

Life Style Care plc

Deepdene Care Centre

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

Deepdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Deepdene accommodates 66 people in one adapted building. The building is over three floors each with their own lounge and dining rooms.

At the time of our unannounced inspection on 16 October 2018 there were 57 older people living at the home, many of whom were living with dementia.

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

We last inspected Deepdene in September 2017 when we rated the service as Requires Improvement. This was because we found shortfalls in person-centred care plans, record keeping and governance. Following that inspection, the registered manager sent us an action plan telling us how when they planned to meet the regulations. We checked at this inspection whether or not they had followed their action plan and we found they had.

People lived in an environment that was adapted for their needs, checked for its safety and free from infection due to the good processes staff followed. People received the medicines they required and were supported to access healthcare professionals when needed. People's risks had been identified and staff followed good practices to help ensure risks to people were reduced and as such accidents and incidents occurred less. Staff also recognised their responsibility in safeguarding in order to keep people safe from abuse.

People were cared for by a sufficient number of staff who had undergone induction and training for their role and had continued support from their line managers. Staff told us the culture within the staff team was good and the registered manager led the service well. Staff had undergone robust recruitment processes to help ensure they were suitable to work in the service.

People's needs were assessed before they moved into the service. These pre-assessments formed the basis of their person-centred care plan which contained sufficient information to enable staff to provide effective and responsive care. People were enabled to make decisions about their care, remain independent and participate in activities in they wished.

Staff demonstrated a kind, caring and attentive approach to people and people told us they were shown respect and dignity. People were given a choice of foods and where people had specific dietary needs these

were recognised. People were supported to maintain relationships that meant something to them. Where people had end of life wishes these were limited in their detail. We have issued a recommendation to the registered provider in this respect.

People's consent was sought before care was carried out and where restrictions were in place for people staff followed the appropriate processes. People and relative's complaints were listened to and responded to appropriately. We read the service had received many compliments and where people had made suggestions these were addressed. Staff also had the opportunity to provide feedback to make improvements. The registered manager worked with external agencies to help ensure continued improvement within the service for the benefit of people.

Health and safety checks were carried out within the service and on-going auditing undertaken to help ensure a good quality of care was provided. The registered manager submitted notifications in line with requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People's medicines were managed safely.

Risks to people were responded to and staff knew how to recognise abuse and act upon it.

People were cared for by enough staff who had been appointed through robust recruitment processes.

People lived in an environment that was clean and checked for its safety.

Lessons were learnt from accidents and incidents and appropriate action taken.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed before moving in to Deepdene and the environment was adapted for people's individual needs.

Staff were provided with the training and support needed to carry out their roles.

People were provided with sufficient food and drink as well as support to access health care professionals when needed.

Staff followed the principals of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who demonstrated a kind and caring approach to them. One that showed people respect and dignity.

People were encouraged to be independent and make decisions about their care.

People were supported to maintain relationships that meant something to them.

Is the service responsive?

The service was responsive.

People had access to activities.

People's needs were responded to by staff.

People's individuality was recognised by staff.

There was a good complaints procedure in place which ensured that people were listened to.

People received appropriate end of life care, although some further detail in people's end of life care plans is recommended.

Good ●

Is the service well-led?

The service was well-led.

People benefitted from a well led service. Staff felt supported and had the opportunity to contribute to the running of the home.

People and their relatives could give their feedback which was listened to.

Good governance processes were in place and the registered manager worked with external agencies to help continue to improve the service.

The registered manager submitted notifications in line with their registration requirements.

Good ●

Deepdene Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 16 October 2018 and was unannounced. This was a comprehensive inspection carried out by four inspectors and an expert by experience. An expert by experience has experience of caring for or knowing someone who has lived in this type of setting.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We contacted social care professionals for their views of the service before we visited. We received feedback from five which we have included in our report.

