

Community Homes of Intensive Care and Education Limited

Twynham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on the 09 and 10 November 2017 and was unannounced. Twynham provides accommodation and support with personal care to a maximum of seven adults with learning disabilities or who have autism spectrum disorder. At the time of our inspection there were seven people living at the home on our first day of inspection and six people on our second day, as someone had moved from the home.

The home had a registered manager. 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.

We found people's safety was compromised in some areas. Infection control practices were not always adhered to. Parts of the home were in need of refurbishment and presented an infection control risk.

Fire and other safety checks were carried out. However records showed automatic fire doors guards had not been working since August 2017. This meant the service did not always respond to identified concerns in a timely way which could compromise the safety of people.

People felt safe staying at Twynham and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Twynham to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

New staff completed an induction designed to ensure they understood their new role before being permitted to work unsupervised. Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Staff felt supported by the registered manager and staff meetings took place. Regular audits of the service were carried out to assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Not all infection control risks had been identified or rectified.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs. Recruiting practices were safe.

Staff were trained and assessed as competent to support people with medicines and risks associated with medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Staff told us they felt supported, had regular sessions of supervision and received training.

People were supported to access health professionals and treatments.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain as independent as possible.

People were involved in planning their care and supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend. People's views about the service were listened to. A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and their families spoke highly of the manager, who was approachable and supportive, and felt the home was well run.

There was an open and transparent culture within the home. Staff felt supported through regular meetings and feedback.

Regular safety audits were undertaken to ensure people received a safe service.

Twynham

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 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.

Twynham 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.

Twynham accommodates seven people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 09 and 10 November 2017 and was unannounced. The inspection team consisted of one 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). 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 us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people who used the service, two relatives, and one visiting health professional. We also spoke with the registered manager, provider's operation manager, activities co-ordinator, and three care staff. We looked at a range of records which included the care records for four people, medicines records and recruitment records for five care workers. We looked at other records in relation to the management of

the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from two external healthcare professionals.

The service amended its registration with the Care Quality Commission in October 2016. This was the first inspection of this service under the registered provider, Community Homes of Intensive Care and Education Limited.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I do feel safe, nice home". Another person said, "That is one of the things I like about here, I feel safe". A third person told us, "I feel safe. If I was worried I can always speak to staff". A family member told us, "I would say he is safe. I've had no concerns". Another family member said, "Oh yes. Safe as houses".

Staff followed a daily cleaning schedule and most areas of the home were visibly clean. People were encouraged to participate in keeping the home clean and they were proud of their work. One person was proud to show us their room when they had finished cleaning it. However, parts of the home are in need of a refurbishment and presented an infection control risk. In one person's en-suite shower room there was an unpleasant odour and the floor was badly stained with rust on the bottom of the shower enclosure. The downstairs bathroom flooring also had an unpleasant odour and the radiator was rusty.

We checked the weekly health and safety checklist which had identified the person's en-suite bathroom needed a refurbishment, and was planned for January 2018. We spoke with the registered manager who also told us the radiators were due to be replaced in the new year.

Records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. However records showed door guards were not working since August 2017. Door guards are an automatic device which will automatically close a fire door when an alarm is triggered. Due to the delay in responding to identified concerns this meant people's safety was compromised. We spoke with the registered manager who told us there was a lack of communication and it should have happened sooner but these are now on order and we are just waiting for them to come in. The provider informed us, people preferred to keep their doors closed and they had reviewed plans for people at the home and no risk had been identified.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. For example, the risk assessment for one person accessing the community informed staff to support them as they attempt to walk away from the shops without paying for items.

A health professional informed us about a person and provided feedback about how staff had supported them. They told us the person has mobility issues and used to have a bedroom upstairs. The person was becoming more unstable on his feet and there was a risk of him potentially harming himself accidentally. Staff wanted to address his physical needs; therefore he was moved downstairs next to the office. Since then his

health and wellbeing became more settled and it was noted that his was interacting more and appeared happier.

People were supported to receive their medicines safely. One person told us, "I get my medicines all okay". Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. Staff had a very good knowledge of people and their medicines needs. They had supported one person to manage their anxiety and agitation to such an extent that they had become calmer and had never had to resort to taking medicines prescribed for this condition.

At the time of our inspection the service was assisting someone to move to another service and the service had worked well with health professionals and the new service to ensure a smooth transition and handover of the person's medicines. Records showed everyone had annual health checks all reviewed by their general practitioner (GP) where medicines were reviewed with the GP and pharmacist.

People were protected against the risks of potential abuse. The registered manager told us people had regular meetings with staff where they would be able to raise any concerns. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "I would firstly go to my line manager and if they weren't available go to the manager".

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "Whistle blowing policy in place. We are all given a credit type information card with telephone numbers on and what to do if we want to whistle blow".

