

Care Management Group Limited

# Care Management Group - 361 The Ridge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Care Management Group - 361 The Ridge provides accommodation and support with personal care for up to 12 people with learning disabilities. On the day of the inspection there were 11 people living at the service.

This inspection took place on 26 and 28 October 2016 and was unannounced. The previous inspection took place on in August 2014. The service met all the regulations we looked at.

The service had a registered manager at the time of our inspection but had resigned and was due to leave the service on 28 October 2016. 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 provider had put plans in place for a senior manager and two experienced registered managers from services of the same provider in the local area to oversee the operations at the service, until such a time a registered manager was appointed. The service was being managed this way at the time of this inspection. We are keeping the situation under review to ensure the service has a registered manager as soon as possible.

People told us they felt safe at the service. Staff knew how to protect people from the risk of abuse. The service carried out risk assessments, audits and checks regarding the safety of people and security of the premises regularly. Staff had risk management plans about how to support people to be as much independent as possible while keeping them safe. The provider recruited staff safely and ensured there were sufficient numbers of staff to meet people's needs.

People received their medicines safely. Staff used effectively medicines management systems in place to account for all the medicines each person had been given and how much was left in stock.

People had access to health care professionals when necessary. Staff responded to any changes in people's health as appropriate and in a timely manner.

People and their relatives told us staff were kind and caring and knew people well. Staff treated people with respect and maintained their dignity and confidentiality.

Staff had developed positive relationships with people and their relatives. People were supported to participate in social activities including community based outings. People had sufficient food and drink and received appropriate support with their dietary needs.

Staff understood and followed the principles of the Mental Capacity Act 2005 when supporting people. Staff knew their role in relation to the Deprivation of Liberty Safeguards and how to support people without

depriving them of their liberty unlawfully.

Staff asked people's consent about care and treatment and supported them to make decisions were appropriate. People told us staff listened to them and respected their choices and decisions.

People, their relatives and staff were positive about the management of the service. The service asked people about the quality of their care and felt the registered manager acted on their views.

Staff received the support and training required to undertake their role. Staff had the knowledge and skills necessary to support people appropriately.

Staff assessed people's needs and care plans had sufficient information on how people wanted to be supported. People and their relatives were involved in the planning and reviewing of people's care. People received care that met their individual needs and preferences.

People, their relatives and staff knew the management team and found them to be approachable and easily available. The provider and manager checked the quality and safety of the service people received and made changes when necessary.

## 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.

Staff understood the safeguarding procedures to enable them keep people safe. Risks to people were identified and staff had guidance on how to support them safely.

The provider used safe recruitment procedures to deploy suitable staff. There were sufficient staff to meet people's needs.

Staff managed and administered people's medicines safely.

### Is the service effective?

Good ●

The service was effective. Staff received appropriate support and training for their role which enabled them to effectively care for people.

People received the support they required to make decisions and consented to care and treatment. Staff understood and supported people in line with the principles of the Mental Capacity Act 2005. Staff upheld people's rights and did not restrict people's liberty without authorisation.

People received the support they required to eat and drink sufficient amounts. People enjoyed the food provided at the service and their dietary needs and preferences were met.

People had access to health care professionals when needed.

### Is the service caring?

Good ●

The service was caring. Staff treated people with respect and maintained their privacy and dignity. People were encouraged and supported to be as independent as possible.

People and their relatives were involved in planning and reviewing of people's care and support.

### Is the service responsive?

Good ●

The service was responsive. People received care that was

personalised and met their individual needs. Staff regularly reviewed people's needs and care. Support plans contained up to date information about people's health and well-being.

People were able to follow their interests and participate in enjoyable events.

People were asked their views of the service. People had information about how to raise any concerns and make a complaint where necessary.

### **Is the service well-led?**

The service was well-led. There was a registered manager in place who was leaving the service. People and their relatives felt the service was well run.

The culture at the service was open and inclusive. Staff understood the provider's vision and values of the service.

People were supported to express their views about the service and their feedback was considered.

The service worked positively with other healthcare professionals.

The provider had systems in place to gather information about the safety and quality of the service and record keeping to drive improvement.

