

Chestnut View Care Home Limited

Chestnut View

Inspection report

169 Derby Road
Chellaston
Derby
Derbyshire
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Tel: 01332704511

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 25 and 26 October 2016 and was unannounced. At our previous inspection during June 2014 the provider was not meeting the regulations we checked. This was because we identified areas of unsafe, ineffective and unresponsive care. This was because the service was not well led and we carried out enforcement action. The provider sent us a report in September 2014 explaining the actions they would take to improve. At this inspection improvements had been made and all of the breaches in regulations had been met. However some further improvements were needed.

Chestnut view provides residential care for up to 18 older people, who may be living with dementia. The home is over two floors, there is an extension which also includes bedrooms and a communal and dining area. The main part of the home has a dining area and two communal lounges. There is a stair lift. There were 18 people living at the service at the time of our inspection. Chestnut View is situated in a residential area in the Chellaston area of Derby.

There was a registered manager in post. 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.

People and relatives we spoke with felt people were safe at Chestnut View. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe. The provider had procedures in place for the management of medicine, which were not always adhered to by staff. This showed the provider could not be confident that people were always receiving the correct medicine and dose.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Sufficient numbers of staff were deployed to support people. Risks to people were identified and assessed.

People were supported by staff that were generally kind and caring. People's choices and decisions were respected. Staff respected people's privacy and dignity. People's independence was promoted.

People were not always supported to engage in interests and activities, to suit their choices. People and relatives knew how to raise concerns.

We observed staff sought people's consent before they provided care and support. Some people were subject to restrictions and the provider had identified where their support needed to be reviewed. However capacity assessments were not always completed in line with the mental capacity act principles.

People were supported at mealtimes and received sufficient food and drink that met their nutritional needs. Staff were supported through supervision and training and demonstrated knowledge of people's needs.

Staff received training in areas that were relevant to the needs of people who used the service. People were supported to access other health care services as required.

The registered manager was viewed as being open and approachable and involved in the day to day management of the service. Staff felt supported by the registered manager.

The provider had systems in place to monitor the quality of the service, however further improvements were needed to drive improvement. Records were not kept to ensure a person received adequate fluid and the internal medicines audit did not identify medicines were not always handled safely.

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 not consistently safe.

People felt the support provided by staff, kept them safe. Staff understood their responsibilities to protect people from harm and minimise risks to their health and safety. There were sufficient suitably recruited staff to support people. However staff did not always handle people's medicines safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received training and support to enable them to care for people. Policies and procedures were in place to support the principles of the Mental Capacity Act 2005. However capacity assessments were not always completed in line with the principles. People enjoyed their meals and received sufficient nutrition. However monitoring of people's fluid intake required improvement. People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind and caring staff. Care and support was provided in a way that respected people's privacy and promoted their dignity. People and their relatives were involved in planning for their care.

Good ●

Is the service responsive?

The service was not always responsive.

People were not supported to maintain interests that they enjoyed. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Requires Improvement ●

There was a registered manager in post, who had an open and inclusive management style. People and their representatives found staff were approachable and helpful. People and their representatives were encouraged to give their views about the service. Staff were complimentary about the support they received from the registered manager. The provider had introduced quality assurance and governance systems, ensuring that the quality and safety of the service was maintained however these did not always suitably identify issues within the home..

Chestnut View

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 was 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 25 and 26 October 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our inspection we spoke with five people who used the service, four relatives and one person's friend. We spoke with the registered manager, a director, two team leaders, three carers and cook.

We looked at three people's care plans to see how their care and treatment was planned and delivered. We reviewed other records which related to the management of the service such as quality assurance, staff training records, recruitment records and policies and procedures. We observed how people were supported during their lunch and during individual tasks and activities. 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.

Is the service safe?

