Abbeyfield Society (The)

Abbeyfield Shandford

Inspection report

31 Station Road
Budleigh Salterton
Devon
EX9 6RS

Tel: 01395443326

Date of inspection visit:
18 January 2019
31 January 2019

Date of publication:
26 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection of Abbeyfield Shandford took place on 18 and 31 January 2019. The inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

Abbeyfield Shandford is registered to provide nursing and personal care for up to 26 people.
In September 2017 the provider increased the occupancy at the service from 25 to 26.

Abbeyfield Shandford is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The home is a large detached house in the East Devon seaside town of Budleigh Salterton and is within walking distance of the towns amenities.

At our last inspection in July 2016 we rated the service Good. Although we rated the Effective domain as requires improvement because not all staff had received regular training and supervision. At this inspection we found the service was good in all domains as staff training needs had been met and supervisions was being provided regularly. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The service was well led by the registered manager. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were effective systems in place to monitor the quality of care provided. The registered manager made continuous changes and improvements in response to their findings.

People remained safe at the service. People said they felt safe and cared for in the home. There were sufficient and suitable staff to keep people safe and meet their needs. Thorough recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The registered manager had worked with staff to ensure they had completed the necessary training updates. Most staff had completed or were enrolled on higher level health and social care qualifications. Records showed staff were now receiving regular support and supervision.

People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met.

People had a varied and nutritious diet. There was designated activity staff members to support people to

engage in activities they were interested in, on an individual and group basis.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it. People received their medicines on time and in a safe way.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service has improved and is rated good.

Staff had received training to ensure they had the knowledge and skills they needed to support people's care and treatment needs.

Staff had received an induction when they started work at the service.

Staff received regular supervisions and annual appraisals.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People were supported to eat and drink and had a choice of meals they enjoyed.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Abbeyfield Shandford

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.

Abbeyfield Shandford is a care home providing personal care to a maximum of 26 older people. The home is a detached building in the town of Budleigh Salterton in the coastal area of East Devon. On the first day of the inspection there were 26 people living at the service.

This comprehensive inspection took place on 18 and 31 January 2019. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met people who lived at the home throughout our visits and spoke with eight people to gain their views about the service. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We met seventeen staff which included the registered manager, deputy manager, activity person, senior care staff, care staff, domestic supervisor, housekeeping staff, the cook and the administrator. On the second day we met the provider's business manager.

We looked at two people's care records and four people's medicine records. We also checked two staff records, meeting minutes and various quality monitoring audits and the service's policies and procedures. We sought feedback from health and social care professionals who regularly visited the home and received two responses.

Good

Is the service safe?

Our findings

The service remained safe. People and relatives when asked said they felt safe and supported by staff. Comments included, "Very friendly staff, they make me feel safe", "People are always coming in to see how I am" and "They pop in and say 'hello' and always have time for me."

Staff demonstrated a good understanding of what might constitute abuse or neglect and their role in reporting any concerns. They felt confident they could approach the management of the home with any concerns, and that they would be acted on. The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They had worked with the local authority safeguarding team with a safeguarding issue. They said as a result they had put in place further measures to protect people. For example, increased the activity staff provision in the afternoons so staff were present in the main lounge.

People were supported by staff who had been through a robust recruitment process. This helped to ensure staff employed at the home were suitable for the roles performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs.

People's medicines were safely managed. Staff involved in medicines administration wore a red tabard stating, 'do not disturb'. We observed medicines being administered safely. People said they were happy with how their medicines were managed. One person commented "If I'm not in my room they find me for my pills." There was an effective system in place for the ordering and management of people's medicines. People's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. Staff who administered people's prescribed creams had undertaken training and a competency assessment.

The temperatures of the medicine fridge and medicine cupboards were being recorded twice a day. Staff had guidance regarding the required temperature and what action they should take if it was outside of the required range. Medicine audits were completed each week and a full audit by the deputy manager was done every six months. There was a regular quality assurance audit completed by the local pharmacy. The last one completed in February 2018 identified no concerns.

Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments regarding people's personal safety included the use of bed rails, poor nutrition and skin integrity. People identified as at an increased risk of poor nutrition were regularly weighed and referred to their GP for guidance. During the inspection staff contacted the dietician to discuss a person's weight loss and requested guidance. Where people had poor skin condition, specialist cushions and mattresses were put in place. The provider had produced leaflets for people to advise them of tips to stay safe. This included, advice about going out, useful contact telephone numbers and if they had any health and safety concerns.

Our observations and discussions with people and staff showed overall there were sufficient staff on duty to meet people's needs and keep them safe. People and relatives confirmed staff always responded to call

bells quickly, which we saw throughout our visit. A designated staff member audited call bell response times each week and action was taken to address any issues identified.

Regular staff undertook additional shifts to cover staff leave and sickness absence. The provider used a local agency where there were shortfalls. When agency staff were going to work at the home they completed a health and safety checklist, which included people's dietary needs, fire and emergency procedures, protective equipment and people's profiles. This ensured they had the information they needed to support people safely.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them.

The provider had plans and procedures in place to safely deal with emergencies. For example, a bad weather plan and an agreement with other provider's in the area to use their services as a place of safety if an evacuation was needed. People also had a Personal Emergency Evacuation Plan (PEEP). This provided staff with information about each person's mobility needs and how to support them in case of an emergency evacuation of the service. The PEEP's were held in people's files and a summary sheet in the fire folder. This meant that the emergency services could access this information quickly when required.

Checks and audits were undertaken to ensure the environment was safe. For example, water temperature and environmental risk assessments undertaken. The provider used external companies to regularly service and test moving and handling equipment, fire equipment and lift maintenance. Wheelchairs were regularly checked by an external company to ensure they were safe to use. Weekly checks were undertaken to ensure call bells were working and daily checks of pressure mattresses to ensure they were working and set at the correct setting.

The provider had undertaken a fire risk assessment and was in the process of arranging works to be undertaken to resolve these issues. These works had taken a significant period to arrange and in the meantime, the registered manager had put in place a prevention strategy to manage these risks.

People were protected by appropriate control of infection processes. The home was clean and homely. We found that the equipment used in the home, such as wheelchairs, hoists and sensory mats were clean. There was also a cleaning and a maintenance schedule which ensured all equipment was checked and cleaned regularly in line with the infection control principles. There was a system in place in the laundry room to ensure soiled items were kept separate from clean laundered items. Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use. The provider had an infection control policy that was in line with best practice guidance.

Good

Is the service effective?

Our findings

At last inspection this domain was rated as requires improvement. Since then the registered manager had been working with staff to ensure their training was updated and supervision provided regularly. This domain is now rated as Good.

Staff had received the provider's mandatory training and training relevant for their role. This included communication, falls prevention, oral care, diabetes and Parkinson's. Most care staff had completed or were enrolled on a higher health and social care qualifications. Staff said they enjoyed the training and found it beneficial to their roles.

Staff now all received regular support through supervisions from their line manager. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from the management team. Comments included, "Made to feel so welcome here, the culture of the home is lovely" and "The support for the residents and staff is brilliant here."

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an on-going basis. We spoke with one new member of staff who described in detail, their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who they had shadowed and felt that they had learnt a lot from them. Another staff member said, "I had three months induction to read through care plans, fire drills… shadowed a week, felt enough, I could have had more if I wanted, no pressure, I would not be put into a situation, always supported."

The Mental Capacity Act 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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager and care staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the staff were aware of their obligations under the legislation and were acting to ensure people's rights were protected. The registered manager had appropriately submitted six DoLS applications to the supervisory body (local authority) for authorisation.

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were complimentary about the meals at the home. Their comments included, "There's plenty of food", "It's lovely and hot" and "I like the food but prefer to eat in my room as it can get noisy downstairs."

The cook was very knowledgeable about different people's dietary needs, such as who required a special diet and how they accommodated people's individual requirements. People were offered drinks and snacks throughout the day and had fresh jugs of water in their rooms. Where people required specialist eating aids these were provided.

