

# Ashberry Health Care Limited

# Heathercroft Care Home

## Inspection report

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Date of inspection visit: 24 November 5 December 2014  
Date of publication: 21/05/2015

### 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 

### Overall summary

This inspection took place on 24 November and 5 December 2014 and was unannounced. At our last inspection in December 2013 the service was meeting most of the regulations inspected. However, we found that the registered provider was in breach of Regulation 9 and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations are in respect of how care and treatment is planned and how the registered provider assesses and monitors the quality of the service. We found that the quality assurance system had not always been effective to

monitor the quality of dementia services that people received. We noted improvements to the home during this inspection and evidence to show the compliance actions had been met.

The home did not have a registered manager with CQC as the registered manager had recently retired from the service. However the registered provider had appointed a new manager to commence working at the service in December 2014 and in the interim the deputy manager was responsible for managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Heathercroft nursing home provides nursing care and accommodation for 88 older people. The service was full at the time of our visit. The service is owned by Ashberry Healthcare Ltd. The home is purpose built and includes a 25 bedded facility for people who have dementia. There is a large accessible car park provided for visitors.

People living at the home, relatives and staff were very positive about Heathercroft especially about the activities on offer and the management of the service.

We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We found the staff had a good understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards. Staff took appropriate actions to fully support people who lacked capacity to make decisions for themselves.

We found care plans to be detailed and focused on the individual person. They contained guidance to enable

staff to know how to support each person's needs and requests. Staff had a good understanding and knowledge of each person's preferences and people's individual care needs.

We noted the service had a complaints procedure and people were confident that they could raise their opinions and discuss any issues with senior staff.

The service operated safe recruitment of staff and ensured that staff employed were suitable to work with people living at Heathercroft. Appropriate pre-employment checks were being carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

Staff had received regular formal supervision and training to assist them in their job roles and in their personal development. The provider offered a lot of development training to all of their staff teams to ensure they fully understood people's needs including those people living at Heathercroft who had been diagnosed with dementia.

Various audits at Heathercroft were carried out on a regular basis by the deputy manager and registered provider to help ensure that appropriate standards were maintained throughout the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Everyone was happy with the staffing levels and the team although some relatives told us they were unsure how many staff they should expect to see on duty each day. We found no issues effecting care needs during this inspection.

A thorough recruitment procedure was in place and sufficiently well trained staff were available to keep people safe. Staff were clear about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

Care plans contained a variety of risk assessments so that risks to people were managed and risks reduced. Assessments included risks such as falls and in how people were safely moved around the home.

Medicines were well managed and appropriate policies were followed by staff to safely support people with their medications.

Good



### Is the service effective?

The service was effective.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

Regular training was provided for all staff working at the home including on-going development training for dementia and the Mental Capacity Act to help them to support people with specialised needs.

We found staff well trained and knowledgeable in their understanding of supporting people when they lack capacity to make informed decisions, including the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home, meetings specialised diets and personal likes and dislikes.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs, hospital visits and care managers.

Good



### Is the service caring?

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Visitors felt their relatives were supported well and cared for to a good standard.

Staff were aware of individual's needs and how they liked to be cared for.

We saw that people were treated with respect and dignity by the staff at the service.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

Care plans demonstrated that people living at Heathercroft and their families were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

Complaints made were fully recorded and actions taken had been documented.

The service provided various activities for people to take part in if they wished so that people were involved in social activities they liked and requested.

Good



## Is the service well-led?

The service was well led.

People living at the home, relatives and staff said that they felt the senior staff and deputy manager were approachable and would listen to them.

The service had procedures in place to monitor and improve the quality of the home and actions were taken to address any issues that were found.

Good



# Heathercroft 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 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.

This inspection took place on 24 November and 5 December 2014 and was unannounced.

The inspection team consisted of a lead adult social care inspector, a specialist advisor who was a nurse expert in regard to the Mental Capacity Act and a second adult social care inspector.

During the visit, we spoke with a variety of people including: 12 people living at the home; two relatives; two relatives via the telephone; one visiting professional, 11 staff on duty and the deputy manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at

Heathercroft. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a sample of documentation in relation to how the home was operating, including records such as; staff recruitment and four staff files showing supervision and training; medication records; complaints; activities; risk assessments; surveys; minutes of meetings; quality assurance audits and policies and procedures. We looked at a total of seven care plans for people that lived at Heathercroft.