**Good** ●

# Care Management Group - 361 The Ridge

## **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.

This unannounced inspection of Care Management Group - 361 The Ridge was undertaken by one inspector on 26 and 28 October 2016.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission since our last inspection. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with five people using the service. We also spoke with the operations manager, two deputy managers and seven care staff.

We looked at eight people's care and medicines administration records. We looked at staff records which included recruitment, training, supervision and appraisals. We looked at staff duty rotas, managing of complaints, safeguarding incidents and accidents. We looked at other records held at the service including health and safety documents and quality audits and surveys.

After the inspection we spoke with three people's relatives and received feedback from health and social care professionals who had recent contact with the service.

## Is the service safe?

### Our findings

People told us they felt safe at the service. One person said, "I feel safe here. I have no worries." Another person said, "I am safe here. [Staff] do take care of me."

Staff understood safeguarding procedures to keep people safe. Staff knew how to recognise potential abuse and their responsibility to report any concerns. They told us they did not treat any person any less favourable because of differences in their race, gender, age, disability, religion, sexuality, appearance or cultural background and they would always challenge anyone who was being abusive. Minutes of meetings held with people showed staff regularly discussed how they could keep themselves safe and what to do if they thought someone had abused them. Staff understood the provider's policy on whistleblowing and that they could report any concerns to external organisations such as the local authority, the Care Quality Commission or the police to keep people safe.

Staff knew risks to people's individual health and safety and how to support them in a safe way. The registered manager carried out risk assessment on areas such as mobility issues, potential to develop a pressure ulcer and inadequate eating and drinking and protecting people from the risk of accidents and falls. Staff had sufficient guidance to manage the risks identified to each person through their support and care plans. For example keeping the environment free and for staff to be vigilant to signs that a person wanted to move and to promptly provide assistance. We confirmed from care records and observations during the inspection that staff supported people as planned.

Staff sought and used guidance received from healthcare professionals to minimise risks to people's health and safety. For example, a Speech and Language Therapist was involved in assessing a person with swallowing difficulties and an occupational therapist consulted on a person at risk of developing pressure ulcers because of their limited mobility. Staff updated care plans where they had identified changes in a person's care needs. We spoke with staff who were able to describe examples of some the risks people faced which matched the risks identified in their care plans.

Staff used safe and suitable equipment when supporting people. Each person had their own individually assessed equipment to assist transfer from one place to another such as slings and hoists. This reduced risks from cross infection whilst staff supported people safely. The provider ensured equipment used to support people such as hoists and mobility aids was serviced regularly and was in safe working order.

The registered manager regularly identified and managed any risks relating to the running of the service to protect people from harm. These included risk assessments, audits and checks relating to fire safety and equipment, water safety and temperature settings, the environment and security of the premises. The registered manager took appropriate action on identified risks and ensured these were recorded, followed up and completed.

Staff knew what action to take in the event of unforeseeable emergencies including fire evacuation to keep people safe. The registered manager had made plans for emergencies and ensured each person had an

evacuation plan. The provider had a business continuity plan to ensure people's safety and well-being would be continued in case of an emergency. Staff knew their responsibility to report and record any accidents at the service.

People received support from suitable staff. The provider used robust procedures in place to enable safe staff recruitment. Recruitment records contained application forms and interview notes showing information about the experience and skills of the applicant. Checks on criminal records and references from applicant's previous employers obtained confirmed their suitability for the role. Staff told us and records confirmed they had started working at the service after these checks were complete. This ensured the provider protected people from unsuitable staff being employed at the service.

Staff met people's needs within appropriate times and when they needed support. People, their relatives and staff told us they had no concerns about staffing levels at the service. One person told us, "Staff are always around and come quickly to help." The operations manager explained there was ongoing assessment and staffing levels were adjusted to meet the current dependency needs of people. Extra staff was deployed if people needed more support. For example, if a person wanted to go in the community or when people required support with their meals or health needs. Staff had recorded the help and support people needed to keep safe in their care plans and regularly reviewed this level of help and support.

There were sufficient people on duty to meet people's needs. Review of the rotas showed the registered manager had ensured all sickness and absences were covered. The provider allowed use of agency staff and the deputy managers worked as part of the care staff team to ensure people received safe care. The operations manager told us that there was an ongoing recruitment process to fill vacancies due to resignations and difficulties with getting agency staff to travel to and work at the service. Staff told us there were times in the day when they were very busy but worked hard as a team and had enough time to ensure people received the care they needed. We saw that staff had time to be with people and support them safely.