People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). People had regular visits from the opticians and chiropodists. Health care professionals were happy they were contacted promptly by the service and their advice followed. One commented "The staff at Shandford regularly refer people to our service when appropriate, and are able to give us comprehensive information about their histories and difficulties when we visit…Staff come across as caring and knowledgeable and I have no concerns at this time." Another said, "I found the manager to be helpful and the communication with them was effective." People also confirmed they saw health professionals when needed. Comments included, "They ask me if I want to see the doctor", "The chiropodist comes in regularly" and "Only been here three months but doctor pops in regularly."

The provider had undertaken refurbishment of the main communal space since our last inspection. The registered manager said, people had been involved in the planning and choosing decorations. They said they had an interior design company bring in chairs so people could try them and because people liked different ones, an assortment were ordered. One couple had requested a sofa so two were purchased.

Good

Is the service caring?

Our findings

The service remained caring.

People were supported in a kind and compassionate way by staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. Comments from people and their relatives included, "I love everything here", "They always have time even though they are busy", "They are very gentle", "It's nice to see a cheery face in the morning" and "They look after me very well."

The provider's ethos, "To provide high quality care in a happy and relaxed environment where the needs of the whole person (not just physical care needs) are met and residents are treated with dignity, respect and compassion at all times and meaningful and varied activities are provided" was clearly evident throughout our visits. There was a relaxed and comfortable atmosphere at the home. Staff were positive about the care provided at the home and all said they would be happy for a relative to be cared for there. Comments included, "The care is spot on, the running of the home, the structure the routine, very important here inclusion, every resident has a choice encouraged to interact", "I feel they would be safe well looked after, stimulated always a lot going on here" and "Passion is great here, such a good team everyone genuinely care so homely so friendly feels like my second home."

Staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. Staff told us they always maintained people's dignity. One commented, "I ensure the door is closed, do not use raised voices in communal areas. always be discreet, cover with a towel." People confirmed that staff were very careful to maintain their dignity when they provided personal care. People told us they had been involved in making their own decisions, wherever possible about the care and support provided. This showed that staff respected and promoted people's privacy and independence.

Staff supported people to celebrate special anniversaries and birthdays. The registered manager told us "Residents are always made to feel special on their birthday with a cake, card, flowers or a little gift. Staff always make a fuss of them and lead the singing of "Happy Birthday." One person had recently celebrated a significant birthday, staff had arranged a party with a cake and presents. After the party they had put together a book of the day as a reminder for the person. We were told that a summer garden party was being planned for three people who were celebrating significant birthdays this year.

Staff went above and beyond to support people. Examples include, staff having their coffee break with some people who like to chat in their rooms. Eating their lunch with people in the dining room and getting shopping for people in their own time. Staff helped people write letters to family members to enable them to keep in touch. They gave up their own time to support events within the service including the, Summer fete, Christmas Bazaar and Easter raffle. Staff brought in their dogs for people who loved dogs. At Christmas key workers had brought personal, individual, well thought out Christmas presents for people.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person was anxious about their hand. Staff approached them in a calm manner and explained that cream had been administered. This reassured the person and demonstrated the staff teams caring and compassionate approach. Our observations showed that all staff were kind, caring and respectful to the people they cared for. Staff were seen aiding people with 'frames' down corridors in an unhurried way and time was taken with people using wheelchairs with friendly 'banter' along the way. Staff called people by their preferred name and spoke in a calm and provided support at a relaxed pace.

People confirmed no care was given without their consent. They said staff promoted their independence which was important to them. People told us they were able to make decisions about how and when support was provided and that these choices were respected by staff. Staff said they always gained people's consent and promoted their independence, one said, "I always ask them, it doesn't have to be verbal it can be visual as well." Another said, "With a new resident I ask what can they do for themselves, I then encourage them to do it for themselves."

Visitors were welcomed and there were no time restrictions on visits. People said they were happy their visitors were treated respectfully. People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Good

Is the service responsive?

