Bliss Star Limited

St Andrews House

Inspection report

West Street
Ashburton
Devon
TQ13 7DT
Tel: 01364 653053
Website: www.standrewsdevon.co.uk

Date of inspection visit: 7 and 8 July 2015
Date of publication: 28/08/2015

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

St Andrews House is registered to provide accommodation and personal care for up to 24 older people who may be living with dementia. During the inspection 23 people were living at the home eight of whom were living with dementia. The home only admits people who are in the early stages of dementia. However, they would continue to care for people who developed higher dementia care needs, so long as their needs could be appropriately met. The home does not provide nursing care. This is provided by the community nursing team.

This unannounced inspection took place on 7 and 8 July 2015. The service was last inspected on 23 December 2013 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that people's records did not contain up to date and accurate information. We found that some improvements had been made, but that one person's care plan did not contain important health information. The registered manager ensured the care plan was amended to contain the information before the inspection was finished.

Summary of findings

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager is due to retire in eighteen months and the assistant manager has been appointed to shadow them and to take over gradually during that time. In addition to the registered manager and assistant manager there was a team of senior carers who were able to offer on-going advice and support to other staff. Staff told us they felt well supported to do a good job and could seek help and advice from the registered manager at any time. People, their relatives and staff told us they felt the home was well managed. One member of staff told us they thought the registered manager was the best they had ever worked for.

There were audits and checks in place to monitor safety and quality of care. For example, medicines were audited monthly, and all accidents and incidents which occurred were recorded and analysed. Risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed and no-one at the home had a pressure area concern. Risks presented by the environment were minimised. For example, radiators were covered, except where people requested they were not, temperature restrictors were fitted to taps and windows were restricted in their opening.

Medicines were stored safely and records were kept for medicines received and disposed of. People received their medicines safely and on time. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, one person needed medicines administered at specific times and there was a clear note on their records when this should be given.

People told us they felt safe and said staff met their needs well, day and night. Relatives said they felt the home was very safe and said they had never seen any untoward behaviour by staff. People were protected by robust staff recruitment procedures to ensure the risks of employing unsuitable staff were minimised. People were protected from the risks of abuse as staff knew how to recognise and report any suspicion of abuse.

People's needs were met in a timely manner as there were sufficient staff on duty. During the inspection requests for assistance were responded to promptly and call bells did not ring for a long time.

The registered manager provided staff with a variety of training including The Mental Capacity Act 2005 (MCA), dementia care and safeguarding adults. Staff received training in moving and handling and first aid from specialist outside training providers. People were happy with the skills of the staff. One person told us "two staff help me get into bed from my wheelchair, they use a board".

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to sit and what they wanted to eat or drink. Staff also had an understanding of The Deprivation of Liberty Safeguards (DoLS) and that they could not restrain people without proper authorisation. No –one was being restrained at the time of the inspection.

Staff received supervision and an annual appraisal from the registered manager. The registered manager told us they used the sessions to ensure staff felt supported and as a check on their competence.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. There was appropriate friendly banter between staff and people living at the home. People told us "They're (staff) very obliging… nothing's too much bother" People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Staff were able to tell us about people's needs and how they ensured they were met. For example, staff told us about

Summary of findings

one person whose needs varied day to day. They told us that there were days when the person was very sleepy and liked to stay in bed and other days when they liked to chat and read the paper.

An activities coordinator works all day five days a week. Everyone spoke very highly of their attention to providing for their individual needs. There was an activities schedule displayed and people also had individual time with the activities coordinator. During the inspection a member of staff was playing board games with one person. People had access to a computer in the garden room for Skype-ing or emailing to keep in touch with relatives and friends. Recent activities had included crisp tasting and quizzes.

Regular meetings were held for people to express their views. One person told us that not much gets done at the meetings as people don't speak up. We saw minutes of meetings where people had been asked for suggestion of where to go in the new car. People had suggested the cinema and shopping, and people had been taken out shopping.

At lunch time there was a choice of home-cooked food People were particularly complimentary about the food and one person told us "The food is wonderful…beyond belief".

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. We received positive feedback from visiting professionals about the care being provided. One GP told us they had always thought the service was a "wonderful little residential home" and that all the people all seemed very happy. They said they thought the staff were skilled at meeting people's needs.