During the inspection we spoke with nine people who lived at the home and two relatives. We also spoke with 11 members of staff plus the registered manager and deputy manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at nine people's care records, including their assessments, care plans and risk assessments. We checked training records, four staff recruitment files and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Is the service safe?

Our findings

People were looked after in a safe way at Deepdene. This was because staff were knowledgeable in signs of abuse, recognised and responded to risks to people and managed people's medicines well. There were also sufficient staff to ensure people received safe care.

Without exception everyone we spoke with told us they felt safe within the service. One person said, "I like it here and feel safe. Staff are helpful." Another person told us, "Yes, I feel safe here this is my home."

People's medicines were managed in line with best practice. We found no gaps in people's medicine administration records which indicated they had received the medicines they needed. Storage of medicines was appropriate and where people had PRN (as required) medicines these were accompanied by protocols which gave relevant information to staff. Bottled medicines were labelled with people's names and the date they were opened. Where people had medicines that needed to be given at a specific time staff recorded on the exactly when the medicine had been given. Staff who administered medicines were tested for their competencies to ensure they were following the latest guidance in medicines management. A professional told us, "Overall, I believe the medicines management to be safe and all staff members that I have dealt with have always been open and receptive to any advice given."

People lived in an environment where there were sufficient staff to ensure they received care when they needed it. We did not observe people waiting to be attended to by staff and throughout the inspection staff were around, engaging with people, offering them drinks and attending to their needs. One person said, "Everyone looks after me." A relative told us, "They (staff) are constantly monitoring him." Another person told us, "They are brilliant, second to none. If you need anything they are there just like that." A staff member said, "I am happy with the staffing (levels) we have at the moment."

People were looked after by staff who had undergone a robust recruitment process. Staff files contained evidence of work history, references, right to work in the UK and, in the case of clinical staff, their registration with their professional body. Each appointed staff member had undergone a Disclosure & Barring Services check which helped ensure they were suitable to work in this type of care service.

At Deepdene people benefitted from a home that was clean and well maintained. We observed domestic staff cleaning throughout the day. Although there was a period when we found some malodours on the top floor, staff were seen to quickly attend to this. People's rooms were tidy and well organised and staff were seen using personal protective equipment such as gloves and aprons. A staff member told us, "We wash our hands as much as we can and when we go to a resident we need to use gloves for them and us – and use aprons. We have anti-biotic gel on the corridor, the basement and by the lift."

People were protected from abuse because staff understood that they should report any concerns they had. These could be in relation to unexplained bruising, people appearing frightening or witnessing or hearing people being spoken to inappropriately. There were safeguarding procedures in place and we were aware that the registered manager worked closely with the local authority safeguarding team when any suspected

cases of abuse were raised. A staff member told us, "We can whistle-blow to the manager or we can inform head office if we are not happy."

Risks to people had been identified, reviewed and guidance put in place for staff to help ensure the risk was minimised. We observed people who were at risk of falling out of bed having their bed lowered, with crash mats on the floor. Where people had medical conditions, such as diabetes these were also recognised. There was information on what staff should do in response to their blood sugars becoming too high or too low. We spoke with a senior staff member about this who could tell us the levels one individual's blood sugars should be and what they would do if they differed from this. Other people had risk assessments in place around their mobility and we saw in the case of one person they were wearing appropriate foot wear as advised in their assessment.

In the event of an emergency, such as a fire, people's care would continue with the least interruption possible. The service had a business continuity plan in place and a fire risk assessment had been carried out. Each person had an individual personal evacuation plan which detailed the support they would need in the event of an emergency.

Is the service effective?

Our findings

People's rights were protected as staff followed the principals of the Mental Capacity Act 2005. The 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make specific decisions, we read that capacity assessments had been undertaken and best interests decisions made. This included where people had covert medicines (medicines without their knowledge) these were supported by capacity assessments, best interests decisions and guidance from the pharmacist on how they should be given. Other people had assessments for using the call bell and living in the service.

