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Portland Nursing 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?	Good

Summary of findings

Overall summary

We inspected Portland Nursing Home on 28 September 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 27 people living at the service.

At our last inspection on 6 October 2016 we identified shortfalls regarding the lack of stimulation for people and limited opportunity for meaningful, personalised activities. We asked the provider to tell us how they intended to address these areas. At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the inspection. 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.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had

received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

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.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Portland Nursing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 September 2017 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who lived in the home, four relatives, the activities co-ordinator and the cook. We also spoke with three care workers, the qualified nurse on duty and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including seven people's care and support plans, 12 people's health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives we spoke with said they or their family member was safe and very comfortable at Portland Nursing Home. One person told us, "Yes I feel very safe. Staff are wonderful and I feel they are all trustworthy. There's always someone there if I need them night or day." They went on to say, "I also have this pendant so I can call them [Staff] if I want anything but usually there is someone in the lounge or nearby." Another person told us, "I feel safe because there are always carers about and they know me and what I like very well and I know them." This view was shared by other people we spoke with; one person told us, "I feel safe because staff here are so kind and I feel they do actually care about us."

A relative told us, "I feel it's very safe here; [Family member] is warm and well cared for by dedicated staff both day and night. They have a pressure mat next to the bed so staff know if they get up and can respond straight away." They went on to say, "Ideally I would have preferred to carry on caring at home but night times were a problem as I was on my own, so I had to find somewhere. I knew all about Portland beforehand so chose this as I know it's up to date with all safety and fire precautions." Another relative told us, "I feel [Family member] is safe here. Because of their physical circumstances, they are more likely to fall at home. Also there is always a nurse on duty here to deal with and monitor all their other physical health problems on a day to day basis – which is reassuring."

During our inspection we saw there was sufficient staff on duty and people were appropriately supported and did not have to wait for any required assistance. We spoke to people regarding staffing levels who said they felt there was enough staff to safely meet their needs. One person told us, "Staff do have to work really hard anytime and if someone does not turn in then they are pushed but they still seem to make sure everyone is alright and safe." Another person said, "I don't usually have to wait if I need anything- I just ask and the staff will attend to it."

Relatives we spoke with were satisfied and reassured there were enough staff deployed to meet their family member's needs and helped to ensure their safety and wellbeing. One relative told us, "Yes I think that there are usually enough staff on duty and we never have any problem finding someone. They (staff) also usually have time to have a laugh and a joke with [family member] and with us as well. And I know that they do spend time with [family member] in her room." Another relative said, "Whenever I have come there has always seemed to be enough staff but they do have to work hard - no slack in the system at all if people are off." They went on to say, "I don't think you can ever say there's enough staff in such places but they cope well here and I do think they respond quickly. I once stood on the corner of the pressure mat without realising it and two staff came almost immediately."

A member of staff said they felt there was enough staff to provide the care people required. They told us, "I think there are enough of us here. You can always do with more but we all work very well together as a team." They also said they were able to spend time with people engaging them with activities in the afternoons when the activities coordinator wasn't present. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, asking for help, as required. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they

reflected current and changing dependency levels. We saw on duty rotas that staffing levels had been increased to reflect people's increased care needs when this was necessary. This demonstrated there was sufficient staff to keep people safe and meet their needs.

Medicines were managed safely and staff involved in administering medicines had received appropriate training. We saw medicines were stored securely in a locked trolley, a refrigerator and cupboards within a locked room. The temperature of the refrigerator was taken and recorded daily, however we found gaps on 2-5 and 20-21September, which we discussed with the nurse and registered manager who said they would address the issue and assured us any such shortfalls would have been picked up during the monthly medication audit.

We observed the administration of medicines during the morning. We saw staff checked against the medicines administration record (MAR) for each person and stayed with people until they had taken their medicines. MARs mostly contained a photograph of the person to aid identification, a record of their allergies and details of their preferences when taking their medicines. A nurse told us, "We have a link nurse here with specific responsibility for ordering medicines." They went on to confirm that all staff with responsibility for medicines have had the necessary training and their competency was regularly assessed. This was support by training records we saw and demonstrated medicines were managed and administered safely.

The provider had safe and thorough recruitment procedures. We found appropriate procedures had been followed, before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as potential risks relating to their care, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff told us they were able to obtain any equipment people required and they said they had sufficient equipment to meet peoples' needs. We saw pressure relieving mattresses were used for people at high risk of developing pressure ulcers and they were functioning and set correctly. We also saw there were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Personal Emergency Evacuation Plans were completed within the electronic care record system.

Staff had received relevant safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals had been required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and we saw other evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Good

Is the service effective?

Our findings

People felt staff knew them well, were aware of individual needs and understood the best ways to help and support them. One person said, "The staff here are very good and they know what they're doing." Another person told us, "Yes, they [staff] are well trained. They know the proper way to lift and support you so you don't get hurt but also how to talk to you and treat you with respect." A relative we spoke with told us, "I think the staff here are very skilful. They know [family member] and how to handle her. She can be awkward because of her illness, especially in the evening but they all know her and talk to her and treat her very much as an individual."
People spoke positively about the quality and choice of the food provided. One person described the food they received as, "Very nice." Another person said, "I enjoy the food here. It's always good and well-cooked and we have plenty of fresh vegetables."