People received their medicines on time. Staff managed medicines appropriately and ensured people received 'when required' medicines for example for pain control when they needed it. People confirmed that staff brought their medicines to them at the correct times. One person said, "[Staff] do bring my tablets at the time I need to take them." We observed staff dispensed people's medicines safely.

Staff managed people's medicines appropriately. Medicines were kept secure and safely locked in a medicine cabinet. The registered manager ensured all staff undertook assessments of competence to manage and administer medicines safely before they started to support people with their medicines. Medicine Administration Chart (MAR) were completed each time a person received their medicine. Records of medicines received and administered to people were consistently completed and tallied with the balance on the MAR charts. Staff had up to date information about people's allergies. The provider had systems in place which staff followed and ensured safe receipt, storage, administration and recording of medicines. We saw accurate records in relation to this and disposal of medicines at the service. Staff carried out regular audits to ensure safe management of medicines. A local pharmacist audited medicines management at the service yearly and the latest report showed staff complied with national guidance.



## Is the service effective?

### Our findings

People and their relatives told us the staff who supported them were capable and skilled. One person said, "They [the staff] look after us very well here and are very helpful." Another person said, "You could not ask for better staff, they know how to care for us properly." A third person told us, "They [the staff] are very polite and spend time with me." A relative told us, "Staff do know what they do. I am confident about their abilities."

Staff received support in relation to carrying out their responsibilities through regular supervisions and appraisal. Staff told us the management team was available and approachable and they felt able to be open with them should they need support. One member of staff told us, "We discuss any issues about people's care, anything bothering me and how to improve my practice." Another member of staff said, "I get to meet my manager regularly. It helps me to understand my role better and ask for any support I need." A third member of staff said, "I feel positive about supervisions. I see them as a way of being supported rather than being told off." The registered manager ensured staff had supervision on a regular basis and reviews of their training needs in line with the provider's policy. Appraisal records of staff showed they had discussed with the registered manager how to respect people, team working, communication, focussing on quality, developing oneself and others and the learning and development plans about how to achieve this.

People received effective care and support from well trained staff. One member of staff told us, "My training is all up to date and I attend refresher courses when due." Another member of staff said, "The training helps me to understand how to approach and support people with their needs. Staff said the training helped them to support people effectively and to enable them to maximise their independence and improve their quality of life. The training made them confident to carry out their roles and responsibilities.

New members of staff undertook an induction and training to develop competence in their role to enable them to support people effectively. One member of staff said they were currently going through a process of induction and had regular meetings with the manager to discuss their performance and their understanding of the service's procedures. Staff told us they spent time observing more experienced colleagues deliver people's support until they were assessed as competent to work alone. The registered manager assessed staff after they had undergone their probationary period and confirmed them in post when deemed competent.

Staff had ongoing training to develop their skills and knowledge. Staff undertook care and support tasks only after they had received appropriate training. For example, supporting people with their medicines and using a hoist. Staff's training included safeguarding people, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, nutrition and hydration, equality and diversity, pressure ulcer management and end of life care.

People received care and support in line with the principles of the MCA. Staff told us they would always presume a person could make their own decisions about their care and treatment. Where required the service had ensured people had assessments to their capacity to make decisions on issues relating to

medicines management, going into the community, managing finance and personal care. Records showed a 'best interest' meeting was held with a person, their relative and healthcare professionals as the person could not make a certain decision about their care. Staff had clearly recorded the person's 'best interests' and knew how they wished to be supported.

Staff knew how to support people in making decisions. One member of staff of staff told us, "We always ask first before providing support." Another member of said, "We cannot impose on people what they should or should not do." People told us that staff respected their choices and did not make them do anything they did not want to. We observed staff asking people for permission and waited for the person's consent before carrying out any required tasks for them. Care records showed that staff respected each person's right to make a decision and supported them appropriately.

The registered manager and staff had a good understanding in relation to the DoLS and protected people's liberty both in and outside of the service. The registered manager had applied and received authorisations to restrict people's movement as appropriate. Records showed staff supported people in line with the authorisation.