Before our inspection we request that services provide us with a provider information return [PIR] which helps us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However the staff informed us they had not received this request which meant we did not have this PIR prior to our inspection. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Heathercroft.

# Is the service safe?

## Our findings

Visitors considered that their relatives were safe and well-protected living at Heathercroft. People living at the home felt safe and secure.

We looked at the duty rotas and found that there were a mixture of care staff/domestic/ administration and activity staff on duty. People living at the home and visitors were happy with the staff and their conduct and attitudes towards them, they made comments saying:

“Staff are lovely, I couldn’t fault them at all” and “Staff are hard workers.”

They were happy with the staffing in place however some relatives told us they didn’t actually know how many staff were supposed to be on duty. We looked at a sample of dependency assessments that staff explained was used to help them with planning staffing levels. However there was limited evidence to show how staffing levels were calculated and monitored to ensure they met everyone’s needs. There was no evidence that the staffing levels were displayed or accessible to people at the home to make them aware of how many staff they could expect to have on duty each day to provide day to day care. The deputy manager advised they would look at developing evidence to show how staffing levels were calculated and monitored to ensure they met everyone’s needs. Staff were happy with the staffing levels available and told us:

“Very good here”, “Good place to work, enough staff on duty.” We found no issues effecting staffing levels and the care provided during our inspection.

The registered provider had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Training records showed us that staff had received training with regard to safeguarding and staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse. Senior staff had developed spread sheets to manage risks and safeguard alerts. We looked at a sample of these records which helped to show how the service was following appropriate safeguarding procedures as needed.

Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. This included individual risk assessments for areas such as moving and handling; people being at risk of falls; nutritional risks and bed rail assessments. Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. These assessments were clear and up to date and minimised the risks to people living at Heathercroft. We saw that regular checks were carried out by both the deputy and the provider and the home’s maintenance staff to help ensure that a safe environment was available to everyone.

We looked at a sample of staff files including a newly recruited member of staff, to check that the appropriate checks had been carried out before they were employed to work at Heathercroft. Personnel files were organised and included appropriate checks to show safe recruitment and management of staff especially in checking references and criminal record checks so that they could be assured they were safe to work with people living at Heathercroft.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications throughout 2014. Medicines were stored safely and managed appropriately to ensure that people living at Heathercroft received their medications in a safe and effective manner.

We observed staff swiftly arranging for necessary medication for pain relief for one person as soon as the person requested their medication. They explained how they always tried to react calmly and quickly to help one person who got anxious at times and needed their medication as quickly as possible to help them to relax and prevent any exacerbation of their condition.

We observed staff safely storing medicines in a locked clinic room and noted the room was kept clean and tidy and free from hazards. Staff were knowledgeable in regard to the management of medications and they were conversant with the homes policies and procedures to help them in good practices in managing medications. The provider had developed detailed medication audits which regularly checked on all aspects of supporting people living at Heathercroft with their medications which offered further reassurance of safe practices.

# Is the service effective?

## Our findings

People we spoke with told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff at Heathercroft.

People living at the home told us they enjoyed their meals and had plenty of choice and alternatives were available if requested. People made positive comments such as:

The food is very good and you get plenty”, “Food is good”, “Food is really nice and plenty of choices”, “Good place this, always offering tea” and “Good place. Food is very nice. Good choices, I had porridge and two boiled eggs for breakfast.”

We carried out a Short Observational Framework for Inspection (SOFI) and found positive interactions between staff and people living at the home offering an enjoyable dining experience. We observed staff respectfully supporting various people to sit in the dining room in preparation for their meal or choosing to sit in their own bedroom. Staff were very patient and calm in explaining and reminding some people what food was being served. We observed that the food looked appetising and appealing and well presented. Food was served on coloured plates for some people to help them to recognise and see the food served to them. The dining area was pleasant and welcoming with small tables attractively laid out. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support when needed. Additional drinks were offered throughout the day.

Some people living at the home told us they liked to have their breakfast in their bedroom but they liked to come to the dining room for all other meals but they also said they could choose where to have a meal as they were always offered a lot of choices. We observed people who required assistance were provided with discreet and sensitive support from the staff team. The dining experience was calm and relaxing and staff waited until everyone had their main meal before they started to serve desserts offering choices throughout the mealtime. Staff organised 1960's music playing in the background which seemed to help some people relax and recognise the tunes being played.

