

Mr Paul Maple

# Alandale Residential Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### Care service description

Alandale Residential Home is a residential care home for 35 older people. The service is a purpose built residential home. Accommodation is arranged over two floors and there is a lift to assist people to get to the upper floor. The service has 35 single bedrooms. There were 34 people living at the service at the time of our inspection.

### Rating at last inspection

At the last inspection in September, the service was rated Good.

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated Good

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not informed CQC of two significant events that had happened at the service, so we could check that appropriate action had been taken. Action had been taken to keep the people safe following the incidents. The registered manager sent us the notifications following our inspection. The provider and registered manager took action to make sure notifications were sent without delay in the future. The registered manager had quickly notified us of other notifiable events.

Staff were kind and caring to people and treated them with dignity and respect at all times. Everyone we spoke with told us people and staff were like a large family. One person's relative said, "They [staff] are truly some of the kindest, most caring people I have ever met. They always go that extra bit for the residents here, nothing is too much trouble. They treat every one of them like they would their own family".

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People were not discriminated against and received care tailored to them. Their comments included "I am always made to feel I count as a person and an individual here" and "It is nice to feel so comfortable and at home here, I am safe, cared for and really very happy living here". Complaints were investigated and responded to. People had enough to do during the day, including taking part in activities they had enjoyed.

Assessments of people's needs and any risks had been completed and care had been planned with people

and their relatives to meet their needs and preferences and keep them safe. One person said, "I don't have to worry about anything, I am so well cared for".

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made 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.

There were enough staff to provide the care and support people needed when they wanted it. One person told us, "However busy the staff are they are never too busy to chat and make sure everyone is happy and comfortable and has got everything they need".

Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider and registered manager had oversight of the service. They checked all areas of the service met the standards they required and worked to continually improve the environment and care people received. Staff felt supported by the registered manager and deputy manager, they were motivated and enthusiastic about their roles. A registered manager was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff we spoke with told us they would be happy for their relatives to live at Alandale Residential Home. Records in respect of each person were accurate and complete.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall and on their website.

## 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.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

### Is the service effective?

Good ●

The service remains Good.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

### Is the service caring?

Good ●

The service remains Good.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

People were supported to be independent.

People were supported to plan the care they preferred at the end of their life.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

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

**Requires Improvement** ●

The service was not consistently well-led.

The registered manager had not notified CQC of two notifiable events, however action had been taken to keep people safe and well.

Checks were completed on the quality of the service. Plans were in place to continuously improve the service.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

# Alandale Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection.

This inspection took place on 20 October 2017 and was unannounced. The inspection team consisted of an 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.

Before the inspection, the provider completed a 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 reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with 15 people living at the service, six people's relatives and friends, the provider, the registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. 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 who could not talk with us.

This last inspected Alandale Residential Home in September 2015, we found the service was compliant with the Regulations.

## Is the service safe?

### Our findings

People told us they felt safe at the service. One person told us, "I definitely feel safe, completely safe as there is always help close by". Another person said, "I felt nervous and scared on my own, this home has saved me. I am safe and happy". Visitors to the service told us they felt their relatives were safe at the service. Their comments included, "The worry is completely alleviated from the shoulders of the family, [my relative] being here lets us just enjoy seeing them without the constant worry of them being alone at night. The staff are fantastic and make sure [my relative] is safe at all times of day and night" and, "[My relative] is not only safe here but they are happy too, so it's a win win".

There were enough staff on duty to meet people's needs and support people to do things for themselves. People told us "There are always staff not far away and invariably someone to help within spitting distance", "I am never rushed and always nurtured" and "I can just ask for help and there is always someone willing to do so at all times of day and night". We observed staff respond quickly when people asked for assistance, such as to use the bathroom. People who required assistance at meals times were supported at their own pace, by a staff member who concentrated solely on them.

People were able to call for staff assistance when they required it. One person told us, "A call bell is always within reach and not far from the chair wherever I am sitting". People had commented that the noise of the call bells disturbed them at times. The provider had introduced a new system and staff carried silent pagers with them which vibrated to alert them that people required assistance. Staff responded promptly to the pagers.

Staffing levels were planned around people's support needs and preferred routines. Many staff, including the registered manager, had worked at the service for several years and knew people very well. Staff turnover was low. There were consistent numbers of staff on duty during the day and night. Care staff were supported by ancillary staff including cleaners, cooks and maintenance staff so that they were free to spend time with people and provide the support they needed. Cover for sickness and annual leave was provided by other members of the team and the management team. The registered manager and deputy manager were on call out of hours to provide any advice and support staff needed.