We observed lunch in the main lounge/dining area. Some people were offered the opportunity to sit at the table in the dining area whilst others had lunch in the lounge on side tables. Staff ensured people were positioned correctly to enable them to eat comfortably and in several cases independently, offering cushions, removing footstools and moving tables. Staff chatted to people throughout the meal and the atmosphere was relaxed and calm. Staff knew what they were doing and worked as a team to ensure that people did not have to wait too long for their food. We observed good practice in that care staff sat in an appropriate position by the person they were supporting. They told people what it was they were doing and giving them to eat. For example, one member of staff, who assisted someone to eat said, "Is that nice? Good. Shall we try a bit of this this broccoli next?"

We saw several people had their meals served on specialist adapted plates with lips which enabled them to eat more easily, as the food remained on the plate. This helped maintain their independence. Similarly, specialist cups and straws were provided so people could drink without risk of spillage. Most people we spoke with said the food was good and it certainly smelled and looked appetising, including the soft diet; there was very little wastage as most people cleared their plates. One person told us, "Yes it was very tasty. We don't do too badly here really. The food is always hot and looks and tastes good."

Throughout the day we observed people were regularly provided with tea, coffee and cold drinks. We saw most people in the lounge area had a cold drink where they could access it. Several people had specialist cups or straws to help them drink independently. We also saw staff were proactive in encouraging people to drink. This was also supported by comments from people we spoke with. One person told us, "I have plenty to drink as I have to because of my health problems so they leave me a jug of juice that I am expected to drink throughout the day." People who stayed in their room also had drinks readily available. A relative we spoke with told us, "They [Staff] don't leave [family member] a jug as she can't see to pour it but they do leave her a glass and they come in to check she has had a drink and help her."

We saw nutritional risk assessments were completed and reviewed monthly and individual care plans were in place, where appropriate for people who had been assessed as having specific dietary requirements. This helped ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

Staff we spoke with felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." They said the communication throughout the service was, "Very effective." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "All care staff have an allocated trained nurse as a personal supporter, who you can go to with any concerns. They also do our supervisions, which we have every two months." They went on to say, "Obviously, if you have a problem you don't have to wait till then and both [registered manager] and [deputy manager] are approachable and very supportive."

Staff told us they had completed all mandatory training and were confident and competent to carry out their responsibilities. One member of staff also told us they had the opportunity to shadow more experienced colleagues when they first started work at the service. They told us, "I was made to feel very welcome when I started and everyone was so friendly. I was paired up with a mentor who showed me the ropes and would answer any questions I had." Another member of staff described the benefit of the training they had received and told us, "There is lots of training, which I really enjoy. As well as giving me the skills and confidence, it also reminds me just why I want to work in care - and why I want to be here." Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by training records we saw and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People using the service and their relatives were satisfied health care needs were being met and there was no problem accessing doctors and other health care professionals. One person told us, "If you are not well the nurse here will check you over- temperature, blood pressure and the like and if necessary will get GP in to have a look at you." This was reinforced by relatives we spoke with; one told us, "The home is very pro-active in getting a GP if needed and the staff are all excellent at keeping me informed." People also told us there were regular visits from chiropodists and the service would arrange for opticians and dentists to call if people required this. A relative told us, "If [family member] is ill they immediately get the doctor in and they also make sure that the chiropodist, optician and hearing aid people call regularly." This demonstrated people were supported to maintain good health; they had access to healthcare services and received ongoing healthcare and support.

We looked at the care records for three people and saw all appointments with - and visits by - health care professionals were appropriately documented. We found inconsistencies, relating to record keeping, in one care plan. We saw there were gaps in the timeframe on repositioning charts, which indicated repositioning had not been recorded, as required, at two hourly – or even four hourly - intervals on several occasions. However, the wound assessments indicated the pressure wound was healing. We discussed this issue with the registered manager who confirmed this was a recording error rather than a failure to reposition. They told us this would be addressed and they were providing supervision and guidance to staff on an on-going basis with regards to accurate record keeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA and DoLS. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA.

Staff we spoke with were aware of the principles of the Mental Capacity Act (2005) and the application to their practice. They said if a person refused care, they would explain why the care was needed and try to gain their cooperation. They said they may leave them a while and try again later or ask another member of staff to approach the person. We saw evidence of mental capacity assessments and best interest decision making when people were not able to make some decisions for themselves. When people were being deprived of their liberty in order to maintain their safety, applications to the Local Authority were submitted in line with requirements.

Good

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring environment and the kind and compassionate nature of all staff. One person told us, "Staff are all very good and kind and I am very well looked after. They are always very gentle with me when they help me; they talk to me and never rush or try to hurry me. Nothing is too much trouble for them." Another person said, "They [Staff] make sure I have everything I need to hand as I cannot see and will come and check on me regularly." A relative we spoke with told us, "Staff here are very kind and always speak very politely to [family member] and to us. They never do anything without asking her first and are respectful. They say "Is it ok if I do this or shall we do this now? They never assume and just do things to her which is important as she cannot see well now."