Where there were restrictions in place for people appropriate DoLS applications had been submitted. These included where people could not leave the service unaccompanied. A staff member told us, "When we apply for DoLS we record when they are due to expire and then resubmit their applications." We saw evidence of this in people's care records. They added, "I encourage staff to ask people to make simple decisions. If you don't use it, you lose it."

People's individual dietary requirements were recognised and respected by staff. One person was gluten free and another could only eat a certain meat due to their religious beliefs. Both of these people were provided with food in line with their wishes. Other people who were at risk of dysphagia (choking) were given soft or pureed food in line with guidance from health care professionals. We read in one care plan that the person would put large amounts of food on their spoon which put them at risk of choking. Guidance in the care plan stated they should be provided with a teaspoon to eat their meals and we saw they were given this at lunch time. Another person's care plan stated they should be supported to eat their food and again we observed staff provide this. Where people could not make the decision on the food they wished, staff presented them with the meals plated up so they could visually make a choice. We found this was successful with those who were living with dementia, as each person pointed to the meal that looked the most appealing to them.

People's needs were assessed before moving into the service and we found that these assessments formed the basis of the person's care plan. This helped ensure that people could be cared for appropriately in an environment that was suitable for them. The registered manager and staff worked well together as a staff team and also with external professionals to provide effective care to people moving between other services and Deepdene. A staff member told us, "There is good communication. I've told the team what my expectations are and they come and talk to me about any concerns. If they discover something wrong they will come to me straight away." One professional told us, "When he (the person) first moved in he was

unsettled but the staff worked with the mental health team and he is very content now to do what he wants to do."

People were cared for by staff who told us they received sufficient training to support them in their role. One person told us, "Most of the staff are well trained." A second person said, "Yes, very well trained, always friendly and helpful, always asking if I'm already and if there's anything I need." Training included moving and handling, food hygiene, infection control and equality and diversity. We observed staff working with competence throughout the day and when people required hoisting to be transferred between chairs and wheelchairs this was undertaken with care and efficiency. Staff told us training supported them in the role and allowed them to progress. A staff member told us, "We had a lot of training. It's good for you and our job to remind you of what you need to do and refresh your memory." A second staff member said they were a carer when they first worked at the service, but that, "All of my colleagues supported me to get my PIN (qualified clinically)."

Staff had the opportunity to discuss their role, training needs, concerns and any other topics they wished to discuss with their line manager as regular supervisions took place. This meant that staff had the opportunity to have this conversation in private. A staff member said, "Monthly we get it (supervision)." Another staff member told us, "I do all of the nurse's supervisions. We have regular nurse's meetings where we have full discussions around people's needs." A third staff member told us, "When we have supervisions we get asked if we want extra training. I have had recent catheter training."

People lived in an environment that was adapted for their needs. We observed numerous sensory items within the areas that people living with dementia resided. Large clocks were hung on walls to enable people to see the time clearly. People's rooms were personalised and equipment available to help ensure people could have the care they needed in the most comfortable and appropriate way. This included adapted baths, hospital beds and walking aids.

People were supported to access health care to help ensure they retained a good sense of well-being. We saw evidence of people having input from community psychiatric nurses, the speech and language therapist, doctor and optician. One person was required to lose weight and we noted from their monthly weights that staff had supported them to achieve this. A relative told us, "If he's not well they are straight on the phone to the doctor and to us, we feel very well informed." A professional said, "They are responsive to suggestions and quick to tell us if they need us." A staff member told us their role was, "Ensuring all the residents are healthy, monitoring their health and their nutritional needs, making sure that medicines are managed properly and communicating with healthcare professionals."

Is the service caring?

Our findings

People were seen being cared for by staff who showed a kind and attentive approach. People told us, "The staff are so good to me. I have friends here and the staff chat to me." Another said, "Oh yes, very kind, really lovely girls, so helpful." A staff member said, "I make sure I am smiling all the time." A relative told us, "I think they (staff) are really caring."