People enjoyed the food provided at the service and had sufficient meals and drinks. One person told us, "We get all kinds of choices. I enjoy the food." Another person said, "The food is lovely." People confirmed that choices of menu were available to everyone and the menu was discussed with them. One person told us, "It's all ok and you get two choices. If you want something and ask the staff, they will prepare it for you." Staff knew what people liked to eat and were aware of any special diets due to health requirements or other needs such as cultural preferences. The registered manager ensured people received the food they needed and preferred. Staff ensured people who had prescribed supplements or who required their foods to be fortified to increase their calorific intake received the foods as required.

Staff ensured people maintained a balanced diet in line with their personal preferences and needs. Staff monitored people's weight and nutritional and discussed with the registered manager any concerns identified. Records showed people had been referred to appropriate healthcare professionals such as the GP, dietician and speech and language therapists as needed to ensure they received appropriate support to eat and drink well. Care plans included information, treatment advice and guidance from these healthcare professionals and the support people had received. For example, regarding healthy eating and advice on supporting a person with swallowing difficulties. We observed people have a meal. Staff offered people choices of foods and drinks asking for their preferences and providing this.

People attended health care appointments to have their needs met. Staff maintained each person's health appointments, letters from specialists and records of visits and ensured people attended follow up visits. People and their relatives told us staff responded promptly when people's needs changed which enabled them to receive the support they required with their health.

People received the support they required to maintain their well-being. Records showed the staff contacted the GP who visited the service if a person was unwell. We saw other healthcare professionals such as the chiropodists, dentists, opticians, district nurses and occupational therapists visited the service regularly. One person told us, "Staff get the doctor for me when I am not well." Another person said, "The dentist and the optician come for the regular checks and the chiropodist when needed." People received appropriate care for their health needs as staff sought advice and guidance from relevant professionals in a timely manner.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. One person told us, "Staff are very nice and caring. We talk a lot and they make me feel good." Other comments about staff included, "Staff are polite and always have time for a word or a chat" and "Friendly with good manners." We observed staff greet people by name and spoke pleasantly to them.

We observed staff interactions with people throughout the day. People appeared relaxed and comfortable with staff. People had developed positive and supportive relationships with staff. One person told us, "It's good living here, we get on well with each other and the [staff]." Another person said, "The staff do care and are a lovely bunch."

Staff knew people well including their background and culture and respected them with their individual differences. Care plans showed staff had recorded people's needs relating to equality and diversity and acted on them. For example, staff had information about people's cultural and spiritual needs and knew their wishes and preferences. A member of staff told us, "We respect each person as they are. I would not make any of their difference to me or other people affect the way I support them." Staff explained how they used their knowledge of equality and diversity to better appreciate people's cultural, spiritual and sexual identity differences.

Staff respected people's privacy and dignity. One person told us, "Staff knock on my door and say their name. They do ask if it's ok to come in." Another person told us, "Staff will say why they need to go into my room." Staff told us they maintained and respected people's privacy for example by knocking on people's doors and supporting them with personal care behind closed doors. We saw some people locked their bedroom doors and kept their keys. Staff explained to us they asked for permission from people if they wanted to access their rooms.

Staff involved people and their relatives in assessing, planning and reviewing people's care and support. Care plans confirmed people were part of the care planning process and had discussed with staff how they wished to be supported. The service had received input where appropriate from health care professionals involved in people's care to plan their support. Staff told us they provided people with information they needed regarding their care and support. Records explained how staff should support people in a way that increased their involvement in planning their care and support. For example what staff should do when a person was anxious and needed to be reassured and what comforted a person when they were distressed. Staff respected people's decisions and delivered their care as planned.

People received support from staff who knew them well and understood their needs. One member of staff told us, "We know when people like to go to bed and when they like to be woken up." Staff understood and respected people's routines. Staff had sufficient information about people's needs which they had identified and recorded in their care plans and understood how they wanted to be supported. For example we saw a member of staff offer a person a drink as they preferred juice to water when they took their medicines. People were familiar with the staff who worked at the service and this enabled them to receive consistent

care. We saw positive interactions between people and staff. Staff engaged in social conversations and listened to what people had to say.