Throughout the day we observed many examples of friendly, good natured interaction. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing.

We saw people were clean, tidy and presentable. They were dressed appropriately and clothing was clean and un-creased. Hair was combed, nails cut and clean and the men shaved and well groomed. This thoughtful consideration for how people looked and felt was commented on by relatives we spoke with. One relative told us, "[Family member] always looks good whenever I come. Always clean, well dressed and groomed and I'm sure that must make him feel better." We saw staff had time to support and engage with people in a calm, unhurried manner. They communicated with people in a friendly good-natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. This enabled staff to meet people's care and support needs in a structured and consistent manner. Staff were aware of individual needs and personal preferences. They supported people in the way they liked to be cared for. One member of staff told us, "I think it's a really good home and people receive a very high level of care." They went on to say, "I would have no qualms at all about a member of my family being here. In fact my relative used to be here!"

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach

and they were treated with dignity and respect. One person told us, "They [staff] will always knock if they are wanting to come into the room – all of them." People also said, staff were mindful of their privacy and dignity when they supported them with their personal care. One person told us, "If I am having a shower or strip wash they leave me to do as much as I can myself and I always do my own lower parts and make sure I have a towel." Another person said, "There's no problems with dignity and privacy; never embarrassed any more – I'm past that but staff are very good in this respect and I've got nothing to complain about" This demonstrated staff respected people's privacy and their dignity was maintained when providing personal care.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. One person told us, "The staff are lovely and always talk to me about what I want and need." Another person said, "They [Staff] always ask me what I want to do and where I want to spend the day- up here (in my room) or in the lounge." People told us they were happy and comfortable with their rooms and we saw they were personalised with their individual possessions, including small items of furniture, photographs and memorabilia.

A relative we spoke with told us, "I was involved originally in drawing up [family member's] care plan about what she needed before she came here and am always given the opportunity to attend an annual review. And the home will always tell me if there are any changes we should know about." Another relative said, "The staff do listen and adapt to individual needs. For example- they were putting [family member] to bed after handover and she was overtired and could be difficult, so they have changed it and get her to bed in good time and this has made things better for her and for them."

The registered manager ensured peoples' individual care and support needs were assessed with them before they moved to the service. The registered manager confirmed , as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided.

The registered manager confirmed the service employed a designated activities co-ordinator who worked 20 hours a week over five afternoons. They said there were usually no organised activities in the morning because by the time everyone who wanted to get up and was able to do this, was settled downstairs, "It is coffee time and then near lunch." We saw there were DVDs, books and CDs in the lounge area and various games and "activity materials". There was evidence of "crafts" made by people displayed on the walls.

As well as group activities we also saw how the co-ordinator addressed the individual needs of people who may have cognitive impairment. One person had a soft toy as a comforter that she was talking to and staff spoke to her asking how they were during the day. The activities co-ordinator told us, "I always try to spend time with those residents who are in bed and less able. I sit and massage their hands, do their nails and have conversations with them and react to what they are saying." They went on to say, "Even though I may not always know what they are talking about. I read their body language and make eye contact and we often end up having a laugh and joke."

One relative told us, "[Family member] has dementia and is limited in what she can do but used to love flower arranging and so if flowers are brought in she is asked to arrange them, which she clearly enjoys and is lovely to see."

This view was echoed by other relatives we spoke with. One told us, "She [Activities-co-ordinator] is

wonderful and mum loves her. She comes and talks to her, massages her hands, triggers memories and brings out the feisty side of mum and makes her laugh." Another relative said, "She [Activities-co-ordinator] reads to mum – often from Dad's memoirs of war battles, and reads poetry and sings hymns with another resident." They went on to say, "She has a lovely manner- so enthusiastic and bubbly, yet so gentle and caring at the same time." This demonstrated people received personalised care and the service was responsive to their needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

People and their relatives knew who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One relative told us, "No, we have absolutely no concerns to date but would speak to the nurse in charge and feel confident they would listen and respond." Another relative said, "No worries at all. We've all been very happy since [family member] came in. It's like a family so you can talk to any of them." They went on to say, "We've never any major concerns but if there is something that is not right then as a family we tell the nurse or the manager and they put it right." This demonstrated the service listened to people's concerns, took them seriously and responded in a timely manner.

The provider had systems in place for handling and managing complaints. The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "I know who the managers are but I have never had to go them about anything but If I was not happy about something or someone I would feel fine doing this as they are very friendly." There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced and long-standing registered manager, who they described as 'approachable and very supportive'. One member of staff said, "She is a good manager, very approachable and always very supportive." Another member of staff said, "Both the manager and deputy manager are so easy to talk to and so supportive. It's really important to me that managers are prepared to roll their sleeves up and get on with it."

Staff we spoke with described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and fully involved in contributing towards the development of the service. They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil, such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager had appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had notified other relevant agencies of incidents and events when required. They were also aware of their responsibilities, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.