HC-One Oval Limited

Seabrooke Manor Care Home

Inspection report

Lavender Place
Ilford
Essex
IG1 2BJ

Tel: 02085535538

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 26 April 2018. Seabrooke Manor 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. Seabrooke Manor is a 120 bed care home providing residential and nursing care. The service is divided into four units. Norman House and Belgae House provide nursing and residential care. Saxon House provides residential dementia care and Roman House provides nursing dementia care. On the day of our visit there were 110 people living at Seabrook Manor.

The service had recently changed providers and this was the first inspection since the new provider took over.

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

Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe. Risks associated with people's care and support had been assessed.

People received support from trained staff who were skilled and knowledgeable in meeting their needs. Staff received on-going training whilst working for the provider. Effective recruitment practices were followed to help ensure all staff were fit, able and qualified to do their jobs. Staffing levels were regularly reviewed depending on the needs of people who used the service.

There was a policy and procedures about safe administration of medicines. People were supported to take their medicines in the way they wanted.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People or their representatives had been involved in writing their care plans. Staff understood their responsibly to help people maintain their health and wellbeing. People were supported to have a healthy and nutritious diet.

Staff understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care. They had received training about the Mental Capacity Act 2005.

Staff were knowledgeable about the people they cared for. They were treated them with kindness and respect and encouraged people to do as much for themselves as possible.

Staff took time to listen and interact with people so they received the care and support they needed. They

encouraged people to make choices about their care and their views were taken into account.

People were involved in activities which they had chosen to help ensure they were not socially isolated.

The provider had a complaints policy. People and their relatives were comfortable to raise any concerns with the management team or with a member of staff if something was wrong.

There was a system in place to enable people, relatives, staff and other professionals to share their views about the service provided. There were also systems to audit and identify what improvements needed to be made.

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

People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm. Staff understood what abuse was and knew how to report it.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.

People who used the service received their medicines as prescribed by their doctors.

There were systems in place for the monitoring and prevention of infection.

Is the service effective?

Good

The service was effective. People's needs were assessed before they started to use the service.

Staff were trained and supported to enable them to meet people's individual needs.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and staff were kind and respectful to them. Staff knew people well and interacted with them in a professional manner.

People who used the service and their representatives were involved in planning and making decisions about the care and support provided.

People were able to make choices about their care and their views were taken into account. Staff supported people to maintain their independence where possible. They knew about people's interests and preferences.

Is the service responsive?

Good

The service was responsive. People received care and support that met their needs and took account of their personal circumstances.

People were encouraged to pursue their hobbies and interests. They were supported to engage in meaningful activities of their choice.

There was a system in place to tell people and their representatives on how to make a complaint. Where concerns had been raised the registered manager had taken appropriate action to resolve them.

People's last wishes upon death were recorded.

Is the service well-led?

Good

The service was well led. People and their relatives felt the service was managed well. They felt confident they could contact the registered manager at any time and were satisfied with the response they received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were audits and systems in place to monitor the quality of care people received and to drive improvements.

Seabrooke Manor 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 16 and 26 April 2018 and was unannounced on the first day and announced on the second day. It was carried out by two inspectors, a specialist advisor in nursing care, and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also reviewed the information that was shared with us by the local authority and spoke with the local authority commissioners.

During our inspection we spoke with 12 people who used the service, one relative, three nurses, two unit managers, three members of care staff, the deputy manager, the clinical nurse lead and the registered manager. We looked at 12 people's care plans, six staff recruitment files, staff rotas for the last three months, and medicine administration record (MAR) sheets on one unit. We looked at other documents such as quality assurance audits, staff training, staff supervision, complaints, compliments and policies and procedures of the provider.

We carried out observations of people's interactions with staff and how they were supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke to nine relatives on the telephone to seek their views about the service.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People and their relatives told us that the service was a safe place to live. They felt the staff were good and looked after them a safe manner. One person said, "Yes we feel safe. They [staff] make sure everybody is settled in at night. The gates are locked and any trouble the nurses come to help." Another person said, "Oh yes I feel safe here." A relative told us, "[Staff] are very kind and caring. It is a safe place to be." Staff were trained and had a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. For example one member of staff told us, "If I have any concerns, I will report it to the manager."

