

Anchor Hanover Group

Greenacres

Inspection report

The Horseshoe
Banstead
Surrey
SM7 2BQ

Website: www.anchor.org.uk

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Ratings

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|---------------------------------|--------|
| 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

About the service

Greenacres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenacres provides care and accommodation for up to 62 older people some who have physical needs and some people who are living with dementia. People have varied communication needs and abilities.

The service is set over three floors and is divided into different living units; each unit has its own lounge and dining area. On the day of our inspection the top floor was not being used, due to refurbishment. There were 45 people living in the home.

People's experience of using this service and what we found

People were happy with the care and support they received at Greenacres. The provider had employed a registered manager and improvements had been made across the service since our last inspection.

Quality assurance processes were now effective at identifying opportunities for improvement and making positive changes to the lives of the people living at the home, and the staff that worked here.

Staff were positive about their roles and the support they received from the registered manager. This had prompted a change in the culture at the home, which was now focussed on continuously improving and learning if things went wrong.

People's experiences of living here had improved due to a successful staff recruitment drive that had taken place. The home was now predominantly staffed by permanent staff, and agency usage had dropped dramatically since our last inspection. This enabled people to get to know the staff and develop positive relationships with them.

Hazards to people's health and safety were appropriately mitigated by appropriate risk assessments and staff training. Where accidents and incidents had taken place, these were thoroughly reviewed to understand what had happened and action was taken to prevent a reoccurrence.

People had enough to eat and drink, and they had been involved in the development of the menu. Their meal choices were varied and catered for differing dietary needs. People were supported to eat and drink when needed in an unrushed and dignified way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's access to activities and events had increased since our last inspection, and further work under the 'Anchor Active' initiative was underway, to make them even more personalised and focused on people's hobbies and interests. People's care plans reflected their preferences and needs with regards to care and support. Staff understood and supported people in accordance with the care plans and responded well when people's needs changed.

People told us they would be confident to make a complaint if they felt the need, and that their concerns would be listened to and addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Greenacres

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Greenacres is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with

seven staff and the registered manager. We also spoke to a visiting healthcare professional. 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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental hazards to people's health and safety were assessed, and risk minimisation measures put in place to reduce the risk of harm occurring. Issues raised at our last inspection, such as heavy furniture not being fixed to walls to prevent it falling, had now been addressed. Risk assessment systems were now robust to ensure that where a risk had been identified, corrective action was taken to protect people from harm.
- Risks to people's health due their physical or mental health support needs were assessed and guidance was in place for staff to minimise the risk of harm. Feedback from a health care professional about the support given to people at risk of pressure sores was positive.
- Staff practice supported people to maintain their independence, while protecting them from avoidable harm. For example, we observed safe practices when staff used equipment for people to reduce risk of falling.

Using medicines safely

At our last inspection the provider had failed to robustly manage people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Peoples medicines were managed in a safe way, and they received them as prescribed. People told us they had their medicines when they needed them. Observations of the staff giving people their medicines showed this was done in a safe way. Staff gave time to people and explained what their medicine was for.
- Since our last inspection the systems and processes for auditing and monitoring staff compliance to safe working practices had improved. Where errors had occurred with people's medicines, these had been identified by staff and appropriate action was taken to investigate and resolve the situation, and to prevent

a reoccurrence.

- Medicine administration records (MAR) chart were fully completed with no gaps. Individual procedures were in place for medicines prescribed to be given to people as necessary, for example for anxiety or pain relief.
- Medicines were stored securely with monitoring in place to ensure storage temperatures were within the manufacturer's guidelines.

Learning lessons when things go wrong

At our last inspection the provider had failed to act because of accidents and incidents and reduce the risk of them happening again. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- When accidents or incidents took place a thorough review was carried out to enable emerging themes to be identified and if any action was required to prevent any recurrence. Incidents such as falls, or behaviour that may challenge were fully reviewed to look for environmental or medical factors that could have triggered the event.
- Reviews of accidents and incidents resulted in changes being made to people's care and support where required. Actions taken by staff included review of risk assessments to ensure management plans were still relevant and updated with any new requirements. Additionally, referrals to outside healthcare professionals also took place to review people's medicines or seek guidance for additional support that may be required for the individual.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Greenacres.
- Staff had received training in safeguarding people from abuse and understood their roles and responsibilities in keeping people safe.
- The provider had systems in place for reporting any relevant concerns to local authority safeguarding teams and CQC as required. Where this had happened, the registered manager had worked with the lead agency to investigate and resolve the situation to ensure people were safe.