Our findings

The service remained responsive.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. People and their relatives said that staff met their care needs. People had a pre-admission assessment completed by the registered manager or senior staff members prior to moving into the home. This identified people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Staff had asked people what was important to them and recorded a personal profile for each person which highlighted these preferences.

People's care plans included information about their health and physical wellbeing, psychological and mental health, mobility and falls prevention, nutritional health, sleeping and night care, personal safety and risk. The care plans assessed each risk, identified people's needs and preferences and provided staff with detailed guidance on how to meet their support needs. There were care records in people's bedrooms which staff could refer to when providing personal care. These contained an overview of their health needs, monitoring checks charts, daily cleaning schedule and medicine administration chart for creams with a body map to guide staff.

People had been involved in the care planning process. People had designated keyworkers who reviewed their care records with them each month. They also undertook checks and tasks to support people. For example, shopping, sewing and tidying their cupboards and wardrobes.

Staff were responsive to people's needs. Examples included, supporting a person to lose weight which had improved their health and mobility. Two other people had been immobile when they moved to the home and with staff support and aids can now mobilise. People looked well-presented and were supported to maintain their personal appearance. This included support with shaving and hairdressing appointments.

Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People's care plans included information about their communication needs and guidance for staff on how to serve information effectively with them. Staff were provided guidance on how to maximise people's communication skills by ensuring their hearing aids were in place and their spectacles were clean. The registered manager told us in the provider information return (PIR) "During the pre-admission assessment

we would identify if there were accessible information needs, if so this would be recorded in the care plan with instructions to staff on how to meet this need. Where needed to support the resident information is shared and advice is sought from health professionals to support the resident with their communication difficulties e.g. audiology, optician CPN etc."

The staff ensured that people's individual social and emotional needs were met. Since our last inspection the provider had increased the activity provision at the home. There were three designated activity staff who supported people undertake activities of their choosing. There were regular outings using a local community bus to local attractions and places of interest. These had recently included, boat trips and visits to; the Donkey Sanctuary, Bicton Gardens, Exmouth, garden centres, Dartmoor and pubs and cafes for lunch or tea and cake. At Christmas the registered manager said that 15 people had gone out for Christmas lunch.

Where people had individual interests, staff had supported people to engage with these. For example, one person wanted to spend time by the sea and staff had supported them to do this while another person had been supported to visit a model railway exhibition at their request.
Some people loved gardening and were supported to visit the garden centres, choose plants and vegetables and to plant and tend to them throughout the summer then eat the fruit of their labours.

Staff produced a monthly newsletter which gave people details about outings and activities which were planned, people's special anniversaries, significant dates in history for that month and brain teasers and word searches. Events people attended were photographed and photos displayed in the newsletters and in the home for people to enjoy and remind them about their day.

People's cultural and religious needs were understood and met. The local church representatives visited once or twice a month to hold communion or for hymns and prayers. Staff had arranged for one person to visit the local church where they had been an active member to see friends again.

One person had been supported to see their favourite show and have a fast food meal which they wanted to try. They had written to the registered manager thanking them for arranging the outing and had commented, "I also say thank you all for helping me over the past few weeks. When I first came here, I felt very unwanted and forlorn, but in spite of nobody knowing me, people came and spoke to me and gave me a hug. I had not had a hug for a long time and I was touched. I feel better now and feel maybe there is a spot for me in this world of ours."

There was no one receiving 'end of life' care at the time of our visit although some people were very frail. People had Treatment Escalation Plans (TEP) in place that recorded their wishes regarding resuscitation in the event of a collapse. Where needed staff had consulted with people's GPs to have medicines prescribed should the person require them for pain management. The registered manager told us, "Some staff have had bereavement training in which we talk about the holistic approach to end of life care, meeting spiritual needs and the importance of preserving dignity and choice throughout… This programme will be delivered to all new staff in the near future." One staff member had also completed training with the local hospice with two others scheduled to complete this training.

The registered manager told us if families wanted to stay at the home to be close to their relative there was a room available. Where people did not have relatives, staff ensured they gave emotional support and took time to make sure they were not alone or frightened.