Risks to people had been identified and people had been involved in planning how to manage risky activities. Risks to people, such as the risk of developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Staff checked the equipment twice a day to make sure it was operating correctly.

Staff had completed training to identify and manage the risks of people falling. People at risk of falling were supported to remain safe in ways they preferred. For example, some people used bed safety rails to keep them safe in bed. Other people preferred to have a lower bed and a mattress on the floor to protect them from injury. The action taken had reduced the number of falls people had.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. For example, one person who liked to be independent was at risk of falling. The person now wore an alarm which they used to contact staff if they felt unsteady and the number of times they had fallen had reduced.

People were confident to raise any concerns about their safety with staff. One person told us "I'd tell anyone if I was worried, I wouldn't hesitate in speaking to any of the staff. Everyone is friendly, kind and most of all willing to help and most approachable". Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff were confident that the management team would take any action that was needed if people were at risk of abuse or being discriminated against. One staff member told us the registered manager would, "Sort it out straight away" and the provider would, "Respond immediately". Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

Plans were in place and understood by staff about how to support people in an emergency. One person's relative said, "All the staff seem to know precisely what they are doing at all times, even if there is a slight emergency. They don't panic they just deal with things in a calm and always caring way". Information about how to evacuate people in a fire was displayed in the hall way as recommended by the local Fire and Rescue Service. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

People's medicines were managed safely. One person told us, "I don't have to worry about my medicines. All the worry is taken off my shoulders by the wonderful staff who really do organise absolutely everything for me". Everyone's medicines had been reviewed recently by their doctor. Some changes had been made to make sure people received the maximum benefit from their medicines.

Effective systems were in place to order, store, administer, record and dispose of medicines. The temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. We observed staff administering peoples' medicines safely and in a caring manner. People received their 'when required' medicines when they needed them. Staff had completed medicines training and their competency to administer medicines safely had been assessed.

Staff were recruited safely. People met candidates during the selection process and fed back their views to the registered manager. Plans were in place to involve people further in the recruitment process. The required recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

## Is the service effective?

### Our findings

We observed people being supported and encouraged to make choices about all areas of their lives. For example, we observed one person tell staff they did not like the meal they had chosen. Staff took their meal away immediately and offered them alternatives they knew the person liked. The person chose the meal they wanted and ate it all. One person said, "I always feel that I am involved in decision making".

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

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

Staff knew when people needed help to make decisions and offered them information they needed in ways they understood. For example, staff told us some people were able to choose what they would like to wear each morning. They told us other people needed help, such as showing them a limited number of items until the person found an outfit they fancied. Staff knew that some people's capacity to make decisions fluctuated at times. They provided people with the support they needed to make a choice, including waiting until the person was ready to make the decision.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. People went out with staff, friends and family. No one had a DoLS authorisation in place. Applications had been made to the local authority for some people and they were waiting for assessments. In the meantime staff followed the principles of the MCA and people were not restricted.

Staff supported people to maintain good health. Staff contacted people's doctors when they felt unwell. One person's relative told us, "If a GP is required the staff get onto it straight away". One person had toothache during our inspection. Staff booked them a dental appointment within an hour of the person telling them they were in pain. The person told us this gave them reassurance and they were content that staff had acted promptly.

People were supported to see health professionals and attend health care appointments. Staff or family members accompanied and stayed with people to offer them reassurance and to help the person tell their health care professional about their needs. People told us, "I have had trouble with my eyes recently and so they [staff] have to make more appointments for me than most people need. They don't make a thing of it,

they just get on a book it" and "When my relative had to go to hospital someone went with them every time and made sure they weren't worried or afraid". Specialist transport for people who required it was booked in advance to make sure they attended appointments on time. People had regular health care checks including eye tests.

The registered manager was writing hospital passports with everyone at the time of our inspection. These help people tell health care professionals about the support they need, such as if they are at risk of falling, if they wear glasses or hearing aids and their medical history.

People told us they liked the food at the service and told us, "The food is out of this world, it really is. We always get a choice and there is always something new on the menu during the week" and "The food is delicious it really is and we get such a varied choice of menu too. I would never bother with half of things I am offered here when I was living at home".

People had told staff about their likes and dislikes and how much they liked to eat and drink. Meals were served in front of people and they were shown the choices available. People chose what they wanted and served themselves condiments, including sauces and seasoning. Meals were presented in an appetising way. Some people required pureed foods. Moulds were used to present the foods in the correct shape, for example, pureed peas were moulded to look like a serving of individual peas.

