

Hill Care 1 Limited

Lever Edge Care Home

Inspection report

Lever Edge Lane
Great Lever
Bolton
Lancashire
BL3 3EP

Tel: 01204660011
Website: www.hillcare.net

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Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place on Thursday 4 August 2016.

Lever Edge Care Home is a residential care home situated in Great Lever, Bolton and is registered with the Care Quality Commission to provide residential care for up to 81 people. At the time of the inspection there were 57 people living at the home. The home is divided into three areas; part of the ground floor provides residential care and support. There were 17 people living in that area. The area known as The Bungalow is also on the ground floor and cared for people living with dementia. There were 19 people being supported in The Bungalow. The upstairs floor had 21 people living with dementia being supported. The home is located on a main road and is close to local shops and transport routes.

At our previous inspection on 12 November 2015 and 09 February 2016, we found a total of 11 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found four breaches in relation to safe care and treatment, two breaches in relation to staffing and training, one breach in relation to safeguarding, two breaches in relation to person-centred care, one breach in relation to receiving and acting on complaints and one breach in relation to good governance.

The home was also placed into special measures meaning significant improvements were required, or further enforcement action could be taken. Following this inspection, the home sent us an action plan, detailing the improvements they intended to make. Until the home could demonstrate improvement and sustainability the local authority suspended placing people at the home.

At the time of our inspection of 04 August 2016, the service had an acting manager who was in the process of applying to become the 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.

At the previous inspections we identified concerns in relation to medication, staffing levels, staff training, safeguarding, responding to complaints and monitoring. During this inspection, we saw improvements across all areas had been made.

We found there were enough staff available meet people's needs in a timely manner and we saw lounge areas were not left unattended when in use.

We undertook a tour of the building and found it to be clean and tidy, with domestic staff carrying out their duties during the day.

We saw people who used the service were transferred safely into their chairs by staff, with appropriate moving and handling assessments having been undertaken.

People who lived at the home told us they felt safe. The relatives we spoke with also said they felt their family members were safe living at the home as a result of the care provided.

Staff had a good understanding of safeguarding procedures and how to report concerns.

We found appropriate recruitment checks were undertaken before staff started working at the home. These included ensuring references from previous employers were sought and either a Disclosure Barring Service (DBS) or a Criminal Records Bureau (CRB) check was undertaken.

Medication was given to people by staff that had completed relevant training. Regular audits of medication were also undertaken to ensure this was being done safely.

At our previous inspection, we had concerns in relation to staffing levels and staff training. During this inspection we saw staff had now received appropriate training to support them in their roles and staff told us they felt well supported.

We saw people received appropriate support at meal times and saw that staff encouraged and prompted people with eating as well as possible to ensure a good nutritional intake.

We saw areas of the home included adequate signage around the building and the use of sensory objects people could touch and use as they walked around the building.

We found appropriate Deprivations of Liberty Safeguards (DoLS) applications had been made by the acting manager, where people had been deemed to lack capacity to make decisions. Staff had also received training in this area and had an understanding of the legislation.

We found people were treated with dignity and respect by staff. We saw staff knocked and waiting for a response before entering people's bedrooms.

We saw that people's preferences were taken in to account with times of rising and retiring. People were able to get up at times they wanted to and ate breakfast at a time that was suitable to them.

We observed pleasant and friendly interactions between staff and people who used the service.

The people with whom we spoke told us they were happy with the care they received and were complimentary about the staff.

The staff and relatives with whom we spoke told us they had noticed improvements at the home in recent months.

We found that there was a varied plan of activities and stimulation for people. The home was preparing for a garden party to be held on 21 August 2016.

Where people had been referred to other agencies for advice such as the falls service or to a dietician, their advice was followed by staff.

People had care plans in place which provided relevant guidance for staff about how to care for and support people. These were reviewed at regular intervals and updated where necessary.

We saw complaints were dealt with and responded to appropriately,

Following our previous inspection we had concerns with the general leadership and management of the home. A management team had been put in place to oversee the day to day running of the home until the appointment of a registered manager.

We found there were effective systems in place to monitor the quality of the service provided. Regular checks were undertaken in all aspects of running the home and there were opportunities such as residents and relatives meetings for people to comment of the facilities of the service and the quality of the care provided.

We saw the ratings from the previous inspection were displayed near the front door of the home, which is a legal requirement.

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.

We found people were receiving their medicines in a safe and timely manner.

The environment was safe and well maintained.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely.

People were provided with a choice of nutritious food and drinks to ensure their health care needs were met.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Is the service caring?

Good ●

The service was caring.