The registered provider was keen to develop the service. There was limited lounge space available. People preferred to remain in the main lounge which doubled as a dining room. The registered manager and the registered provider had identified this as a problem and in their business plan for 2016 there were plans to extend the property to provide more living space.

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?

Good

Some aspects of the service were not safe.

Risks to one person's safety had not been managed appropriately.

People's medicines were managed safely.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good

The service was effective.

Records were robust and ensured staff could determine if people were receiving effective care.

People benefited from staff that were trained and knowledgeable in how to care and support them.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were comprehensive and reviewed regularly.

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

Visitors told us they could visit at any time and were always made to feel welcome.

People were confident that if they raised concerns these would be dealt with quickly by the manager.

Is the service well-led?

Good

The service was well led.

The registered manager was very open and approachable.

Summary of findings

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

St Andrews 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 was planned to check whether the provider was 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 7 and 8 July 2015 and was unannounced.

The inspection team consisted of one Adult Social Care (ASC) 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. The expert-by-experience had particular expertise in the field of dementia care.

Before the inspection we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. During the inspection we toured the building and observed care practices. We spoke with 10 people using the service in depth and approximately four others briefly after lunch. We also spoke with five visitors, three care staff, the activities organiser and the assistant and registered managers. We reviewed a number of records including four people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas.

Following the inspection we spoke with two health and social care professionals and contacted staff from the local authority who had commissioned some placements for people living at the home.

Good

Is the service safe?

Our findings

Risks to people's safety were minimised. Risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed and no-one at the home had a pressure area concern. Risks presented by the environment were minimised. For example, radiators were covered, except where people requested they were not, temperature restrictors were fitted to taps and windows were restricted in their opening.

Staff were very aware of people's right to take risks if they chose to do so. Staff told us they explained things to people but ultimately, if people had the capacity to make the decision and understand the consequences, then they had a right to take some risks. For example, one person preferred to transfer from their wheelchair themselves, even though they sometimes slipped to the floor and had to be hoisted back up. The person told us that it was not often they slipped, so being able to transfer themselves helped them feel a little more independent.

Medicines were stored safely and records were kept for medicines received and disposed of. Medicines were stored in a locked trolley attached to a wall in the main corridor. Other medicines were stored in a locked room. People received their medicines safely and on time. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, one person needed medicines administered at specific times, there was a clear note on their records when this should be given. They told us "the staff deal with all my medication which has to be on time as it's for (condition) and there's never been a problem with it". One person had been risk assessed as being able to manage their own medicines. Staff discreetly monitored that they took their medicines on time to minimise the risks of them not taking their medicines.

Medicine Administration Records (MAR) sheets confirmed oral medicines had been administered as prescribed. Arrangements for the application of topical creams ensured people received them as prescribed. At present the application of creams was being recorded on daily care notes. The assistant manager told us they were waiting for new records from the dispensing chemist that would improve this system.

There was a system in place to audit the management of medicines each month when new supplies were delivered. However, hand written entries on MAR sheets were not always double signed. This meant there was not always an audit trail to show that checks had been conducted to ensure that what had been written on the MARs was what had been prescribed. This had not been identified through the audit system. However, following the inspection the registered manager told us they had put a system in place to ensure this did not happen again.

People told us they felt safe and said staff met their needs well, day and night. Relatives said they felt the home was very safe and said they had never seen any untoward behaviour by staff.

People were protected by robust staff recruitment procedures. The provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. Three staff files contained all the required information including references and criminal records checks.

People were protected from the risks of abuse. Staff had received training in safeguarding people and the registered manager was aware of their duty to report any allegations of abuse to the local authority safeguarding teams. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said initially they would tell the registered manager, but knew they could also contact the police or the local care management teams.

Accidents and incidents were reported and analysed in order to minimise the risk of reoccurrence. For example, one person had slipped from a standing aid due to their footwear being inappropriate. More suitable footwear had been purchased and no more slips had occurred.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely

Good

Is the service safe?

evacuate people from the building should the need arise, such as a fire.