Staff respected people's privacy and upheld their dignity. One member of staff told us, "I always treat people the way I would like to be treated." People told us and we observed staff knocked on people's bedroom doors and waited for a response before entering. Another member of staff told us, "We ensure people are well covered when they walk back to their rooms after a shower or bath." Care plans had information on people's preferred names and heard staff addressed people as they liked. People's information was securely stored to ensure it remained confidential and only accessible to appropriate staff and health care professionals. A member of staff introduced us to people and checked with them whether it was alright to meet with us.

People received the support they required to maintain relationships important to them. Staff supported them to make contact by telephone or arrange visits to their relatives. People told us staff respected their relationships with family and friends and that their visitors were welcomed. Relatives confirmed they were made to feel welcome at the service and had the space to meet in private or in communal areas when they visited. People had assigned staff who acted as keyworkers and met regularly on a one to one with them to discuss and review their health needs and the support they required.

## Is the service responsive?

### Our findings

People received support and care which met their individual needs and preferences. One person told us, "Staff know what help I need." Another person said, "Staff know me well." A relative told us, "They [staff] are aware of the help people need."

Staff responded appropriately to people's changing needs and provided support and care which met their needs and preferences. People and their relatives told us they contributed to the review of their needs. Staff regularly reviewed care plans to ensure they were up to date and when changes were made. For example, we saw where a person's general health had deteriorated and their mobility had reduced, staff had updated their care plan and reflected the increased support they required. Staff received updates about any changes in people's health and support needs during handover meetings and from management.

Staff knew people's needs and how they wanted their support provided and what they could do for themselves. The registered manager assessed people's needs before they started to receive care to ensure the service was suitable for the person and they could meet their needs. People and their relatives had been involved in these assessments to make sure they were happy with the service before deciding to move in. Records showed people received personalised care and support relevant to their needs. Care plans contained people's personal history, social and health needs and their preferences and detailed guidance on how to meet the needs.

Staff had information about how to support people with specific needs such as managing diabetes, preventing pressure ulcers from developing and behaviours that other people and staff found difficult. For example, staff ensured they changed a person's position in bed as required.

People engaged in a wide range of planned activities which they enjoyed at both the service and in the community if they wanted to. One person told us, "I do quite a lot of things. I go out shopping or have a walk outside the home. I can sit in the quiet room and enjoy some 'me' time without any disturbance. There's loads of activities and games which are all enjoyable. I watch television in my room or in the lounge and listen to music when I want to." Another person said, "I go out often and staff do take me where I want to go." Resident's and key working minutes showed people participated in planning of the activities provided at the service and were able to have a say in what activities they took part in.

People were supported to engage in paid employment and promote issues they were passionate about. The provider offered people with an administrative office where they got support to champion causes they were passionate about. The office made travel bookings and other logistical arrangements and provides escorts to people when required. One person at the service engaged their local MP to discuss an issue they were concerned about. The provider ensured people were paid for their work and public engagements.

People told us they were able to follow their hobbies. Staff supported people to attend college to further their knowledge on their interests such as flower arranging and cooking. We saw staff coordinated social and leisure opportunities for people and took into account their known interests and hobbies. For example,

on the day of our inspection, two people had gone out in the community and staff had appropriately supported them to do so safely. We saw people liked to sit and chat with each other and told us they were happy about how staff kept them occupied and provided them with different activities to do throughout the day.

People were supported and encouraged to remain as independent as possible. One person told us, "We do prepare our own meals when we want to." Another person said, "[Staff] always let me do things I can for myself, like having a wash and dressing up." We saw staff followed guidance in people's care plans such as setting and putting ingredients on a wheelchair accessible kitchen top and providing two people with the utensils they required to prepare their meal. We saw people prepared a meal with staff giving them time and encouragement to complete their tasks independently. Staff respected people's choices and allowed them to maintain control about their care, treatment and support.

People and their relatives were happy about the service. They had access to a clear complaints procedure and felt confident to talk to staff or management if they had any concerns. One person told us, "I can talk to staff just about anything bothering me. I have no complaints but would speak out if I had to." Another person said, "I don't have anything bad to say about the staff or manager. I'm sure they would listen if I was not happy about anything."