Staffing and recruitment

- There were enough staff to meet people's needs. Since our last inspection there had been a focus on recruiting permanent care staff. This had resulted in a large reduction in the use of agency staff at the home. One person said, "The staff do their best - sometimes they can be a bit rushed, but they help you all they can." During the inspection we heard calls bells being answered quickly, and staff were always present when people required support.
- Staffing levels were determined using a planning tool that considered people's needs and activities that staff would need to undertake, such as providing personal care. Separate calculations were carried out for day and night shifts to ensure staff were safely deployed around the building.
- Staff continued to be recruited safely. The provider continued to ensure checks had been carried out prior to staff commencing employment at Greenacres. The recruitment files contained all the information required for the provider to see that prospective staff were of good character and safe to employ. Information included the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- People were protected from the risk of infection because staff followed safe and effective infection control procedures. One person said, "I'm most impressed by the cleanliness of the home." Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed and reduce the risk of infection.
- Staff received training and regular infection control audits were undertaken to ensure standards were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure the principles of the MCA were followed in order to ensure people's rights were protected. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent for all aspects of their care and support was appropriately gained and recorded. Since our last inspection the registered manager had ensured all MCA and DoLS assessments had been reviewed to check they were decision specific and completed in accordance with the Mental Capacity Act. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.
- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. We observed staff taking time with people to give them the best chance at understanding and consenting to care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into Greenacres people and their families met with staff and discussed their specific needs and preferences. People had the opportunity to find out about the service before they moved in.
- Assessments of people's needs were reviewed to ensure the staff and service would be able to meet those needs. The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs.
- People's needs were regularly reviewed to ensure this information was kept up to date and understood by the staff that provided care and support.

Staff support: induction, training, skills and experience

- Staff training was under constant review by the registered manager to ensure it met people's needs. For example, in response to recent guidance published about risks to people from poor oral healthcare, the registered manager had arranged for staff to attend training provided by a dental practice on oral awareness for care home staff.
- Staff were positive about the training and support they received which enabled them to be effective in their roles. Support included regular meetings with their line manager to discuss their performance, training and any areas they wanted to develop.
- There was a thorough induction process for new staff to ensure they understood their roles and responsibilities. This included practical training in fire safety, moving and handling, as well as topics such as falls prevention, promoting independence, safeguarding and dementia awareness. All staff had to update their training on a regular basis to ensure they stayed up to date with current best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. One person said, "I have no complaints, the food is very tasty." Another person said, "They don't let you go without here."
- Since our last inspection a new chef had been employed and one of the changes they had made was to review the menus and involve people. This was done by holding a taster menu event, where they prepared the meals being proposed and asked for people's feedback.
- During the inspection people were encouraged to drink plenty of fluids and were given support with eating and drinking when required. Where people required a modified diet, such as to aid swallowing this was provided in accordance with professional input.
- People's weights were closely monitored and where a risk had been identified, such as someone losing weight, an investigation was carried out to find out why, and monitoring increased to ensure any action taken was addressing the issues. The effectiveness of this strategy was seen by the reduction in MUST scores for people. MUST' is a five-step screening tool to identify adults at risk of malnutrition (under nutrition), or obese.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. People's physical and mental healthcare needs were documented in care records. This supported staff to identify signs of deteriorating health and take appropriate action. A healthcare professional explained how staff's quick actions had prevented a person's health deteriorating. They said, "Staff spotted a red mark on the person's skin on a Friday and contacted us. A specialist bed and mattress were purchased and turning regime started. The mark had gone by Monday." This quick and effective action had stopped the mark on the person's skin developing into a pressure wound.
- People had access to outside healthcare agencies when they needed them, and staff supported them when they became unwell. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services such as speech and language therapists and occupational

therapists when a need arose.

- People's oral health needs were assessed and regularly monitored to help keep them healthy. Care plans were in place to record people's support needs with regards to their oral care.