The catering staff had already identified various special diets for some people and ensured they were catered for at

each meal including, soft diets, nut allergies and meals for people who were diabetic. Staff demonstrated a good awareness of people's differing dietary needs. The catering team had developed their own initiatives to help them organise meals, catering for everyone's likes, dislikes and special diets. They had pictures of those people who had specific needs and requests which they displayed in the kitchen which they told us, helped them to organise their meals and cater for different requests and choices. The menus demonstrated that people had a variety of choices to pick from for each meal. We noted the staff had developed and displayed large visual pictures of meals and various foods which helped stimulate some people's memories and helped support them in choosing meals. The kitchen staff had recently received five stars from the environmental health department for a well-managed kitchen.

We saw that appropriate communication and updates were in place between catering staff and care staff to enable people to be supported to eat and drink sufficient amounts to meet their needs. Care records contained a range of information about how to support people with their various dietary needs and included a malnutrition universal screening tool (MUST). The MUST document is an assessment that once completed highlights risks to individuals in relation to their nutritional needs and intake. Care plans demonstrated that people's weights were monitored on a regular basis. This was done to ensure that people were not losing or gaining weight inappropriately.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. These policies provided information to support staff about the procedures they should follow when a person was unable to make certain decisions for themselves.

We reviewed the records for four people who had been assessed as being deprived of their liberty. Senior managers had organised a spread sheet including all relevant information in regard to all of their DoLS applications which helped the staff organise and manage accurate records. We found there was an organised process



## Is the service effective?

in place to record any restrictions in the best interests of people living at Heathercroft. Staff were knowledgeable in regard to these procedures and were able to recognise when a DoLS authorisation was necessary to safeguard people's rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs.

The care plans were in good order however there were a few areas where improvements could be made to one of the records seen. Most notably, with 'Best Interest Meetings' and making it clearer in each person's records the recording and involvement of next of kin to contribute to the decisions being made. In one care file there was occasional reference to family input but this was not evidenced in the recording detail as there was no signature to show their agreement.

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at the home. Training was offered to all staff working at the home and the mixture of staff that we spoke with including ancillary, care and catering staff all told us they really enjoyed training offered including the dementia training. Staff told us that a lot of staff were going on further dementia training called, 'House of memories' to help them further develop their skills and understanding in regard to the people they supported with dementia. Staff were very enthusiastic about their work and one person shared with us that they tried to keep up to date with research on dementia to help them explore new ideas for their dementia unit. Most of the staff we had spoken with had received training covering the Mental Capacity Act and all of the staff that we spoke with demonstrated a good understanding about this subject.

Staff were positive about the support they received during induction especially when they were extra to the staffing levels for a full week which they felt helped them to get to know people living at the home and get to know their job role in a relaxed and thorough way.

The deputy manager had developed detailed records to help demonstrate how the training needs for all staff working at Heathercroft were managed and met the needs

of the people they supported at the home. Organised and updated records gave details of a vast amount of training offered to staff and helped identify when they were due for refresher training in various topics.

Staff felt well supported and were very complementary regarding the support they received from their senior staff and deputy manager. Staff told us they received regular supervision and appraisals. They provided various positive comments such as:

"Yes well supported here, All my training is up to date" and "We are able to go to the deputy manager anytime she is very good and very supportive."

The deputy had organised records to help demonstrate how she reviewed and managed the supervision of all staff to help show how they were provided with regular and consistent support. We checked records and staff files and they contained evidence that supervision sessions had been consistently provided for staff. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to service users.

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the home and relatives felt that the service was very good at providing support with their health and in keeping them updated with good communication and contact with the staff team. Staff were quick to access clinical staff including the GP and members of the multi-disciplinary team such as, speech and language therapists, hospital clinicians, care managers and opticians. We saw that communication with family members and professionals from the multidisciplinary teams were regularly recorded and showed good liaison between people important to the people living at Heathercroft. Notice boards at the home were easily accessible and offered a variety of information to everyone living at the home and everyone visiting. The notices and information displayed helped to keep everyone up to date with the management of the home.