People and their relatives told us they had confidence that the staff and registered manager would take their concerns seriously and respond appropriately to resolve any complaints they might have. They understood what they could expect to happen and when if they raised a complaint and how to escalate any issues if they were not happy with the process or the provider's response. We saw minutes of keywork (one-to-one meeting between people and the member staff responsible for them) sessions which showed staff explained to people how they could make a complaint if they were not happy about the quality of care. The service had not received any complaints in the last year. The service had received various compliments about the quality of care people received.

People gave feedback about the quality of care at regular 'service user' meetings and felt listened to. Records of meetings showed people discussed staff changes, social events and any complaints or compliments they had about the service. People attended weekly menu planning meetings where they discussed meal options and what they would like. They told us staff acted on their suggestions and made changes to their menu.

## Is the service well-led?

### Our findings

The registered manager had resigned and was due to leave the service at the end of October 2016. The provider had started the recruitment process and made appropriate arrangements to ensure the smooth running of the service until an appointment was made. An operations director was managing the service together with two experienced deputy managers and supported by two registered managers in the locality.

The service had a positive and open culture and involved people and their relatives in the development of the service. Management regularly asked people and their relatives for their views about the quality of the service and their feedback was used to improve service delivery. One person told us, "We talk and the [staff] do something about it." Another person said, "I see [a member of staff] and say what I want, I do not have any problems." Staff held regular meetings with people and had one to one key-working sessions. Records showed staff encouraged and supported people to complete a customer satisfaction survey to ensure their views were known. The survey was available to people in an accessible format which they understood and asked about their experiences and their suggestions on how to improve the service. Feedback from a 2015 survey showed people were happy with the quality of care.

People and staff told us they felt management was supportive and approachable. Staff were confident to make their views known and raise any concerns about the service individually and through staff meetings and supervision and appraisal sessions. A member of staff told us, "I feel I can talk to management fairly comfortably and easily." Staff told us the team was small and they knew each other well. One member of staff told us, "It's a good team. We work well and want the best for [people]." Communication systems in place supported good information sharing in the team. Staff received up to date information on people's health conditions and service requirements at a handover meeting before each shift. Staff felt able to raise and discuss important issues such as the registered manager's departure and told us they were reassured of the actions being taken by senior management.

People and their relatives told us the service was managed well. The staff understood their roles and responsibilities and were clear on how to support people and provide a quality service. Management ensured they kept staff up to date with current guidance and best practice. For example, the service had communicated information on changes such as in relation to protecting people's rights. Staff told us and minutes of meetings confirmed the discussions at the service about changes in regulation and the Care Quality Commission inspection approach. Staff knew what they needed to do to comply with the regulations.

Staff understood the values and vision of the service including treating people as individuals and ensuring people had as much independence as possible. Staff told us they discussed the service's visions and values in handovers and in team meetings.

The quality of the planning and delivery of the service was subject to regular checks. The provider had systems in place which the registered manager used effectively to carry out regular audits within the service and address any issues identified. The registered manager audited people's finances, staff training,

supervision and appraisal, health and safety issues within the service and reviewed any identified risks to people's safety. The maintenance book showed the provider ensured all repairs were carried out in a timely manner and that equipment was regularly maintained. The registered manager audited people's records and to ensure staff had sufficient information about people's health conditions such as epilepsy, diabetes, their swallowing and falls assessments, decision making ability and consent to care and treatment. The provider's compliance team provided oversight of the service and reviewed and monitored all the quality assurance audits. The registered manager and provider identified patterns and ensured the service took appropriate action to make improvement.

Accident reports contained information on what happened and what measures the registered manager had put in place to avoid a recurrence. The registered manager and senior management at provider level regularly reviewed incidents at the service to identify patterns and mitigate further risks. We saw the registered manager discussed with staff incidents reported in the national news about other care homes to draw lessons and to avoid similar incidents happening at the service.

The service worked closely with other health and care professionals to improve service delivery. The registered manager checked that staff fully recorded the outcome of visits by health professionals and ensured they had clear information about how to support people to maintain their well-being. The service had established links with the GP practice for prompt response for home visits when there was any sign of a person's health declining. Healthcare professionals told us people received coordinated care and that the registered manager had positive arrangements to access specialist staff training provided by the local authority and other health authorities.