People spoken with told us they were happy with the care provided.

People were treated with dignity and respect.

Staff showed they had a good understanding of the care and support people required.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to

ensure information was reflective of people's care needs.

Systems were in place to ensure that complaints were handled and responded to appropriately.

There was a wide range of stimulating activities offered to people.

Is the service well-led?

Not all aspects of the service were well-led; This was because the current acting manager was not registered with the Care Quality Commission (CQC) at the time of the inspection.

Staff spoken with told us they felt the acting manager was approachable and supportive.

The home had listened to and responded to concerns raised by CQC and other interested stakeholders. This meant that people were receiving an improved quality of service.

Systems were in place to monitor and assess the quality of the service.

Requires Improvement 

Lever Edge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 04 August and was unannounced. The inspection team arrived at the home at 06.30 to provide the night staff with the opportunity to speak with the inspectors.

The inspection team comprised of three adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at the previous inspection report and notifications. We also contacted Bolton local authority commissioners of the service to seek their views about home. The commissioning team told us there were noted improvements.

During the inspection we spoke with the acting manager and three of the senior management team from Hill Care 1 Limited. We spoke with fourteen care staff, the deputy manager, the ancillary team, six visitors and three people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "There has been big changes recently and things are improving. I feel safe living here, I always have done ". Another said, "I feel safe and well looked after. I have no worries" One relative told us, "I come every day to see [relative], I do feel they are safe here". Another said, "My [relative] has dementia and was not safe being at home on their own. I know [relative] is safe here and it's taken some of the pressure off us as a family".

At our previous inspection we found at times that there was not enough staff on duty to meet the needs of people who used the service. This placed people at risk of harm. At this inspection we found that sufficient staff were on duty. On arrival at the home we spoke with night staff on duty who confirmed that staffing levels had increased throughout the home. A member of staff told us, "Before I often worked in [area of home] on my own. It was not safe. Since the arrival of [acting manager] this has stopped and it is much better. We can complete the jobs and paperwork we are meant to do. It's great now". Another told us, "Staffing levels are good. Since the last inspection we haven't had any occasions where staff have had to work alone on a floor. As seniors the directive is we can't leave the home until we know staff are in place, which is a massive improvement".

We saw in the care records that there was a dependency tool used to assess the level of care and assistance that people required. For example two members of staff to assist with transfer from bed to chair. This helped inform the service of the levels of staff required to meet people's needs.

We looked at six staff personal files a saw a safe and robust recruitment system was in place. Files contained proof of identity, an application form, references, interview notes, job description and a health declaration. There was evidence of checks which had been carried out with the Disclosure and Barring Service (DBS) or by the Criminal Records Bureau (CRB). These checks identified people who are barred from working with vulnerable people. On checking the files some of the checks were carried out for some people over 10 years ago. We brought this to the attention of the acting manager who confirmed they would look at renewing the DBS/CRB checks as good practice.

We looked around the home and found all areas to be clean and fresh. We found that communal bathrooms and toilets were equipped with liquid soap and paper towels to help prevent the risk of cross infection. Staff had access to disposal gloves and aprons when providing personal care. We received information from the Infection Control team who carried out an audit in June 2016 the overall score was 74%. The infection control team confirmed with us that they were due to revisit the home and check actions from the audit had been completed.

We found the home was well maintained. There were suitable adaptations in place for example assisted bathing facilities, shower rooms, raised toilet seats and grab rails.

The care records we looked at showed that risk assessments to monitor people's health and wellbeing were in place and staff had identified areas such as poor nutrition and hydration, wound care, use of bedrails and

falls. Where necessary, actions had been taken by staff to eliminate areas of risk.

We saw contingency plans were in place for dealing with emergencies that could affect the running of the building for example power failure or flooding. If needed the home could rely on support from another home within the company. We saw in the care records we looked at there was a personal emergency evacuation plan (PEEPs). PEEPs provided information to the fire service to the level of support each person required to assist them in leaving the home safely. We saw in the communal area near the reception area was the fire panel, map of the building, walkie-talkies and a high visibility fire wardens jacket. The main PEEPs file was also stored there to aid a quick evacuation.

The fire safety officer from Greater Manchester Fire and Rescue Service visited the home in March 2016. There were two outstanding minor actions to be completed. The acting manager assured us these would be actioned immediately following our inspection.

At our last inspection visit on 12 November 2015 and 09 February 2016, we found that medicines were not handled safely. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because the service had not protected people against the risks associated with the safe management of medication. We told the provider they must take action to improve the safe handling of medicines.