Meals and drinks were prepared to people's preferences. People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. One person commented, "If I fancy something a little different from what is on the menu I just have to say and it will get looked into and they will come up with something nine times out of ten". People were offered a choice of drinks and snacks throughout the day. Catering staff planned menus to meet people's dietary needs, including if they were diabetic. People who were at risk of losing weight were offered food fortified with extra calories. One person's relative said, "Now my relative is here, they have put on weight and are better than they have been for years".

Staff had received the training they needed to complete their roles. One person commented, "All the staff are so knowledgeable and go about their tasks in a very efficient, yet caring way. They all know exactly what they should be doing". Our observations confirmed this. Staff provided people with clear instructions and reassurance as they supported them to move around the home, including transferring from an armchair to a wheelchair.

Staff had completed an induction to get to know people, their preferences and routines. They received regular training and updates to perform their duties. The registered manager completed training alongside staff to check it was to the standards they required.

Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including taking people's vital observations and administering insulin. People told us they no longer had to wait for the district nurses to administer their insulin and it was now done by staff they knew at the same time each day. People were pleased about this.

Staff told us they felt supported by the registered manager and provider and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind, caring and had time to spend with them. Their comments included, "The staff couldn't be more friendly, welcoming and caring if they tried. They are truly kind, caring and sympathetic to everyone's needs", "I feel so much better now I am here and being cared for, I feel better than I have done for years" and "The staff really are angels here, I have never heard a cross or sharp word from any of them"

One person and their relatives told us staff had helped them to settle in when they began using the service. The person said, "[The staff] helped me to choose some bits and pieces from home to bring in and make my room feel more like my own. I have chosen how the room should be laid out". Their relative told us, "The staff helped move my relative in. They could not have been any more concerned, more caring or thoughtful if they had tried. Right from helping to hang pictures and choosing the cushions for the bed. No time restraints or obstacles, just genuine concern and help".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. One person told us, "There is always someone to talk to here, I never feel lonely. Whether it be staff, resident or visitor everyone just seems to get on". Guidance for staff about people's needs and the support they required was held electronically. We observed staff recording the support they provided on handheld devices. They did this discreetly once they had completed each task. A sign was displayed in the entrance hall informing people and visitors that staff used handheld devices to view and keep records. This was so people did not mistake this for staffing being distracted by mobile phones.

Staff knew people well, including how people let them know about the care and support they wanted. The registered manager described how one person told staff they were thirsty. We observed a staff member offer the person a drink immediately as the person said they were thirsty. Staff supported people at their own pace, only supporting them when people were ready. We observed one staff member support a person at lunchtime. They sat next to the person, explained what was on their plate and checked they were ready before offering them support.

People were supported to remain independent for as long as they wanted. Staff knew what each person was able to do for themselves and offered them support when they needed it. One person told us, "I usually can wash myself but if I sometimes need a bit of extra help or care. I just ask and someone will come to assist without hesitation".

The registered manager and people had discussed people's wishes and preferences for the end of their life. Some people had made advanced decisions and had 'do not attempt cardiopulmonary resuscitation' decisions in place. One person's relative told us, "The staff are 150% caring. If someone is passing away, it's outstanding they are not left, day or night. It really is truly amazing the lengths staff will go to, to ensure they are cared for". People told us they had privacy and decided how much privacy they had. Staff offered people assistance discreetly and were not intrusive.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support to share their views were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives when necessary. One person's relative said, "The staff made sure they knew how my relative would like their routine to go, and what their personal preferences were. They reassured us that it would not take long for them all to get to know each other and find out how my relative liked things done".

People wrote and reviewed their care plan with staff. They told us staff provided their care in the way they preferred. One person told us, "The girls [staff] all take great care in making sure things are done just the way we like it". Staff knew people and their care preferences very well. Another person said, "I like to bath three times a week but I could bath every day if I wanted to. Nothing is too much trouble and I can live the way I want to live and I'm not being told the way I should do things or how often". Guidance was available for staff to refer to and any changes or areas to be monitored were highlighted. Staff told us this helped them to catch up when they returned from leave or days off.

Routines were flexible to people's daily choices. We observed staff offering people choices and providing the support they required. For example, at lunchtime staff reminded people what they had ordered and provided them with an alternative if they had changed their mind. Staff knew the support people needed but checked with them before providing it, including "Would you like me to cut it up for you?"

People had told staff what time they preferred to get up and go to bed and staff supported them to do this. Staff respected people's choices and supported them to do what they wanted to do. For example, some people chose to eat breakfast in their bedrooms, while other people ate in the dining room or the lounge.