People's needs were met in a timely manner as there were sufficient staff on duty. Rotas showed that staffing levels were maintained at four or five care staff on duty during the morning and three or four staff on duty during the afternoon and evening. Two staff were awake at night. Supporting staff such as a chef and cleaner were on duty each day. The registered manager and an activities organiser were also available during the week. The registered manager told us that staffing levels were determined by the needs of people living at the home. They told us they now had two waking care staff on duty each night, as it had been identified that one waker and one sleeper each night was insufficient to meet people's needs. They also told us there was the facility to increase staffing levels should the need arise. For example, extra staff were on duty over the weekend of the Ashburton Carnival to ensure people who wished to attend the Carnival could do so.

When asked whether there were sufficient staff, people were happy with the levels of staffing. During the inspection requests for assistance were responded to promptly and call bells did not ring for a long time, which showed people received assistance in a timely manner when they requested it. People said call bells were always answered quickly when they rang for help. One person said "If I pull the bell they come quickly".

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were happy with the skills of the staff. One person told us "two staff help me get into bed from my wheelchair, they use a board". One visiting professional told us "Staff are very attentive in looking after people's best interests". The registered manager was very clear about the level of care that was offered. They told us the service would not offer a placement to anyone who had high levels of dementia care needs as they felt this would impact on the other people living at the service.

The registered manager provided staff with a variety of training including The Mental Capacity Act 2005 (MCA), dementia care and safeguarding adults. Staff received training in moving and handling and first aid from specialist external training providers. There was a system in place to identify when any training was due. Staff were also given a series of small cards to keep in their pockets that contained 'bite size' information reminders. Topics included the MCA, safeguarding people, supporting complaints and whistleblowing. Staff told us they thought the cards were useful especially as reminders for topics they may not come across every day, for example, safeguarding issues. Staff were able to tell us how their training helped them to support people. They told us that when caring for people living with dementia it was important to remember everyone was different, and that if people got distressed to sit and chat and distract them.

Staff received supervision and an annual appraisal from the registered manager. The registered manager told us they used the sessions to ensure staff felt supported and as a check on their competence. Records showed that each supervision session started with a discussion about the MCA and Deprivation of Liberty Safeguards (DoLS) in order to confirm staff understood the principles of the legislation.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us that most people could make their own decisions about their care, but may not be able to consent to more significant decisions, such as consenting to medical treatment. Staff told us if they felt people did not fully understand the decision they were being asked to make, they would talk with families and doctors. No such decisions had needed to be made.

Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to sit and what they wanted to eat or drink. One staff member told us it was important not to offer too many choices as this may confuse people living with dementia. They said "ask would you like this or that? Rather than, what would you like?" Staff told us that everyone was assumed to have capacity to make decisions unless they had been assessed otherwise. They were clear that while they may think a decision was unwise it was the person's decision if they had the capacity to make the choice and understand any associated risks. People's daily records indicated that consent had been obtained before any personal care was provided and people confirmed staff always asked them if it was alright to provide any care.

The MCA also introduced a number of laws to protect individuals who are, or may become, deprived of their liberty in a care home. The Deprivation of Liberty Safeguards (DoLS) exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the registered manager told us they had made the appropriate applications to the local authority in order to comply with the changes. No applications had been authorised at the time of the inspection, but there was no evidence that people were being unlawfully restrained. The front door was easily opened from the inside of the home by pressing a large green button. The registered manager told us that while everyone would be physically capable of leaving the home, they had made DoLS applications where they felt people may not have the capacity to decide they wanted to leave the home.

At lunch time there was a choice of home-cooked food which was served at tables of three or four or in people's rooms. In all, 20 people came down to lunch, with only three eating in their rooms. Visitors said the food was good

and the dietary needs of their relatives were taken into account. People were particularly complimentary about the food and told us "The food is wonderful…beyond belief", "The food is first-class" and "The food's good and when I don't like it I refuse, but then they know what I like anyway". The chef was spoken of very fondly by people. The chef told us "I see people every day so I know what they can and can't eat and what they like…we've got three diabetics and one vegetarian at present but also people who can't have specific things like onions, and I do smaller portions for lots of the ladies who like that". However, one person, who had lived all over the world and enjoyed cooking and entertaining said "I miss garlic..I find the food a bit institutional but I know it's what most people like".