People's care plans included information on how to approach people, the way they may communicate and how they would respond to situations. Where people became unsettled we observed staff approach people in line with the guidance in their care plan. This was done in a calm manner with reassurance provided by the member of staff. One person was seen carrying around a book. Their care plan stated they liked to, 'carry around unspecified items'. At lunch time they told staff they had to attend to a meeting and left the table with their book. A staff member approached the person and said to them, "Why don't you have your lunch first darling, then you can go to the meeting afterwards?" We heard the person respond, "Okay, I will try that." We observed them return to the table and eat their lunch with their book beside them.

People were shown respect. One person told us, "The staff are always busy but they work hard and with good grace." When people were transferred using a hoist, staff used a privacy screen to protect them from being in a situation that may leave them undignified. One person's care plan stated, 'likes to look smart' and we observed the person dressed in clean clothes which matched and smart shoes. When staff spoke with people they did so in a respectful manner, talked to them in a tone which demonstrated staff were interested in the person. One staff member sat chatting to one person and their body language reflected that of the person so the person knew they were interested in what was being said. A staff member told us, "With personal care I always apologise first. I say, 'I know it's not nice for you but...!' and I try to speak as much as I can to them." A professional told us, "On the units there are always staff around, I'm always surprised at how relaxed the staff are which in turn contributes to a relaxed environment."

People were shown care and attention. A staff member was chatting to one person about going out and what they liked to do. The person asked the staff member something and in response they went and fetched a cuddly animal for the person. We observed the person taking it with a smile on their face and holding on to it during the remainder of the morning. We heard a staff member say to one person, "That's a lovely dress, I haven't seen that one before." One person became anxious when a singing activity commenced and a staff member approached them saying, "Would you like to go to your room?" The person responded, "I think so, it's so noisy in here." We observed the staff member rub the person's arm for reassurance and accompany them to their room. Another staff member put their arm around someone to comfort them when they became distressed. One person told us, "Exceptionally kind. I wouldn't want to be anywhere else." A relative told us, "We chose this home because we had such a good experience with it when another family member was a resident here."

People could make their own decisions. At lunch time people were supported to make their own choices in what they ate. We saw some people choose to eat lunch in their room and as such they were served promptly by staff. Some people chose to join in on activities during the morning, whilst others moved

around living areas or sat snoozing or looking through books.

People were supported to maintain relationships with those close to them. We observed visitors coming into Deepdene throughout the day. Visitors were not restricted to seeing their family members in specific areas of the service and as such we saw some family members accompanying their loved ones outside. A relative told us, "I think I can honestly say whenever we've come we've always been made to feel welcome. We can come at anytime of the day and you never feel it not's convenient. I think the nice thing is the approachability of the staff, always smiling."

People were enabled to remain as independent as possible. Where people were able to staff left them to eat by themselves and make their own decisions in relation to their food. One person was putting their vegetables in a glass. Although a staff member gently pointed out to them that it was a glass, they told them, "I don't like these" and the staff member let them continue what they were doing. We observed the person eat their meal once the vegetables were off their plate. Other people were seen sitting in various parts of the service, their rooms or walking around the corridors, talking to staff or other people. When one person became anxious when they began to walk to the dining room a staff member acted promptly to support and reassure them, placing an arm around their shoulder saying, "You're doing fine, just walk with me and we'll go together."

Is the service responsive?

Our findings

At our inspection in September 2017 we found there was a lack of person-centred information in relation to people in their care records. At this inspection we found this had been addressed.

People had their personal history and background within their care records and received responsive care. Backgrounds gave staff an overview of the person's life before moving into Deepdene and as such helped with conversation or understanding a person's character. One person was suffering from a medical condition as a result of the loss of a close family member. Their background detailed out what had happened to them to help explain how they may be feeling. Another person suffered from a medical condition and we could see that staff were following this person's care plan to record every aspect of their care. A third required their feet to be checked by a professional every six weeks, an annual eye test and their blood sugars taken daily. We read that all of these had happened. A staff member told us, "If a new resident comes in it's how I know about them. I can read what he likes to eat or if he has children or family, or where he was working."