# Is the service caring?

## Our findings

Comments from both people living at the home and relatives regarding staff were very positive and included:

"Staff are really good and very funny, we have a laugh and a joke. They are great", "Girls are very nice", "Good girls and good chaps", "Staff are really nice people" and "Care staff are fantastic."

It was evident from speaking with people living at the home and relatives that they were very happy with the standards of care provided. Comments made included:

"My relative was here and well looked", "My friend was in here so I know it's ok", "My relative was very pleased", "My relative is well looked after and is always clean and well dressed" and "99% of time all ok."

We spent some time in lounges observing positive interactions between staff and people living at the home. People described the staff as being 'kind' and 'caring.' We noted that the staff knew the people they were caring for and treated them respectfully. For example some people needed regular reassurance from staff to remind them of where they were and what they were going to do and others wanted to have a friendly chat and some banter with staff. Staff were seen to respect people's privacy and dignity and seen knocking on people's doors each time they approached and entered. We heard staff asking

people if they needed anything at all, or would they like a drink before they left their bedroom. Staff addressed people in an appropriate manner, asking permission before carrying out caring interventions and where necessary explained what they were going to do before doing it. We observed staff smiling and being attentive when carrying out their work especially when they were in contact with the people they were supporting.

We saw people that lived at Heathercroft walking around the home when they wanted to with plenty of open space to walk the full length of the building and corridors meeting staff along the way. We observed them being able to choose what they wanted to do and choosing to go into the activity lounge or go back to their bedroom or sit in the communal areas. The atmosphere in the home was friendly and relaxing with the facilities well laid out and easily accessible to everyone. We observed staff interacting with people and they were comfortable and relaxed with staff and were chatting, some were laughing and having a joke and obviously liked the staff they were talking to.

Staff were very enthusiastic when speaking to us during the inspection and wanted to express their satisfaction with the care provided from the staff team which they felt was of a high standard. Several staff members told us they would readily recommend the home to others and some staff had already done this with some of their own family members and friends already having moved in.

# Is the service responsive?

## Our findings

Both people living at the home and relatives were keen to share their positive experiences about this service. They told us there were a lot of different activities on offer. They made various comments about the flexibility and choices offered. Comments included:

“Can walk about, so can go in lounge or sit in my room”, “Can choose what you want to do”, “Activities are always going on. I do exercises to music, there are sing a longs and bingo”, “Activities are there if you want them. I got taken to Blackpool lights in the minibus and had fish and chips” and “If you don’t want to join in you don’t have to.”

We observed people being asked if they would like to take part in an arts and crafts activity in the lounge. The staff had developed a very large visual notice board with the use of pictures to help describe what activities were on offer each morning and afternoon, helping to inform people of what activities were planned for the day. Adaptions that staff had made helped further communications to meet people’s specific needs including those people with memory issues and confusion. Activities on offer were varied and included: crafts; baking; drawing; residents meetings; puzzles; bar and quiz nights; art, bingo; music and television. We noted the home had developed their own hairdressing salon, a court yard garden, and their own bar which helped to stimulate people’s memory’s, encouraged people to socialise and encouraged them to use these services with the help of staff. We noted there was photographic evidence on display of people enjoying events at the home in which family had been involved and invited to the variety of activities organised by the staff.

Staff were employed to deliver and organise activities within the home. Staff told us that they had completed dementia training and some staff had been identified for further specialised dementia training which staff felt helped them to continue to explore and develop their service.

Daily records were detailed and gave a good picture of how the person had spent their day especially in regard to their social needs and requests. We saw that staff supported people to attend important family events. Staff told us they tried to support people with as much as possible and whenever they could.

The dementia unit was highly maintained with lots of adaptions specifically to meet the needs of people in

different stages of their dementia. For example staff had used colours and picture symbols on doors to help people to orientate them to their own bedrooms and other facilities such as the bathrooms and toilets. One staff member told us they were hoping to visit other care homes for inspiration to continue developing the home. They told us they had already requested and were granted the forthcoming development of a further sitting area to include reminiscence items to help promote memories and discussions amongst people. They told us the managers were very supportive with any of their suggestions to further improve and develop the dementia unit.

The main unit in contrast looked worn and dated and in need of maintenance and refurbishment to aspire to similar standards enjoyed on the dementia unit. However, we could see that some adaptions to the environment had helped facilitate people’s needs and they were able to enjoy activities organised in the homes bar, activities lounge and hair salon.