People benefited from flexible mealtimes. During the visit, one person was eating early as they were off to a club, and another was brought in late as they had been to an appointment. People had a choice of steak and kidney pie or ham salad and a choice of a range of sweets including fruit salad from a sweet trolley. There was a good sociable atmosphere as people chose to eat with friends. A relative told me that her elderly aunt visits three days a week and is welcomed to eat with her sister, which the family appreciates.

People's weights were regularly monitored. Where concerns had been identified a GP had been contacted and nutritional supplements provided. The chef told us that when people needed additional calories they would make additions to their diet such as putting cream into mashed potatoes and offering extra snacks.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. Relatives told us they felt people's healthcare needs were met promptly. We spoke with a visiting GP. They said they had always thought the service was a "wonderful little residential home" and that all the people all seemed very happy. They said they thought the staff were skilled at meeting people's needs.

There was limited lounge space available. People preferred to remain in the main lounge which doubled as the main dining room. At lunchtime, tables had to be set in the 'garden room' to accommodate everyone. This meant that in the run up to mealtimes there was a queue of staff assisting people in wheelchairs or hoists or walking frames. People who were independently mobile were also trying to get to their places or to the toilet before lunch. Staff managed the situation well but it was very cramped, with wheelchairs, people and equipment having to be manoeuvred through small spaces. The registered manager and the registered provider had identified this as a problem and in their business plan for 2016 there were plans to extend the property to provide more living space.

There was level access to a large pleasant garden, and during our inspection some people were taking advantage of the sunny weather to spend time outside.

Good

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. There was appropriate friendly banter between staff and people living at the home. People told us "They're (staff) very obliging… nothing's too much bother" and "They're (staff) very good…they work very hard and they're very caring". Another person said "If I have to go anywhere, this is the best place". Another person told us "In the beginning this was a place to live and gradually it became a good place to live and now I don't want to be anywhere else.

One relative told us "Everything here is fabulous…there's an open door policy and I'm always made welcome…there's a cup of tea and a piece of cake and a smile". Visitors were welcome at any time and relatives were coming and going all the time during our inspection.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example staff knew what people liked to eat and when they liked to get up and go to bed.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's doors before entering and closed the door for privacy when delivering personal care. Staff spoke with affection and care to people and knew them well.

Staff took care to ensure people's appearance was clean and tidy and that their hair was combed. People were treated with respect and as individuals. Staff listened to people and supported them to express their needs and wants. Staff spoke discreetly with people when asking them about care or if they needed the toilet.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

One person's needs had not been highlighted appropriately. The person had a health condition which could require urgent or emergency action from a healthcare professional. Their care plan did not highlight this fact and did not tell staff what steps they should take if the person became unwell. The person had been seen by a GP on one occasion and paramedics had been called on another occasion within the last two months. The registered manager told us that the person did not have a specific diagnosis for their health condition and that all staff knew they should ring either the GP or paramedics for advice. Staff we spoke with were aware of the process to follow. However, the action plan for managing this risk should be recorded to ensure all staff followed this consistently.

When we last inspected the service in December 2013 we found improvements were needed to people's records. Improvements had been made, but had not identified our concerns highlighted here. However, before we left the service the registered manager had put the required information onto the person's care plan.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. A computer system was used to maintain people's care plans, with 'hard-copies' being kept with people's daily notes and any pre- admission or financial information.

People's care plans were reviewed regularly and contained comprehensive assessments of the person's needs and instructions for staff on how to meet the needs. The registered manager told us that they were looking to change the system to one that was more flexible and easier for staff to use. Staff told us they felt the care plans were very useful. They said that people's needs were always changing and care plans ensured they kept up to date with the changes.

Staff were able to tell us about people's needs and how they ensured they were met. For example, staff told us about one person whose needs varied day to day. They told us that there were days when the person was very sleepy and liked to stay in bed and other days when they liked to chat and read the paper.

People told us that staff were responsive to their needs. One person told us how they slept in bed for most of the night then staff helped them move to their recliner chair where they slept for the rest of the night. Another person told us staff were responsive to their wishes, they said "I was really tired this morning so I wouldn't get up…they came for me three times and I sent them away and then I realised I'd slept too late until nearly lunchtime so I've had a bit of a rush". The person went on to tell us how staff supported them to shop in the local town.