People's care plans covered a range of topics and were reviewed regularly to help ensure they were up to date. The registered manager told us, "A care plan is a living document, it is never totally up to date, it is always changing." We read information on people's communication, mobility, nutrition, personal care, sleeping and medical history was included in their care plan. Each individual care plan covered what support was needed, the intended outcome and how staff could provide care in order to help the person achieve that. For example, one person wanted to communicate with staff but due to their medical condition they found this difficult. Their care plan stated, '[name] can communicate verbally about his needs, but sometimes needs time to answer. Be aware of his limitations, speak slowly and give him time to understand and respond'. People's daily care was recorded electronically and as such it was easy to see what interactions people had had with staff at any given time. For example, we noted one person that morning had received a shave, had their teeth cleaned, their nails and hands washed and their topical medicines applied. One person told us, "They (staff) help me with showering and dressing because I just can't manage that by myself." Relatives had the opportunity to access their family member's care records through a secure internet system. A relative told us, "I love the online access system that they have so we can keep a check on how he is and what he's doing when we are not here."

Where people's needs changed or staff noticed a difference in a person, they worked together to ensure responsive care was provided. A staff member told us, "We spend more time with residents than nurses so we can see something which can happen with them. One resident, one day, when I tried to change him he flinched and I knew that he felt some pain. I spoke with the nurses as he said he felt pain on his knee and the nurse came to see him." A relative said, "They (staff) focus very much on the needs of the person. We have noticed a change in his temperament since he has been here, he's calmer and they use distraction techniques if he's becoming agitated." A professional said, "The team have managed clients so well their extreme behaviours have become less so and they haven't had to use medication."

Where people were on end of life there was some information relating to this in their care plan, however we

found that this could have been more person-centred. Although the records recorded whether people wished to be resuscitated or not, or whether they had a funeral plan there was no specific information about how people would like to spend their last days. We discussed this with the registered manager during our inspection and they said they would start to review each care plan to make it more individualised and meaningful in relation to end of life.

We recommend the registered provider ensures people's end of life care plans reflect their wishes and preferences to help ensure a comfortable and dignified death.

People could access activities both within and outside of the service. One person told us, "They (staff) are exceptional, always entertaining people and keeping them occupied otherwise everyone would just fall asleep." Another said, "There's always lots going on. You don't have to be bored if you don't want to be." One person was independent with their finances and staff accompanied the person to the town to withdraw money to purchase personal items. Other people liked to go to the local pond to see the ducks and a staff member told us, "I will do this on a one to one with people. Sometimes I'll come in on my day off to take people to the park." They added, "They all (people) get equal and fair attention." Everyone we spoke with said there was enough going on for them within Deepdene. Where people had religious beliefs, services were held in-house to accommodate these. There was a range of activities from armchair exercises, crosswords, films and quizzes to outings, using the computer, cooking and massages.

Where people chose to spend time in their room the activities staff visited them individually to help prevent social isolation. One person told us, "I have no family to visit me, but I love reading. A lady comes in and brings me books and when I've finished I phone her and she comes in and brings a fresh lot. It's wonderful." A relative said, "Every time I visit the home I find carers engaged with residents, either just chatting with them, or perhaps doing some craft with them. They are always present and visible, they seem to have time for the residents."

Where people or relatives made a complaint, these were acknowledged, investigated and responded to. People told us they had never felt the need to make a complaint. A staff member told us, "I think the nurse is the best person to speak with if someone wished to make a complaint as it can happen on a Saturday or Sunday when the manager is not here."

Numerous compliments had been received by the service. These included a social care professional feeding back their observations of 'staff commitment to the service'. Other compliments included, 'All staff are always smiling and ready to help. Staff are well trained to deal with difficult people', 'throughout their sensitive and professional care and attention, the Deepdene staff managed to successfully turn his behaviour account relieving his anxiety', 'the carers are very nice and polite' and 'am most impressed with the carers who do an excellent job with compassion and good humour'.