People living at Heathercroft were happy with the staff supporting them and everyone told us the staff were good. Staff were knowledgeable about each person they supported and explained they had got to know each person’s like and dislikes over a period of time. Staff told us they had the stability and support of the same staff team which helped them to get to know each person a lot quicker and in more depth. They felt this gave them a lot more consistency in getting to know each person’s needs and choices. We observed staff communicating with people in a respectful manner; quietly interpreting individual needs and requests and supporting them with various activities throughout the day.

Everyone had a plan that was personal and individual to them. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at were well maintained and were up to date. The plans were reviewed regularly so staff knew what changes, if any, had been made.

Staff demonstrated a good understanding of the people they supported in relation to their

changing behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services necessary for their health and well-being. For example:

## Is the service responsive?

local GPs; dieticians and speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists. Records demonstrated that people living at the home were escorted to attend hospital appointments and received visits from visiting professionals which helped them to co-ordinate their care necessary for their health and for any changing health care needs.

The home had a policy and procedure in place in relation to compliments and complaints which were readily available in the foyer areas of the home. The procedure informed people of who to contact within the home and the organisation with regards to making a complaint about Heathercroft. Staff talked us through what they would do if an individual wanted to raise a formal complaint and we looked at recent complaint records that the deputy had managed. Recent records showed clear processes in how the complaints had been managed and responded to in a timely manner. However historic complaints recorded earlier in the year in 2014 had limited information and evidence and it was unclear whether they had been fully investigated and concluded with the people who had taken

the time to raise their concerns. Senior staff agreed to review historic records to try and ascertain if they had been fully investigated. Following our inspection the deputy manager had submitted an update and clear audit trail in regard to each complaint raised in 2014 which helped to make clear how each complaint was managed in line with the company policy.

Relatives and people we spoke with during the inspection told us they knew how to complain but had no complaints. One person told us: "I know how to make a complaint." People living at the home were very confident in regard to being able to raise any comments.

We noted recent recorded compliments shared with the home, were very positive about their relative's care at Heathercroft and included:

"Excellent service for Remembrance, staff treated my relative with dignity and respect he has a good relationship with staff which is lovely to see. The activity coordinators are fabulous" and "The carers, nurses, office staff always greet you with a smile. There is always some entertainment or afternoon tea on offer."

# Is the service well-led?

## Our findings

Heathercroft's registered manager had recently retired from the home. The provider had arranged for the deputy manager to provide day to day management of the home overseen by the company's own regional manager. They explained that they had already recruited a new manager who was due to start working at Heathercroft in December 14 and would arrange for them to apply for registration with the Care Quality Commission.

People living at the home and visiting relatives and friends knew of the senior staff team and the deputy manager and some people were on first name terms. People said they would normally be able to speak to her or the staff team and they were very positive about the management of the home.

People who live at Heathercroft told us that they were regularly asked by staff their thoughts on the service they received. We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views. Recent questionnaires that had been carried out for April 2014 were very positive about the service provided. The results offered various positive comments from relatives and people living at the home and included comments such as:

"There is always someone there", "I am cared for and looked after" and "I feel safe."

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the home. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff such as, health

and safety, activities, maintenance, the kitchen and meals. The minutes showed that the staff were kept up to date with the management of the service. Staff offered very positive comments about the management stating:

"The deputy manager is fantastic", "The clinical lead is amazing, she helps anytime" and "The RGNs are very good here."

The deputy manager and area manager monitored the quality of the support provided at Heathercroft, by completing regular audits which we reviewed during our visit. They were very detailed and covered a large variety of topics and areas throughout the home including: Health and safety; infection control; care files; falls; medications and environmental audits. The registered provider and deputy manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided.

We noted there was no audit to check on the progress of complaints which needed continued review to help show improvements in the management in responding to people's comments. Following our inspection the deputy manager had reviewed historic records of complaints prior to her managing the service to try and identify if the people who raised comments had been satisfied with how their complaint had been managed.

We looked at a sample of records called 'notifications.' A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the deputy manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events. However we identified that DoLS applications that had been previously granted by the authorities for various people living at the home had not been notified and shared with the Care Quality Commission. The provider acknowledged this oversight and advised that all future DoLS authorisations would be duly reported to CQC.