Adapting service, design, decoration to meet people's needs

- People lived in a home environment that met their needs. Corridors were wide to facilitate use of mobility aids such as walking frames and wheelchairs, and handrails were of a contrasting colour to the walls to enable people to locate them easily. Adapted bathrooms and toilets were in place to support people with reduced mobility.
- A programme of refurbishment was underway at the time of the inspection to freshen up the decoration and to make the environment suit the needs of people living with dementia.
- Adaptations to the environment were made in response to people's changing needs. One person said, "I have a walk-in shower." In response to an analysis carried out to investigate an increase in a person falling, the floor in their bedroom had been changed to remove the patterned surface to reduce the risk of them becoming confused.
- People were able to personalise their rooms if they wished, and many had chosen to bring decorations and items of sentimental value to make the environment more personalised to them and make it feel like home. One person said, "I like to stay in my room because It's cosy and I have everything just how I want it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the provider ensure that people were treated with dignity and respect at all times, and their independence was encouraged. The provider had made improvements.

- People told us that staff were friendly and gave them the care and support in a way they wanted. One person said, "This place is fantastic, the staff are all amazing." Another person said, "The staff are very fussy – they like me to look my best."
- People were supported to maintain relationships, and staff were aware of the risks of people becoming lonely. We observed one person being reassured and supported to use a mobile telephone, so they could contact their family. Another person was able to have lunch with their friend who lived in another part of the building. Staff accommodated this with no fuss and made sure there was space for him.
- Staff treated people with dignity and respect. People told us staff knocked on doors and sought permission before entering, and when personal care was given doors and curtains were closed.
- People's independence was promoted wherever possible. Staff described how people were offered choice in how much staff did for them. For example, when washing or dressing, and we saw that people had access to facilities to make their own hot drinks if they wished.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff that were kind and that they had good relationships with the staff and management team. One person said, "The staff here are very good. They know that I admire what they do for me. They are helpful."
- The home atmosphere was relaxed, and people's body language indicated they were at ease with staff and each other. When people became anxious staff quickly stepped in to reassure people and help them to feel calm.
- Staff were trained in equality and diversity and had a good understanding of how to protect people's rights. The registered manager told us ensuring that no one experienced discrimination was an important part of the culture of the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us these choices were respected, and they were involved in making day to day decisions around what happened to them. During the inspection many examples were seen where staff took time to engage with people and ask them what care and support they would like.

- Staff knew how to support people to access advocacy services if required. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.
- People were able to express their views about what was happening to them, and staff showed patience and understanding in response to this. One person was seen to be quite vocal in their opinions on a number of topics over the course of the inspection. Staff remained positive and engaged with the person, without letting this dominate all their time and conversation, so that others in the room were included.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended that the provider reviewed the activities available to people to ensure that they were meaningful and stimulating. The provider had made improvements.

- The provision of activities for people had improved since our last inspection. People told us about being given the opportunity to suggest activities, and that they did not often get bored now. The way activities were managed was under review by the provider under their 'Anchor Active' initiative at the time of our inspection.
- People had access to group activities, and work had begun on finding out people's individual hobbies and interests, to see how more could be done to help them pursue them. People spoke positively about how this had given them the opportunity to visit the local community and take part in activities they enjoyed. One person said, "Staff are taking me to the library tomorrow."
- Organised activities were available for people seven days a week. They included in house events such as slow yoga, arts and crafts, and seasonal activities. Additionally, people could go on shopping and day trips, as well as attend local faith centres.

End of life care and support

At our last inspection we recommended that the provider ensured that staff were aware of people's up to date end of life preferences and needs. The provider had made improvements.

- Staff had approached people and their relatives to discuss how people wanted to be supported at the end of their lives. Where people had agreed to share this sensitive information care plans contained relevant information for staff so that they understood people's choices and preferences. Where people had not agreed, this had been recorded, and a note made to give people the opportunity to talk about this again at their next review.
- No one was being supported at the end of their life at the time of the inspection. We saw positive feedback from earlier in the year from relatives about the care that had been given. It said, "During her last few days, we the family attended her bedside constantly, and during that time all the staff not only cared for [person's name] constantly but also supported us through a very difficult time."