There had been numerous thank you cards sent to the registered manager by relatives expressing their gratitude for the care their relative had received at Abbeyfield Shandford. These included, "I would just like

to thank you and all your staff for the care and pleasure you gave Dad", "Thank you for all your love and care of (My relative) which was second to none" and "Thank you for the exceptional care and attention that (person's name) had…with you."

People knew how to share their experiences and raise a concern or complaint. Comments included, "No complaints but would say if not happy about something" and "Never had anything to moan about really."

There had been two complaints since our last inspection. One regarding laundry identified in a satisfaction survey and the second about falls. The registered manager had followed the provider's policy, written a letter to the complainant and put in place actions to reduce the risk of reoccurrence. For example, the staffing of the laundry had been increased and additional falls prevention processes had been implemented at the home.

Good

Is the service well-led?

Our findings

The service remained well-led.

The service had a registered manager who had registered with CQC in August 2016. A registered manager is a person who has registered CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, relatives and staff said the registered manager promoted a positive culture within the home that was transparent and inclusive.

The registered manager was actively involved with the day to day running of the home and knew people well. They were supported by a deputy manager, senior care staff, housekeeping supervisor and an administrator. People were complimentary about how the service was managed and told us, "I am extremely happy here" and "Feel the establishment is well run."

The registered manager had implemented changes since the last inspection. These included, a more comprehensive falls review, nearly all staff undertaken or enrolled to take higher qualifications in health and social care, additional activity staff and a lunchtime monitor.

Staff were very positive about the registered manager. Comments included, "She is lovely very supportive. I could go to any of them, they are really a great bunch" and "It has changed a lot for the better under (the registered manager). One staff member said, "[The registered manager is] brilliant, very efficient if something needs doing it is done."

The provider's business manager visited a minimum of once a month and completed a review. They spoke with people, visitors and staff to ask their views and looked at the environment and care records. Where any issue were identified action, plans were developed and given to the registered manager to complete. Progress against the action plan was then reviewed during the business manager's next visit to ensure all issues had been resolved.

People and relatives were actively involved in developing the service and had been asked to complete surveys. The last care experience survey for residents was completed January 2019. Nine responses had so far been received all of which had been positive. The registered manager confirmed these results would be collated by the provider and the outcome shared with people.

There were regular resident's meetings every three months where people were kept informed and asked their views. The last meeting in December 2018 had discussed the arrangements for Christmas. Every Thursday afternoon the registered manager held a 'managers surgery' where people and relatives could speak with them about any issues or concerns. They also walked around each day and spoke with people and asked their views. The provider had recently been in discussions about changes at the service. The registered manager and deputy manager had worked to support people and staff and keep them informed of decisions made.

Staff were actively involved in developing the service. Staff meetings took place regularly and staff felt able to discuss any issues with the registered manager. Records of meetings showed staff were able to express their views, ideas and concerns. One staff member said, "We are kept informed… put in our idea's." Between each shift there was a handover to give staff key information about each person's care and any issues identified. Staff completed a handover sheet for each person which staff could record any changes or could refer if they had been away.

The registered manager used a number of quality monitoring systems to review and monitor the service. The registered manager and delegated staff undertook regular audits. These included medicines audits, care record audits, health and safety audits and infection control audits. Where they identified concerns, action was taken to resolve these issues. For example, improvements had been put in place to try and prevent falls, which included, chair sensors and bed sensors. Records showed these actions had been effective as the number of falls at the home had reduced. A health and safety audit identified some wardrobes were not fastened to the wall, which had been made safe.

The registered manager had put in place a continuous improvement plan (CIP) which identified issues and the actions required, by whom and the time scales. This was an effective document because the registered manager regularly reviewed and updated the actions required. For example, a care plan audit had been completed and actions put in place to allow the deputy manager more time to undertake care plans.

The service worked in partnership with other organisations to make sure they followed current practice. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were made appropriately and that staff were keen to learn and followed their suggestions

On 15 February 2019 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The last inspection report displaying their rating was on display on the main noticeboard at the service and on the provider's website.