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. One person living at the home enjoyed meeting new people and communicated very well. As a result they were often involved in the process of interviewing potential new staff at Twynham, usually speaking with the candidate at length and asking relevant questions.

There were enough staff deployed to meet the needs of people and keep them safe. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs. One staff member told us, "I would say we have enough staff. If any shifts need covering we try to cover ourselves as our residents like continually". Another staff member said, "The manager lets me plan activities for a day out so I have enough staff and drivers".

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "I've been looked after properly, good food". A family member said, "Find them to be very good. This is the first home that has worked well and that [person's name] has been happy". Another person said, "Staff are all very good". Other comments included, "Cook very well. Have good food and a healthy diet". As well as, "Very conscious of healthy eating".

People were supported at meal times to access food and drink of their choice. People told us they liked the food. Two people told us, "The best thing about living here is the food". Another person said, "If I don't like what's on the menu, I can ask for something else". People were encouraged in helping with meal preparation and for those that enjoyed doing this they were supported to do so. One person told us, "I don't like cooking but I help by emptying the dishwasher and taking the rubbish out".

Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. People met every week to agree the menu and choose their meals. Staff told us some people would say the same thing every time they were asked. They were then supported by staff who showed them pictures of a selection of meals and asked people to choose. People's likes and dislikes were taken into consideration. A member of staff told us that a person had mentioned to him that he had never eaten steak so the member of staff has purchased sirloin steak for everyone and planned to cook it the following week.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional training in supporting people who posed a risk to themselves or others. This meant staff were aware of the management and intervention techniques to positively support people with escalating behaviour. Staff also received additional specific training to ensure they had the skills necessary to meet people's needs, such as autism awareness, and epilepsy awareness. One staff member told us, "My training is all up to date. I have also completed my diploma in health and social care level two and three". Other comments included, "Company training is very good. Can't fault training at all". As well as, "Lots of training. 100% training has helped me with my role. I feel the training is spot on".

New staff to Twynham completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a

learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "My induction was over five days. I read all the care folders, risk assessments and policies. Then completed training at the training centre. There was quite a bit of training very informative. Helped me understand some of the guy's characteristics and feel more comfortable in my role I am doing".

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. A health professional told us, "They [staff] have shown a good understanding of MCA, DoLS and safeguards".

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 MCA. The procedures for this in care homes and hospitals 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. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS.

People's health care needs were met. Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "Staff regularly complete annual health checks for each service user and have other appointment such as opticians, dental and psychiatry. Staff will contact the GP if they have any concerns to an individual's health". Another health professional said, "They [staff] have responded to his changing health needs reacting promptly as required."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Everyone we spoke with told us they liked living at Twynham. One person said, "It's nice living here". Another person said "I want to die here". The environment was appropriate for the care of people living there. People's rooms were personalised. One person had painted their own room with staff support, this involved them buying the materials and equipment and setting up the room ready for decoration. The registered manager told us they had redecorated the home at the request of the people living there, as they used to have female residents and the home was pink in some areas. They said, "I was asked does it have to be pink? Which is why it is now neutral I went round and asked them what colour would you like?" They also told us they had brought a table tennis and table football table as well as a swing ball at people's request.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "Staff are always kind and helpful". Other comments included, "Staff are great". As well as, "Staff are friendly and helpful". A family member told us, "I would say staff are caring from what I have seen. Do seem caring and concerned about their health". Another family member said, "[staff members names] very nice. Very nice indeed". Other comments included, "Always very helpful". As well as, "Really nice people [staff]."

Staff respected people's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms or in bathrooms around the home. Staff knocked on doors and waited for a response before entering people's rooms. A staff member told us, "Privacy by not openly discussing anything to do with medicines or health concerns in front of other residents. If providing medicines make sure the door is shut. If personal care supervising but not right in the bathroom if not needed, but to keep an eye out and be available if needed".

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity and the ease of communication with each person. Staff provided comfort and reassurance by talking calmly to people. The staff always met the person at their level. If the person was sitting, they would either sit next to them or crouch down, always coming down to their level and ensuring they were facing the person they were talking to.

People were encouraged to be as independent as possible. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. A health professional told us, "Staff respect their dignity and promote service user independence. For instance staff have been working towards promoting service user independence and have been encouraging them to make their own drinks and help prepare food around meal times. This has positively impacted the residents and this behaviour has become automatic".

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans and made sure they were happy with them. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs. People had access to a local advocacy service if needed.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships.

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personalised care and were able to make their own choices. One person told us, "I can chose where I want to go". Another person said, "I feel there is enough to do". A family member told us, "Go away on nice holidays each year. Always seem to have nice holidays". Another family member said, "They know what his interests are and relate to that".