An activities coordinator (AC) works all day five days a week. Everyone spoke very highly of their attention to providing for their individual needs. One person told us "I prefer the lounge or the garden to my room…(AC) gets me talking books from the library and I've got my CD player to play them on…(AC) takes people out in a car on rotation… I get out about every four weeks..there have to be two carers to manage my wheelchair..we go to Buckfast Abbey, down to Teignmouth". Another person told us "I do crosswords, reading, knitting, join in quizzes, and (AC) takes us out in the car every week for a drive around the moors and a cup of tea". One relative told us "My aunt does the quizzes and games…they took her out round the church and she loves the communion and the church services".

There was an activities schedule displayed and people also had individual time with the activities coordinator. During the inspection a member of staff was playing board games with one person. People had access to a computer in the garden room for Skyping or emailing to keep in touch with relatives and friends. The activities coordinator told us they tried to vary the type of activities they provided and used people's care plans to find out what might interest people. Recent activities had included crisp tasting and quizzes. They told us they usually provided a group session in the morning and afternoon and fitted individual time around this. Visiting entertainers, such as a harpist and an accordion player also provided variety for people during the day. Care staff told us they helped with activities such as painting nails and chatting with people individually.

Regular meetings were held for people to express their views. One person told us that not much gets done at the meetings as people don't speak up. We saw minutes of meetings where people had been asked for suggestion of

Good

Is the service responsive?

where to go in the new car. People had suggested the cinema and shopping. People has also raised concerns about the quality of ironing of their clothes. The registered manager told us this was being addressed with staff.

A new system has recently been introduced in order to obtain people's views. An external company contact two people or their relatives each month in order to obtain their views. We saw that comments included "couldn't be happier" and "Amazing staff". The registered manager told us they had previously sent out a series of questionnaires but had received little response so had looked for an alternative system.

Staff had been provided with cards that provide them with information on how to support people to make a complaint should they wish to do so. No one we spoke with had made a complaint, but people said they would go to the registered manager or assistant manager if necessary, as they were around and available. The registered manager told us they had not received any complaints.

Good

Is the service well-led?

Our findings

The registered manager is due to retire in eighteen months and the assistant manager had been appointed to shadow them and to take over gradually during that time.

The registered manager and assistant manager were available throughout the inspection and knew staff and people well. People we spoke with were confident that any problems they might have would be sorted out by the managers. The manager was well aware of any issues at the service, such as the lack of space, and was keen to make improvements before they leave.

In addition to the registered manager and assistant manager there was a team of senior carers who were able to offer on-going advice and support to other staff. Staff told us they felt well supported to do a good job and could seek help and advice from the registered manager at any time.

Staff told us about the culture and aims of the service. One staff member told us the aim was to make people feel at home and well looked after. Another staff member told us the culture was "friendly and homely". We saw several 'thank you' cards that the home had received. Comments included "There is a warm and friendly atmosphere and I consider that you always make sure that the care of the residents comes first".

People, their relatives and staff told us they felt the home was well managed. One member of staff told us they thought the registered manager was the best they had ever worked for. Staff we spoke with told us they and were able to make suggestions about the running of the service. One staff member told us they had suggested using cards to remind staff of what needed to be done on each shift and to identify who was responsible for doing what. This system had been implemented and had enabled routine tasks to be completed more quickly to give staff more time to spend with people.

There were effective quality assurance systems in place to monitor safety and quality of care. For example, a series of audits and checks were in place to review care plans, staffing levels, infection control procedures and monitor medicine management. Accidents and incidents which occurred were recorded and analysed. This helped staff identify any triggers that may help prevent further accidents and incidents. For example, one person had fallen a number of times in their room. A pressure mat had been put in place to alert staff the person was moving and this had resulted in a reduction in falls.

There was a system in place to plan for on-going improvements. For example a biomass boiler had been installed to improve the heating and reduce costs. Savings from the installation were being used to fund extra staffing and improvements to the building. The business plan for the service for 2016 highlighted how the improvements were to be made.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.