As part of this inspection visit, we checked to see whether improvements had been made in the safe management of medication. We looked at medicines and medication records of nine people who used the service. We saw all the records of people we looked at had photographs and their allergies recorded on their medicines records, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

The Medicines Administration Record Sheets (MARs) had been printed by the community pharmacy, with the exception of a few handwritten MARs. Medicine records were clearly completed without missed signatures or gaps. We looked at a system of assessing the level of people's pain for people with limited communication. This meant people with limited communication could be given their pain relief effectively.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were being stored as per legislation. We found appropriate arrangements were in place for the management of controlled drugs, which included accurate records of current stocks. We undertook a stock check of some controlled drugs and found quantities and recorded stock were accurate and up to date.

Fridge temperatures were now recorded daily with maximum and minimum temperatures. This meant medicines requiring refrigeration were being stored safely in accordance with national guidance.

We found arrangements in place to administer certain medicines at the correct time with regard to food or when medicines needed to be given at specific time intervals, such as pain relief. If medicines are not given with regard to the manufacturers' directions they may not work properly, which would place people's health at risk.

We saw the records about creams provided staff with clear guidance on when and where to apply medication as prescribed. These records were also complete and up to date.

We looked at the ordering, storage and recording of medicines received by the home. We checked the stock levels of people's medicines in each unit and found them all to be correct.

Staff spoken with who administered medication confirmed they had up to date medication training and had competency reviews. This was verified in the medication audits we checked during the inspection.

Is the service effective?

Our findings

At our previous inspection, the home had failed to meet the requirements of the regulation in relation to staff training. This meant the people who used the service were not being cared for by suitably trained staff. Following the last inspection the provider had taken appropriate action to ensure that all staff had completed relevant training. Staff spoken with told us, "We have had a lot of training recently, moving and handling, Fire Safety, Health and Safety, dementia and infection control. I have had training in Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) is next week". "I do feel suitably qualified now and I feel very supported by the home for this role. Another said, "Training has change dramatically. We have all redone training apart from DoLS which is booked for next week. New training has been introduced such as use of bed rails, wheel chairs, abuse and restraint". A senior staff member told us, "The company has ensured everyone has received training since the last inspection. Staff have a greater knowledge as a result of better training".

During the inspection we were provided with the staff training matrix and saw evidence of valid training certificates.

At our previous inspection we identified that the staff induction was not robust and the programme had not been consistently completed. At this inspection we found that staff who had been recently recruited had completed a full induction programme. One member of staff told us, "My induction consisted of classroom based training in moving and handling, Fire Safety, Health and Safety and MCA. Last week we did a very good course on dementia. I am also studying for an NVQ level two (national vocational qualification)". Another said, "I had an induction when I started which lasted five days, I did some training and updated other training and shadowed staff for a couple of days. I looked at care plans and policies and procedures".

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

People can only be deprived of their liberty to 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).

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. There was an up to date policy and procedure for MCA and DoLS. We saw evidence in the care files we looked at of the MCA being applied to decision making or best interests' decisions being made in accordance with the MCA.

Some staff spoken with had a better understanding than others of MCA and DoLS. One staff member said, "I have done MCA and DoLS training before and I am doing further training next week". The CQC had been

notified as required of when a DoLS had been authorised and systems were in place at the home to 'flag up' when a renewal of existing DoLS was required.

Each member of staff spoken with told us they received regular supervision meetings. Supervision provides the opportunity for staff to discuss their work, training and development and any concerns they may have. Staff told us, "I have had two supervisions since I started and they have been OK". "I think supervisions are about every three months that's enough for me". "I now get supervision, I didn't previously. I have just had supervision and an appraisal with my manager". The acting manager provided us with evidence of completed supervisions and those still to be undertaken as part of their improvement plan.

The inspection team observed the lunch time meal in the three areas of the home. We found the dining rooms were nicely laid out and tables were set with table cloths, napkins, place mats, condiments and cutlery set out. People were offered clothes protectors if they wanted them and there was a choice of soft drinks with their meal. We observed some people required assistance with their meal and staff offered this in a discreet and sensitive manner. The food arrived from the kitchen in hot trolleys and staff served people a meal of their choice. We found the mealtime experience to be calm and unhurried. Staff throughout the lunch engaged in chatting with people offering encouragement and support during their meals. The lunch was cheese and onion pie, chips and beans or jacket potatoes and meat salad, jam sponge and custard or yoghurts. The food looked inviting and freshly prepared. We observed that staff recorded diet and fluid records at the end of the lunch time period.