It was clear from discussions we had with staff and the management team that they understood their safeguarding reporting responsibilities. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and appropriate investigation had been carried out.
The provider had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner. Staff knew they could report concerns within the service and also to outside agencies and they had contacted directly in the past to raise concerns about the service.

The provider also had a disciplinary policy and procedures in place. We noted disciplinary actions had been taken recently by the registered manager with staff who had not been performing in accordance to their roles.

We saw care was planned and delivered to keep people as safe as possible and risk assessments were in place, which were based on the needs of the person. The assessments identified what the risks might be to them, such as with their mobility, risk of falls and pressure sores. Steps that were needed in order to reduce the risk were in place. We found that risk assessments were reviewed and updated to reflect any changes in people's needs. Staff were aware of the risks to people and understood the information available to them in the care plans.

There were systems in place to check that the premises and equipment were safe to ensure health and safety of people, staff and visitors to the service. Checks included the electrical hard wiring, fire extinguishers, portable appliances test and gas boilers. Each person who used the service had a Personal Emergency Evacuation Plans (PEEP) in place and this helped to ensure people were evacuated safely according to their individual needs. However, we noted the PEEP could be further developed to make them more comprehensive. This was discussed with the registered manager who agreed to review the PEEP.

There were arrangements in place to deal with foreseeable emergencies. The provider had developed an evacuation plan so staff were aware of what they had to do should an emergency arise. We saw the fire alarms were tested regularly and firefighting equipment were serviced as per manufactures' guidance. One person told us, "They [staff] carry out checks so we don't have any fires."

There was an on-call system in place so there was always a member of the management team available for support and advice during out of office hours.

The provider had a system in place to record and monitor accidents and incidents. We saw the records of accidents and incidents were reviewed by the registered manager. This included an analysis of what had happened and what improvements that could be made to prevent or minimise the risk of them reoccurring. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented for example when people had recurrent falls.

Records showed the provider carried out relevant recruitment checks before new staff started working at the service. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. We saw staff had been through an interview and selection process. Checks that had been undertaken included written references, proof of identity, confirmation of qualifications and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This showed the provider understood their legal responsibilities regarding safe staff recruitment.

Some people, staff and relatives told us that they did not have concerns about a lack of suitable staff numbers. They told us there were enough staff to provide support to people. However, other staff members, people and relatives expressed concerns about staffing levels in some of the units. One member of staff said, "We don't have enough staff. The managers never provide adequate cover. When we tell them that we need more support on the unit, they do not listen." Another staff member said, "We are very stretched and it causes stress because we have to look after people, talk to relatives and do paperwork. It gets very difficult to do this with little staff. The managers don't help and ignore our concerns. It is not good." We spoke with unit managers who told us that when staff were expected to attend a shift, they often cancelled at short notice. This meant some units in the service were short of staff for a few hours while a replacement staff member was found, contacted and given time to arrive. Two relatives also felt there could be more staff on duty however, they said they were aware that this depended on the number and the needs of people on the units.

We looked at the last three months staff duty rotas and randomly sampled some dates and found staffing levels indicated on the record matched the number of staff on the day. The registered manager informed us and records confirmed that the number of staff working on each shift would depend on the needs of the people who used the service. For example if a person needed more support following discharge from hospital, the staffing level would be increased to ensure their needs were met. The registered manager ensured that the service was adequately staffed. The provider had recruited more permanent staff recently and this helped to ensure people's needs were met in a consistent way. All the management team work weekends and vary their duty times so that there is a manager available for most shifts.

We looked at how the service managed people's medicines and found the arrangements were safe. The medicine room was locked, clean and tidy. The medicine fridge was tidy and the fridge temperature was being recorded daily. The fridge was kept locked when not in use. We saw the medicine administration records (MARs) included: photos of person using the service, their date of births, their NHS and room numbers, their GP contact details and any allergies that people may have. People were supported with their prescribed medicines by staff whose competency to administer people's medicines had been assessed. This helped to ensure they maintained a good understanding of safe medicines administration. There was a list of staff's signatures inside the MARs and anyone administering medicines was asked to sign this before starting.