Planning personalised care to ensure people have choice and control and to meet their needs and

preferences

- People were positive about staff knowing their individual support needs. This had improved since our last inspection due to the decrease in use of agency staff at the home, due to a focus on recruitment carried out by the registered manager. Staff now had a good understanding of how people liked to spend their time and what things people had done in the past.
- Individualised care plans were in place that had been developed with people and their relatives' input. These gave clear guidance to staff on people's care and support needs, as well as personal preferences on how care should be given. Observations during the inspection, and a review of daily care notes showed that people received support in accordance with their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in accessible formats when needed. People we spoke with said they preferred to have information given to them verbally. Technology was also in use for making information more accessible. For example, a voice activated device was in the reception area, which people could interact with to find out information that interested them.
- People's care plans gave information about how they communicated, and staff were seen to follow these preferences, such as speaking to people in particular ways, or using signs to communicate.
- Information was displayed around the home in easy to read formats, so people could find out about events and activities that were taking place that may be of interest to them.

Improving care quality in response to complaints or concerns

- People told us they would be confident to make a complaint if they felt the need, and that the manager and staff would try to put things right for them. A staff member said, "We want everyone to be happy, and if things are not right it's our job to make them right."
- Posters around the home reminded people and relatives that their feedback would be welcomed. They detailed who could be contacted and gave details of the process to follow.
- Where complaints had been received; these had been thoroughly investigated by the registered manager and provider and action had been taken to try to resolve the issues to the satisfaction of those who had made the complaint.
- Many compliments had been received since our last inspection, thanking staff for their kindness and compassion.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify CQC of reportable accidents and incidents, which is a requirement of them being registered with us. This was a breach of Regulation 18 (Notification of other incidents) of the Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection the provider had appointed a registered manager, who had worked to understand what had gone wrong at Greenacres and taken ownership in putting things right. The improvements we saw across the home and the positive feedback we had from people and staff about the improvements demonstrated the home was now well managed. A staff member said, "I believe this is a caring place to be – I look around and see that residents are happy and well cared for."
- During the inspection the registered manager and area manager were quick to respond to issues raised. For example, an issue with lighting in one lounge, and an observation made about how staff had guided people, assuming that they knew where people wanted to go, without really asking them.

Continuous learning and improving care

At our last inspection the provider had failed to implement effective quality assurance systems. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance processes were now effective at identifying where improvements were needed, and that action taken had addressed the concerns. The registered manager had a clear understanding of regulatory requirements, and how to plan and deliver quality care.
- Improvement plans were closely monitored by the registered manager and provider, to ensure target dates for completion were met. All actions identified on the home's improvement had been completed or were being addressed at the time of our inspection.

- There were robust systems in place to audit and review care delivery and make improvements when needed. Initiatives such as '10 at 10' staff meetings ensured emerging issues around care and support, or the home environment were discussed and addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was visible within the home and people knew who she was. One person said, "She [registered manager] always comes when I want her. I see her every day, she is friendly and nice."
- Staff were complimentary about the registered manager, and how they had been made to feel valued and involved in improvements around the home. One staff member said, "Its good here now. The manager is good, she has lots of ideas and we are being included, like talking about the lounges, we had our say, so did the residents."
- The registered manager had made positive changes to the staff culture at the home. She said, "It's gone from a culture of fear and blame [when things went wrong] to being more open and transparent where we all learn from what's happened and move on together." A staff member said, "We want everyone to be happy and if things are not right; it's all our jobs to put things right." Another staff member said, "The registered manager has made a huge difference. The staff morale was very low, but she has changed it all around and has made us believe in ourselves again."
- People, relatives and staff were consulted about changes and improvements within the home via regular meetings and events. A staff member said, "We've got a good manager, she is very upbeat."
- The satisfaction of people and staff with the service provision had been collected through surveys. These were carried out by a third party, and the results were analysed and a report identifying strengths and areas for improvement were produced. The results from the 2019 surveys were in the process of being published, but we were able to see that results showed that people and staff were more positive about the home compared to previous surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way to us which meant we could check that appropriate action had been taken.

Working in partnership with others

- There were good community links with local schools, community centres and churches. People told us how much they enjoyed this. For example, a project with a local school involved people being asked to send a postcard about their interests. School children then sent back a drawing or painting to the person of that activity. The school then visited the home where their artwork had been displayed, and people were able to talk to the children.
- The service worked closely with external health and social care professionals to achieve positive outcomes for people.