staff) such a lovely crowd. I couldn't wish for better."

Good

Is the service responsive?

Our findings

At our last inspection we found that people did not always receive care and support that was tailored to their needs. At this inspection we found that improvements had been made. People and relatives we spoke with told us care staff and management now worked together for the benefit of people living at the home. They found communication was much better and they felt listened to. The provider had arranged care planning training for staff following our previous inspection. People's care plans had been reviewed with them and where appropriate their relatives. We saw that the care plans were individualised and contained people's preferences for care delivery. Staff told us they now had more time to spend with people and to get to know them better. This was evident in their approach and manner when people needed reassurance or support.

People and their relatives told us the service was now more responsive to people's needs and wishes. One person told us, "When I'm low they will pop in to see me." One relative explained that their family member was not happy on the unit they had originally been placed on. They had spoken with the acting manager who arranged for their family member to be moved onto the ground floor which they liked. They said, "It is also much easier for us to take [family member] out as they are more settled and not so anxious. We think they (staff) have been very responsive." This was a view shared by another relative who said, "Things are much more responsive here now. If they say they are going to sort something out they do and that is the real difference before it was never done. Now if they say they will do it, I believe that they will." They went on to tell us that they used to worry about their family member's oral care as they had mouth ulcers and couldn't eat properly. They said they had previously raised their concerns and were assured it would be dealt with but it never was. They now found their family member's oral care was much better and they were no longer in any discomfort.

Staff told us they referred to people's care plans to find details about their needs and received updates about any changes in staff handovers. One staff member informed us if they had been on holiday they came in early to catch up on any changes. Staff told us they always explained to people what they were going to do to ensure they were happy for them to continue.

At our last inspection we found that there was a lack of activity that was individually planned for people. At this inspection we found improvements had been made. Staff had collected information about people's past lives and what was important to them. They actively encouraged and supported people to maintain their interests. For example, one person told us they used to win awards for their flower garden and were supported to make flower arrangements for the home. Another person told us they were a keen gardener and were looking to purchase a greenhouse. A further person used to sell newspapers in the local town and was supported to do a newspaper round in the home once a week. The person indicated they enjoyed doing this. The acting manager told us they were keen to ensure people received individualised and responsive support. They showed us that the provider had invested resources to promote activity and staff engagement with people. These included the purchase of electronic tablets, record players and various games. We saw that staff spent time playing games with people, reading with them or simply sat and talked with them.

Staff we spoke with were positive about the change in their working practice and how this benefitted people's emotional wellbeing. One staff member told us, "Staff realise you can take time to sit with people and that if you can do activities with them it helps stop them getting anxious." Another staff member said, "I love this unit, It's really nice. I did a quiz this morning. It was good to see people so interested."

People or their relatives told us they had not had cause to raise complaint but felt able to approach care staff or management should the need arise. One person told us, "I would tell the boss if I had any concerns." The provider had not received any complaints since out last inspection but had a clear complaints process in place that was available in different formats on request. The acting manager told us they were keen to involve people in the development of the service. As well as an yearly survey on the quality of the care they had arranged for 'friends and family' meetings to take place. The first meeting was being held on the second evening of our inspection. We therefore were unable to comment on the effectiveness of these meetings.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that there were multiple breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care. At this inspection we found that improvements had been achieved in all areas and that the service was no longer in breach of the Regulations.

The registered manager had been absent from the home since the last inspection. In the interim the provider had arranged for an acting manager to take responsibility for the day-to-day management of the home. People and their relatives spoke highly of the acting manager and about the positive difference they had made to the standard of care people received. One person and their relative told us, "As far as we are concerned there have been vast improvements here over the last few months and [Acting manager's name] has worked miracles here." Whilst relatives were positive they were also apprehensive that the standards would not be sustained when the acting manager left. One relative told us, "We worry that the vastly improved standards will drop if this manager moves on. They have made such a difference and the staff are great and have responded so well to their leadership." They went on to explain, "[Acting manager's name] was on holiday for a couple of weeks and the wheels came off the bus a bit. [Acting manager] has made a real difference and we hope it stays that way and gets even better."

The provider had improved their quality monitoring systems and the acting manager had driven forward the required improvements in the service in a short period of time. They were temporarily covering for the registered manager. They had taken up the post of lead performance manager and would continue to be registered manager of their own service. We were not sure what the management structure would look like going forward and therefore did not have complete assurance that the changes made to improve the service would be sustained.

There was a positive working culture at the home where the acting manager led by example. Staff told us the acting manager had a hands on approach and would often offer assistance and provide guidance on how best to support people. One staff member said, "[Acting manager's name] been brilliant, they've got everyone doing things together." Another staff member said, "[Acting manager's name] is excellent they manage staff very well." They went on to say, "The cloud has been lifted. I can see a new Coton Hill." They were positive about the future and told us if they felt standards of care were 'slipping' they would report their concerns to the management team. The acting manager confirmed that they had worked with staff and the management team to improve the standards of care people received. They had helped staff with various aspects of their jobs such as supporting people with personal care, meals and maintaining a clean environment. They explained that this enabled them to monitor staff practice and to ensure that staff managed their time effectively. For example, they identified that staff did not ensure that they had everything they needed to hand before supporting people with personal care.

Staff we spoke with felt valued and well supported by the management team. One staff member said, "You don't mind staying over when you are appreciated. Everyone works better with a bit of praise." Another staff

member told us, "We've got good support and training and regular staff meetings. We work really well as a team." Staff felt more involved in the day-to-day running of the home. They had opportunities to put forward ideas for improvement through staff and one-to-one meetings with the management team.

The provider had openly shared the outcome of our previous inspection with people, their relatives and staff. They had improved the systems they used to assess and monitor the quality of care and their effectiveness was kept under review. These included care plan and medicine audits completed by the management team at the home. They also monitored staff practice across all shifts to ensure people received good quality care at all times. The provider had monthly compliance audits where a manager from one of the provider's other services visited and completed checks on the quality of care and the environment. They recorded their findings and provided an action plan for the management team detailing the required improvements. The acting manager showed us that they and the director of operations had recently completed a night time visit to observe that people receive consistent support 24hours a day. We observed that the acting and deputy manager were visible in the service throughout our inspection and provided support and guidance as necessary.

Staff told us they maintained links with the local community. The local church held services at the home. The provider ran a day care service at the home which people could attend and meet with people who were still living in the community.

The provider had submitted statutory notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events and changes at the service without delay. This allows us to monitor any trends within the service.