On the day of our visit, we went round all four units and noted they were cleaned and free of malodour. The provider had policies and procedures regarding the prevention and control of infection. Staff were provided with personal protective equipment such as aprons and gloves. They had received training in infection control and were aware of their responsibilities in this area. People, relatives and other professionals commented the service was always cleaned when they visited. We looked at four bathrooms and found them to be clean and functional. The sluice area was clean and tidy with correct clinical waste containers.

Good

Is the service effective?

Our findings

People were happy with the care and support they received from staff. They felt the staff knew what they were doing. One person told us, "I am very happy with the staff, they look after me well." Another person said, "Staff are good and friendly." A relative commented, "The staff are very good." Another relative told us, "They [staff] know what they are doing."

We found people's needs were assessed before they started to use the service. Information was obtained from other care professionals and relatives in order for staff to fully assess whether the service would be able to meet their needs. Pre-admission assessments of need contained details such as their nutritional requirements, mobility needs, details of any health conditions and their personal care needs. Any changes to people's needs were communicated to staff during shift handovers to enable them to respond to people's current needs. Staff shared important information with each other so that they were all aware of any issues and what actions needed to be taken.

Staff received appropriate professional development. All staff completed training in a number of key areas to ensure they were competent to do their job. Records showed that staff had attended a number of training courses such as, moving and handling, safeguarding adults, fire safety and infection control. Staff confirmed they had undertaken regular training and this helped them in their roles. One member of staff said, "The training is good." We saw the registered manager monitored staff training very closely to ensure that staff were up to date with their training. One person told us, "They [staff] seem on the ball."

The provider ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. They were in the process on introducing a system where each member of staff would have an online account which gave them access to details of all training available to them and they could enrol themselves on them. However, the registered manager would still have overall responsibility to monitor staff and to ensure they were up-to-date with their training needs. There was a room dedicated for training staff with the ground of the service.

Staff had regular one to one supervision meetings with their lines managers. We looked a number supervision records and noted that a range of issues were discussed. Discussion took place around the support and care staff provided to people, reviews of people's care needs, health and safety issues as well as their training needs. This indicated that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

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 found that they were compliant.

We noted the registered manager was familiar with the processes and principles of the MCA and DoLS. They had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. Staff had received training and had a good knowledge of the main principles of the MCA. They told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA. People had given their consent to care being provided to them and had signed consent forms. We saw staff asked people for their consent before they provided them with care and support. One person said, "Yes, they [staff] ask me when they are doing something."

People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff were aware of people likes and dislikes and would offer them a choice. If staff had any concerns about people not eating or drinking, they brought it to the attention of the senior staff who would seek advice from the appropriate health professionals such as involving the dietician. Staff demonstrated a good understanding and awareness of people's specific dietary needs. Most people were complimentary of the meals served. One person told us, "The food is very nice". Another person comment about the food was, "Very good, lovely and you can have seconds too." However one person said, "It is always the same stuff. It is all edible."

There was a daily menu and people were given a choice of meals. There were alternatives provided if people did not like the options available to them. People had their weight monitored on a monthly basis. Where people needed encouragement to eat or drink, a record of their daily intake was kept to ensure they ate and drank enough. There was extra food 'snacks' in the kitchens and if people wanted some extra food or drinks this was available to them. This included tinned soup tined spaghetti hoops, bread, toast and fruit. Build up drinks were available for people who had little appetite.

People's health care was monitored and they were supported to attend healthcare appointments by staff. Records of visits from health professionals and referrals to them were logged, along with any recommendations for treatments. We saw that healthcare professionals, such as their GP visited the service weekly to check on people's health. Records of people's waterlow assessments, which measure the risk of pressure sores, were available. People confirmed they were supported by other healthcare professionals. One person said, "A GP comes here once a week and we go on a list. If it is a major problem they a GP comes even if it is out-of-hours." The staff worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. They were aware of when to seek emergency help and this helped to ensure people's health care needs were met.

Good

Is the service caring?

Our findings

Most people and relatives commented positively about the care and support provided by staff. They told us the quality of care provided was good and staff were kind, helpful and caring. One person said, "The staff are very friendly and caring." Another person's comment was, "Very kind. The swearing and what they carers [staff] are called they take in their stride. They [staff] don't care any less as a consequence of that." However one person mentioned that some staff were more kind than others.