We spoke with the chef who had a good understanding of people's likes and dislikes. The chef confirmed there was always plenty of food in the home and that fresh produce was delivered on a regular basis. People spoken with told us, "The food is very good and there is plenty of it. I am never left feeling hungry after a meal". "Good food and lots of choice" Relatives spoken with told us, "The food is excellent, I have eaten here on several occasions". "My [relative] is not a big eater and we were concerned that [relative] was not eating enough at home, but now eats here and has not lost weight. The food smells and looks good from what I have seen".

We observed that in the communal areas there were hydration stations so people could help themselves to juice when they wanted. In each area of the home there was a satellite kitchen where drinks and snacks were available throughout the day. Suppers were offered before people retired for the evening.

When we arrived at the home staff in The Bungalow informed us that two people had not slept all night and had been walking around during the night. We observed these people had received drinks and snacks of toast and biscuits. Staff said that people were offered refreshments throughout the night. We observed that people who were up in the other areas of the home had also been offered refreshments.

The home provided care for people living with dementia. The Bungalow and the first floor were spacious enough for people to walk around safely. The doors were key coded for people's safety. The home was well lit throughout with both natural and electric lighting which was important for people living with dementia. The home was bright and colourful and appropriate signage that helped people orientate to the different areas. Bedroom doors were painted in different colours, each with a door number and hanging baskets outside their door to give it an authentic 'front door' appearance. One wall was decorated with football memorabilia relating to the local football team and another had pictures of the town and local scenes. We saw that there were tactile things for people to touch and feel and wear. There were reminiscence aids for people, such as a great sporting heroes wall for people to reflect back on. There was an inner courtyard/garden with appropriate seating which was easily accessible for people living in the Bungalow and on the ground floor. Staff accompanied people living on the first floor to the garden. People living in the

Bungalow had access to the Railway Café this was an area where family could go with their relatives and make drinks and snacks and sit together as a family.

On the first floor there was a sensory room with delicate lighting for people to relax in. This can be beneficial to people living with dementia to help reduce anxiety and defuse tensions.

The acting manager told us they had introduced a daily management meeting every day at 11.00 with representatives from each area of the home. Representatives included senior care staff, maintenance, kitchen and housing and the activity coordinator. We observed this meeting taking place. During the meeting the acting manager's discussions included current number of people living at the home, accidents and incidents, GP and hospital appointments, the activity planner for the day, the proposed garden party (21 August 2016), staff sickness, induction training, maintenance and laundry issues and the menus and options for the day.

During the course of the meeting, the acting manager spoke to each representative and issued directives such as maintenance checking all the ground floor windows. This meeting was well structured and demonstrated good governance by the acting manager.

Is the service caring?

Our findings

At our previous inspection we found there were some areas of care that needed to be improved. For example caring for people who were nearing the end of their life had not been delivered by staff who had completed end of life training. At this inspection we found training had been delivered in end of life care to 42% of staff. Further training for staff was ongoing. At this inspection we asked the acting manager if anyone at the home was receiving end of life care. The acting manager confirmed no one was receiving end of life care.

People who used the service and their relatives told us that the staff were kind and caring. One person said, "The carers are nice, they do their best to look after us and make sure we have everything we need". "Cannot fault them [staff] they are great". Relatives spoken with were also complimentary about the care provided. Comments included: ""They are great here. We have no concerns; [relative] is always clean and well-fed and has been a happier since coming here". "Staff are very caring and nice with residents and visitors". "My [relative] is well cared for. Staff have a very hard job here, my [relative] can be very aggressive but they are wonderful and very professional. I have absolutely no complaints".

Visitors spoken with told us there were no restrictions on visiting times. Comments included: "I am always made welcome and they treat me as a friend". "There are no problems with the place; we are made to feel welcome". One person said, "I have been asked if I would like to stay and have a meal with my [relative] which I have done on occasion".

We saw people looked well groomed, well cared for and they wore clean and appropriate clothing. One relative told us, "Today [relative] has had her nails painted and staff always make sure she has her lipstick on which is important to her. She is being pampered and well looked after. We saw that ladies' hair had been attended to by the hairdresser as required and staff had made sure ladies' hair had been brushed. Gentleman were clean shaven. The care plans we looked at provided staff with guidelines for hand and nail care and oral hygiene.

We observed people who used the service were treated with dignity and respect. We saw people who had been up during the night had nightwear on which was covered with a dressing gown to help maintain dignity and keep them warm. We observed that staff knocked on bedroom and bathroom doors and waited for a response before entering. Any personal care provided was carried out in people's bedrooms with the door closed.