Is the service well-led?

Our findings

At our inspection in September 2017 we found that although there were governance arrangements in place these did not always pick up shortfalls at the service. We found at this inspection there was comprehensive clinical governance processes in place. Each month the clinical/management team reviewed and analysed admissions, discharges, deaths, staff absences, complaints, accidents and pressure ulcers. They also reviewed people's dependencies to check staffing levels remained sufficient for people's needs. Medicines audits were carried out regularly and we noted there were no actions resulting from these.

In addition to the internal audits, the registered provider audited the service. We saw this happening on the day of our inspection. Again, they looked at all aspects of the service. However, in addition they reviewed recruitment processes and duty of candour as well as speaking to people and relatives to obtain their feedback. Actions were identified were necessary, such as, 'the main door requires to be looked at and needed painting' which we found had been done. A further action was to ensure staff completed their safeguarding and dementia training.

There was a good culture within the staff team and relatives. Staff and professionals told us the registered manager was a good leader. This was commented on by all staff. One staff member told us, "They support everyone. When I came here I didn't have anybody and she (registered manager) helped me. Managers speak nicely and treat us nicely." Another told us, "I feel valued and appreciated. I get thanked and that means they appreciate my work. It makes me feel good." A relative told us, "We can see big improvements in the home since 2017 and we think this gives my father the opportunity to enjoy the best life possible with his condition." A professional said, "I have always found the manager very hands on and involved in patient care." Another told us, "Whenever I have set up appointments to visit my clients the manager always makes herself available to discuss any issues." A third said, "Since [manager] has taken over there has been an improvement in standards of care and staff. Staff are clearer in what they are doing. Definite leadership."

Staff were involved with regular staff meetings which covered all aspects of the service. A staff member told us, "In staff meetings she (the registered manager) can say what is not very good and what needs improving." Departmental meetings were held as well as full staff meetings. We noted from the health and safety meeting which covered the kitchen it was recorded that menus should indicate vegetarian or gluten free meals. We noted on the menus set out on tables that this had been addressed.

The ethos of the service was recognised by staff. A staff member told us, "I'm here to help them (people) and take care of them and do as much as I can for them to be happy and for them to feel like it is their own home." A second said, "Deepdene is a good home. I love working here and love my job. We are here to look after people and ask them what they want to do. The manager is very good and supports me to do this." A professional told us, "I have the up most respect for the team. They are very effective at what they do and are able to manage clients with dementia who have very complex needs."

People were given the opportunity to give feedback. One person told us, "Overall it's quite a good home." The provider carried out reviews of their service, which included satisfaction surveys for residents. Questions

included 'How do you rate the communication between staff and residents/relatives?' and 'How do you rate our activities program?' 12 residents completed the form questionnaire and most of feedback indicated that the residents were happy with their quality of care. Where people had given a negative response we spoke with the registered manager about this as to how these were addressed. They described to us how they met individually with people to talk through their concerns and as such resolve them. We noted in the most recent resident's meetings that people had fed back that their complaints had been listened to and addressed. We noted the service currently scored 9.6 out of 10 on carehome.co.uk. Positive reviews had been left by 51 people.

The service worked in conjunction with external agencies. Currently staff were involved in three projects with the Clinical Commissioning Group. This entailed management submitting monthly reports on falls and urine infections. The registered manager told us this had reduced the falls that occurred as it encouraged staff to push fluids more. The second project involved an electronic tablet being placed in reception for visitors to record their views on how the service was doing. The third project focused related to a person going into hospital. A pre-prepared bag was sent with them which included important information about them, such as elements of their care plan and medicines information as well as their glasses, hearing aids and dentures if appropriate.

Services who are registered with CQC are required to submit notification of significant events to us. We found that the registered manager was meeting their requirements of registration is that they notified of serious injuries, safeguarding concerns and any other significant events that they were required to do.