During the inspection we observed staff interacting with people in a calm and relaxed manner. We heard staff speak with people in a polite way and calling them by their preferred names. We saw staff assisted people to leave the dining room table after they had their meals. This was done calmly and kindly. Staff knew people's wishes and their preference for after meals such as if they wanted to stay in the communal area or go to their rooms.

People were able to call for assistance by pressing a call bell attached to their beds. This meant that staff were attentive and did not wait too long before checking to see what help a person required. There was an aim that bells should be answered within six minutes and this was regularly monitored by the registered manager as there was a system which recorded call bells were answered.

The staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. For example, they told us what things people liked to do during the day. Staff were also aware of people's religious and cultural dietary requirements. This meant that people were cared for by staff who understood their needs.

People were able to express their views and were involved in making decisions about their care and support. They had been involved in developing their care plans where they were able to. This meant people had the opportunity to contribute and have their say about the support they received. Information about people's needs and preferences was included in their care plans and this helped staff to support them accordingly. Staff told us they gave people choices, for example, in what they wanted to wear, what to eat or whether they would like to join in any activities. We saw that people were appropriately dressed and ready for the day by the morning.

Relatives told us they were also involved in their family members' care planning where their family members were unable to do so. They told us that the staff kept them informed of any changes in their family member's health and or well-being. They also mentioned they were given opportunities to share their views and opinions about the care their family members received.

Staff understood the importance of respecting people's privacy and dignity. We saw staff knocked on people's doors before entering their rooms. Staff ensured people who required assistance with their personal care were always provided with this support in private. Relatives told us staff treated their family member with dignity and respect. One relative said, "The staff treat the residents with respect and take time to listen to them." One person told us, "Oh yes definitely, no trouble" when we asked them if the staff

respected their privacy and dignity.

People were supported in promoting their independence. Staff encouraged people as far as they were willing and capable of doing so to wash themselves. Relatives felt the staff were good at helping the people to maintain and develop their independent living skills.

Relatives told us they were able to visit their family members at any time and the staff were always welcoming. Some of them said they avoid visiting during meal times, just so that people would not be disturb from having their meals. However, they added it was their preferences.

Information was available for people if they wished to use an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. Information about people was treated confidentially. Records were kept locked when not in use.

Good

Is the service responsive?

Our findings

Comments from people were positive, indicating that staff were kind and caring in meeting their care needs. One person said, "The staff are good." Another told us, "They [staff] seem quite efficient." Relatives also commented positively about the care and support being provided at the service. One relative told us, "[Person] can be very difficult at times to look after but the staff know how to manage them."

We saw care plans were personalised and were titled My Day, My Life, My Portrait which was a template devised by the provider. It included areas such as the person's lifestyle preferences, their choices and decisions over their care and wishes for a healthy and happy life. For example, one person's care plan stated, "[Person's] lifestyle is good. Enjoys movies, shopping and visiting the temple, the seaside and playing games." This helped staff to understand the person's likes and dislikes, their personal history and how they wished to be cared for, in order for them to provide a personalised service.

The registered manager told us that they were using the templates from the previous provider. They said a plan was in place to ensure all people's care plans would be transferred to the current provider's templates.

During our inspection, we saw that most care plans were reviewed and updated to reflect people's changing needs each month for each area of care that the person required, such as their nutritional needs or any health conditions. However, we noted that some care plans were not always up to date and were last reviewed in 2017. We spoke with one member of staff who told us, "We have been very busy on the unit and don't always have time to update the care plans. We are trying to do them now." This was discussed with the management team so action would be taken to review all outstanding care plans.

Staff completed daily records, which contained details about the care that had been provided to each person and highlighted any concerns or issues. There was an initiative called 'Resident of the Day', where staff were allocated responsibility of a person's individual preferences and care on a particular day.

We saw there was a programme of activities in the service, which were organised and devised by an activities coordinator. People were able to take part in activities such as keep fit exercises, colouring, painting, puzzles, sensory or stimulation and reading newspapers. One person said, "We have got everything they can throw at us. We enjoy it." Another person told us, "I do my own activities that I like here in my room, which are crosswords and reading."