Throughout the day we heard pleasant and friendly interactions between staff and people who used the service. There was lots of laughter and friendly banter. The home had a relaxed and friendly atmosphere. We also observed a lady sat outside the dining room at 07.00 when a member of staff approached her and said, "[person's name] I have brought you a cup of tea so you just take your time with it". The person smiled at the manner of staff. This was said in a gentle and supportive manner.

People's spiritual care needs were considered. People from local churches visited the home offering spiritual

comfort and to administer holy communion.

Is the service responsive?

Our findings

At our last inspection, we had concerns with staff not providing person centred care for example not following guidance in the care plans or acting on information from other healthcare professionals. We found there were inaccuracies or incomplete charts for monitoring of night checks, positioning charts and food and fluid intake. At this inspection we found significant improvements had been made. We looked at a selection of monitoring charts and saw that these were now being completed accurately. Staff told us they were carrying out hourly or two hourly checks as required. We saw that the charts had been completed throughout the night. A member of staff commented, "Things have very much changed since the inspection. Things have improved on every front including paperwork and staff morale".

At this inspection we looked at the care records for nine people who used the service. We looked to see how referrals to the service were assessed. We saw a pre-admission assessment was completed by experienced members of staff before the individual was accepted into the service. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

The care records contained enough information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw that the care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw evidence in the care records to show that either the person who used the service and their family, where appropriate had been involved in the care planning and decision making to ensure people's best interests were being represented.

We were told that in the event of a person being transferred to hospital or another care service, information about the person's care and support needs and their current medication would be sent with them on a transfer form.

We looked to see what activities took place at the home and how people spent their day. The home had an activity coordinator who helped plan and deliver a range of activities. We saw large activity boards displayed around the home. Activities included board games, film morning, karaoke, quizzes, cooking, arts and crafts and gentle exercises. The home was preparing for a forthcoming garden party to which friends and relatives and people from the community were to be invited. A relative told us, "There are lots of activities, which people enjoy. Children come to sing from the school. People are also taken out for meals".

The home had a monthly newsletter. The August edition detailed forthcoming entertainers, church service, the Olympic opening ceremony, birthday celebrations and the garden party.

We looked at how the service received, dealt with and responded to complaints. We saw a copy of the complaints procedure prominently displayed. People spoken with knew how to make a complaint. One person said, "If I had any complaints I would speak with [manager]". A relative told us, "If I had any

complaints I would address them directly with staff". "I feel confident coming here and they address things straight away. They are more on the ball; things are followed up with an email sent to me. They listen and take on board what you have to say".

Is the service well-led?

Our findings

At the time of our inspection of 4 August 2016, the service had an acting manager who was in the process of applying to become the 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.

At our previous inspection we had been made aware of concerns with the leadership and management of the home. There were discrepancies with staffing levels and duty rosters, training, poor record keeping and with the monitoring of the quality of the service. At this inspection we found that significant improvements had been made to address the concerns.

We spoke with staff, people who used the service and their relatives about the new leadership within the home. One person living at the home told us, "The new manager is really good; she comes round and talks to us all". "Since [acting manager] took over things have got much better, there's more staff about". Comments from staff included, "The current manager is excellent, friendly and approachable. Her heart is for the resident [people who used the service]". "I feel refreshed to where I was in February. In the last four to five months there has been a massive difference, which means we provide better care to people. There are still improvements needed but we are getting there". "It's getting better. We actually get listened to by the manager".

We looked at the systems in place to monitor the quality of the service. Since the last inspection a senior manager had been at the home supporting the acting manager to settle in to their new role. The home had also received regular monitoring visits from the local authority contracts and monitoring team who ensured that the action plan submitted to them and to the CQC following our last inspection was being addressed and improvements sustained.

We asked the acting manager to tell us how they ensured that people received safe and effective care. We saw evidence of some of the checks that had been undertaken, for example on care plans, medication, infection control, accidents and falls.

In addition to regular audits, there were checks on the building to ensure it was safe for people to live in and for staff to work in. Checks included gas safety, electrics, fire extinguishers, lifts and hoists. We saw that certificates of inspections were up to date and valid.

We saw that team meetings and residents/relative meetings were now being held on a regular basis. One member of staff told us, "We have regular meetings, including specific role meetings for seniors, where we are provided with guidance on how to manage care staff, discuss good practice and training.

The home had policies and procedures in place, which covered all aspects of the service including safeguarding, whistleblowing, complaints and medication. Staff had access to all the policies should

they need to refer to them.

We checked our records before our inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the service. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.

It is a legal requirement to display the ratings from the last inspection. This was located in the reception area at the front of the home.