Staff at Twynham were responsive to people's needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, for one person their communication care plan informed staff they would nod their head if they agree and shake their head if they disagree. A health professional told us, "I've been through all the care plans and risk assessments and didn't come across any issues".

People were involved in their care planning and care plans were reviewed every month by their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. One staff member told us, "keyworker monthly reviews and support sessions as well. In support sessions I ask [persons' name] if they are still happy living here, do they like the food and activities. He may pick up a leaflet to show me where he wants to go". Records of keyworkers monthly meetings showed that everyday life and the home were discussed.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us, "By working with residents and signing appropriate document that they would understand. Work with their keyworkers, might be visual aids or verbal information, explain to them in their words". The registered manager was aware of the standard and communication care plans were in place as well as a company policy on the accessible information standard.

Staff were aware of people's interests and how people liked to spend their time. One person told us, "I like to plan my activities for the week so I know what I am doing". Everyone had an activity plan, however these were flexible and people could change their mind at any time. On the day of our inspection one person had planned to go for a walk but decided they no longer wished to go. They were then offered an alternative activity to do in the house. Another person expressed a wish to go the nearest shopping centre and this was arranged so the person could go shopping. The activity coordinator told us, "[persons' name] picks his own activities and will tell me what he wants to do". One person liked to clean the company cars. Staff said, "[person's name] gets paid for cleaning the cars to earn money. Has a choice and takes pride and does a good job".

We spoke with the activity coordinator who told us, "My role is I plan activities for the guys for the following

week. Make sure enough staff so people can go out independently as well as out as a group". They told us activities included, cycling in the new forest, use of a computer, table football, table tennis, days out at the zoo, tank museum, Portsmouth dockyard, cinema, swimming, out for a coffee, shopping, walks to the beach, bowling, games consul and board games. People also had the opportunity to visit other homes for get together and parties.

People had the chance to attend holidays each year. The activity coordinator told us, "Holiday time we will discuss where we want to go. The good job about mine is I get to go with them". For one person before moving into the home they had not been able go on a holiday due to behaviours that may challenge others. Since they moved into the home their behaviours had decreased dramatically and there were no reported incidents within the last year. This meant they were able to attend holidays since living at the home which they had enjoyed. The registered manager told us, this was due to communication needs and building up relationships and trust. These holidays had included trips to the Isle of Wight, Wales, Devon and Cornwall.

Residents meetings' were held monthly and were attended by people living at the home. The registered manager also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home and their families. The feedback from the latest quality assurance survey, in July 2017 showed people were happy living at the home and the responses were positive about the care and support they received. 100 % said they felt safe living at the home. Comments included, 'Staff look after me well' as well as, 'I like all staff at Twynham'. The relative's survey showed all the families were happy with the care provided. Comments included, "We are very happy with the care our son receives at Twynham; he comes home regularly and never minds going back. I think that's a good recommendation. We are happy he's there".

People told us that they knew what to do if they had a concern. One person said "If I am not happy about something I tell a member of staff and it is sorted". The home had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received in the last year.

Is the service well-led?

Our findings

People and their families told us they felt this was a well led service. One person told us, "Happy with the service". A family member said, "Manager very nice, very helpful". A health professional told us, "I found the manager and staff to be very knowledgeable about the individual in a competent and personalised way and they followed through on my requests for actions to build on his independence and choice". They also told us, "I would not hesitate to recommend them from the experience I have had with [registered managers name] as manager and the team".

During our inspection at Twynham, we observed several staff who all appeared relaxed, confident and happy working in the home. There appeared to be a good relationship between the staff and with management and they appeared to support each other. One staff member told us, "All the staff team get on like a family". A comment from a recent staff survey stated, 'We have a good homely environment that reflects in all our service users. This makes it a good place to work'. A health professional told us, "From what I have seen the staff try to provide all the good bits of a family home, merging this with professional responsibility".

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "I feel 100% supported here, really do, everyone does. Always staff willing to come in. Everybody helps out, management are very adaptable to that". Another staff member said, "I can talk to [managers name] he is very approachable. Always tries to find a solution, very accommodating." Other comments included, "If I have any issues I can talk to management".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Staff meetings were used to discuss concerns about people who used the service and to share best practice. This helped staff to improve outcomes for people. The registered manager had a zero policy on discrimination and told us that they talk about equality issues with staff where relevant in staff meetings and supervisions. They said, "We had a visitor to the home to visit one of our residents who would then influence the person about their views on race and equality. As a result I had to talk to the visitor and ask them not to air those views in front of [person's name]".

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included health and safety, care plans, medicines, and infection control.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The operation manager visited the service every month to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. Where actions had been identified these had been completed.

The registered manager informed us they kept up to date by attending training. As well as attending manager development days and monthly meetings with other managers from the provider's homes to share best practice.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.