People had enough to do during the day and followed their interests. Their comments included, "What I like is that there is always something going on here. There is no time to get bored or lonely. We had bingo yesterday, a talk on bees the day before and exercises today. A bit of something for everybody", "I like doing our word searches and having a chat, some like the television on over there and there are a few in the conservatory who like to play cards and have a glass of wine, there is always something going on but it is up to the individual", "I join in with activities when they're on. It was a man playing the guitar the other day and we had such fun singing along" and "I like to do as much for myself as possible and keep active, which fits in fine here. They cater things to fit my requirements such as the exercises I am given".

An activities plan was in place and was flexible to what people wanted to do. A range of professionals visited the service each week to provide entertainment and activities to keep people as physically and mentally active as possible. These included armchair exercises, music for health and visits from Pets as Therapy dogs and cats.

People told us the management team and staff listened to any concerns they had and addressed them. One person told us, "I would not worry in the slightest to raise any concern with the manager or even the owner but I have never had to". One person's relative said, "If I have any worries at all about my relative there is absolutely no delay from staff in dealing with it and letting me know". A complaints policy and procedure was available to people, their relatives and visitors. No complaints had been made about the service.

## Is the service well-led?

### Our findings

The registered manager had been leading the service for many years and knew people well. They kept their skills and knowledge up to date, including attending workshops provided by the local authority and clinical commissioning group. They had recently attended a Mental Capacity Act workshop, to further develop their knowledge in this area.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Two people had sustained serious injuries following falls in April and July 2017 that had not been reported to the CQC. The registered manager and staff had supported the people to receive appropriate medical care. Both falls had been accidents and the people had not fallen before. Action had been taken to prevent these accidents occurring again and the people had not sustained further injuries. The registered manager had not notified CQC of the injuries as they had misunderstood the requirements of the regulation. We discussed this with the registered manager and provider during and following the inspection and the provider took action to make sure notifications were submitted without delay in the future and submitted the notifications retrospectively. The registered manager had informed us quickly about other notifiable events, including deaths and safeguarding concerns.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. One person said, "I can speak to anyone I feel like, the manager or even the proprietor whenever I need to". The provider and registered manager had a clear vision of the quality of service they required staff to provide. This included supporting people to be as independent as they could be. Staff shared this vision. One staff member described this as "If they [people] can do it, let them do it". All the staff we spoke with told us they treated people as they would want to be treated and would be happy for a member of their family to live at the service.

Staff told us they were supported by the registered manager and provider who were always available to give them advice and guidance. They told us they could speak to the registered manager at any time about any worries or concerns they had. One staff member said, "She [the registered manager] gets up and is straight there to address any concerns or worries".

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. Another staff member told us, "The provider and manager thank staff a lot. I would do anything for them". Staff worked well together as a team to provide people with the care and support they needed. One staff member described how staff worked together 'instinctively' and knew how each other worked.

The registered manager led by example and supported staff to provide the service as they expected. Staff told us the registered manager, "Goes out of her way for people and staff". They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings

and during one to one meetings. They understood their roles and knew what was expected of them.

People were involved in planning what happened at the service. One person told us, "I feel that we are listened to. After all we are the ones who live here". Another person said, "I was very pleased when I made a suggestion and it was put in place at the earliest opportunity. I said it would be nice if residents and visitors didn't have to worry about remembering names of staff, so they had them embroidered onto uniforms". We also found this helpful during our inspection.

There were regular team meetings and staff told us their opinions were valued and listened to. One staff member told us how they had suggested purchasing adult colouring books for people to use, as people enjoyed doing arts and crafts. The registered manager had encouraged this suggestion and the staff member had purchased books which were available to people in the lounge.

People, their relatives and staff had been asked for their feedback about the service each year. One person had suggested building raised flower beds in the garden so people could be more involved in gardening. Plans were in place to build these in Spring 2018. One person told us, "We are always asked if we would like anything changing and if anything could be done better for us. I don't think that there is anything that could be done any better than it already is. I would say things run like clockwork".

The provider and registered manager worked to continually improve the service. An improvement plan was in place and was reviewed regularly to make sure to was effective. At the time of our inspection some bedrooms were being refurbished and en suite facilities were being built as part of the improvement plan.

Regular checks were completed on all areas of the service including the environment, medicines and the support people received. Action had been taken to address any shortfalls found. For example the amount of information shared with healthcare professionals when people were admitted to hospital and improvements to the fire safety procedures.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall and on their website.