During our inspection, we found that most people enjoyed the activity sessions and were happy to engage and participate with a musician who was playing in the lounge. Other activities included cultural, spiritual and religious days, outdoor events and external services. These included garden walks, a mobile library, casino entertainment, cinema days and sing- a-long sessions for people.

There was a complaints procedure in place. The provider had an effective system in place for receiving and responding to complaints. We saw that complaints were logged, acknowledged and responded to in detail. Complainants received an outcome of their complaint with details of any investigations that took place to

help resolve the matter. One complaint was in progress at the time of our visit, and an investigation was being undertaken. People and their relatives knew how to make a complaint and their views were listened to and acted upon. One relative told us, "I have raised some concerns in the past and they were dealt with promptly." One person said, "I will talk to the staff if there is anything wrong."

People were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable and any pain was managed sensitively and carefully by regular visits from Macmillan nurses. They provided advice and support to people, relatives and staff on pain and symptom management for those on end of life care.

People had DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) forms where applicable, which meant that they confirmed they did not wish to be resuscitated should they fall into cardiopulmonary arrest.

Good

Is the service well-led?

Our findings

We received mixed feedback from staff about the management team. Some staff told us the registered manager was supportive and approachable. One member of staff said, "The registered manager is fantastic. They really care and are very helpful. We are going in the right direction." However some staff expressed concerns about the overall management of the service and told us they did not feel supported or listened to. One member of staff said, "They are friendly enough but they don't listen or engage. They don't support us enough or take action. Things have not got any better under the new provider. There are still issues with staffing numbers." Comments from relatives were positive on how the service was managed. They felt it was a good place for their relatives to live at and they could discuss any issues they might have with a member of the management team. We recommend that the management team review the system they deal with concerns from staff as some of them felt they did not respond positively to concerns raised.

The current provider took over the running of the service in 2017 and had established procedures to ensure the service continued to operate effectively. There were systems in place to monitor the service. We saw quality assurance processes such as internal audits, inspections and action plans to identify where improvements were required.

Audits consisted of daily, weekly and monthly checks to ensure the service was safe for people and was meeting health and safety requirements. There were monthly audits and inspections to ensure the premises and equipment was safe. There were twice daily 'walk arounds' by senior staff. Daily 'flash meetings' were held between senior staff to discuss any significant activity across the whole service, such as hospital admissions or discharges and concerns. Audits to check the service was operating well at night also took place. We saw that the registered manager was supported by an area manager who undertook visits to the service to ensure it was meeting regulatory requirements.

Meetings took place between senior staff and care staff. The unit managers met weekly with the registered manager to discuss any concerns and to share information or good practice. Meetings also took place between the provider's senior management team to discuss the quality and governance of the service following the transition from the previous provider. We noted that HC-One (the current provider) were concerned that the previous provider's policies could only be used for a limited time. A transition programme was in place to ensure all policies were transferred appropriately to the new provider by the end of the year. Interim arrangements were in place for the provider to continue using the previous provider's policies in the meantime. This meant there were systems to ensure changes in the service were gradual. This was in order for the service to continue with as little disruption to people and staff as possible.

The provider's quality and improvement checks were detailed and thorough. For example, each unit within the service was audited, which included checking care plans, daily notes, pre admission assessments, risk assessments and records of people's choices and decisions. Each area was given a score and an overall score was calculated to check the unit's performance levels against the provider's recommended scores. There was a Red Amber Green scoring system, with Red being the lowest. We saw that three out of the four units were either red or amber, which meant further improvements were required in order for them to

achieve Green.

An improvement plan was in place that detailed areas that required further development. For example, an internal inspection in February 2018, identified that people required a "more consistent meal service that offered choice and people were supported to do this by using visual choices." The inspection also recommended that information in care plans is used to "inform activity planning to ensure meaning stimulation is provided." This showed that the provider was taking steps to monitor and improve the service.

The provider also responded to feedback from people. For example, we saw notices which showed that the provider was able to arrange for specific requests to be met and what progress was being made in response to suggestions made by people. We saw that a recent questionnaire and survey was carried out and that an analysis of the feedback was positive.

The provider had a number of policies and procedures which gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance for example protecting people from abuse. Staff were clear about their roles and responsibilities and what was expected from them.

The registered manager demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. All notifications were submitted to us in a timely manner.

The management team had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.