Our findings

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements, but needed to make further improvements. We saw the medicine packaging for one person had been tampered with. The medicine packaging for one medicine had been opened and then resealed. This did not provide assurance the person was receiving the correct prescribed medicine. We discussed this with the registered manager who told us that a staff member had done this to ensure the medicine was in the blister pack received. This showed the provider could not be confident that the person was receiving the correct medicine and dose.

At the previous inspection there was a discrepancy between the quantity of the medicines in the home and the quantity recorded. At this inspection visit we saw that medicines were stored securely and were not accessible to people who were unauthorised to access them. We observed staff administering people's medicines. We saw a person was given a drink and time to take their medicines whilst the staff member stayed with them to ensure the medicine had been taken before recording this. The medication administration record (MAR) charts we looked at were completed accurately. We looked at the MAR's for three people who used the service and found the medicines quantity tallied with the amount received into the service. We found that protocols were now in place for medicines administered as and when required [medicine which is to be taken as and when required] such as pain relief. Staff we spoke with were aware of the procedure for medicines administered when required and knew when those medicines were to be given.

We previously found the provider did not have suitable arrangements in place for the handling of controlled drugs. At this inspection the registered manager told us no one at the service was currently prescribed controlled drugs (CD), records we looked at also confirmed this. The provider had arrangements in place to securely store CD and a register to book in and out CD.

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to recruitment procedures when recruiting new staff. This was a breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in June 2014 the provider did not have effective recruitment procedures in place. Staff did not have all the required pre-employment checks in place prior to commencing employment. At this inspection we found improvements were made. The provider had satisfactory systems in place to ensure suitable people were employed at the service. We looked at the recruitment records in place for three recently employed staff members. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all

the required documentation in place.

People who used the service and their relatives told us they felt safe with the care and support provided at Chestnut View. One person told us, "I'm reasonably safe, no real worries. Some people get lost and try my door but I lock it now." A relative said, "[Name] is very safe, being a smaller place they get more attention. I don't have to worry now as [Name] is well cared for."

Staff we spoke with understood their responsibilities to keep people safe and the procedures to follow in the event of any alleged or suspected harm occurring to a person using the service. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. Staff told us they had access to the provider's policies and procedures and understood how to respond if they had concerns about the safety of people using the service. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority by the provider.

We saw that the staff were mindful of people's safety. For instance when staff were using moving and handling equipment to transfer a person, they ensured that furniture was not in the way. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. Risk assessments were in place regarding people's assessed needs such as moving and handling. When risks had been identified, the assessment showed how this risk could be reduced. This demonstrated staff had the information available to manage risks to people in a safe way.

People had individual personal evacuation plans in place in the event of a fire or any other incident which required the service to be evacuated. This was to help ensure people received the appropriate level of support in an emergency to keep them safe.

The provider ensured there were sufficient numbers of staff available to support people safely. People and relatives told us that there were usually enough staff on duty to support people. One person said, "Sometimes staff seem a bit rushed but mostly it's okay." Another person told us, "Mainly staffing is okay, at the weekends there seems a bit fewer staff on." A relative said, "They seem to have a good level of staff on duty." People told us staff checked on them in the night to ensure they were safe. The registered manager told us staffing levels were determined on the needs of people. The registered manager told us staff holidays and absences were covered by the existing staff team, ensuring continuity in care. Staff told us that there were enough staff on shift. One staff member said, "There are currently sufficient staff." Another staff member told us, "Since the registered manager has been here, staffing levels are fine and there are now two waking staff on through the night." However during the inspection visit we saw there were occasions when the communal areas were not staffed. We discussed this with the registered manager who confirmed that there should always be one member of staff around.

Is the service effective?

Our findings

At our previous inspection in June 2014 we found the provider had not followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) where people were unable to give their consent. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found some improvements were made, but further improvements were required. The registered manager told us that majority of the staff had undertaken MCA and DoLS training. Two staff had been booked onto the training. Staff we spoke with and training records we looked at confirmed this. The registered manager and staff had an awareness of the MCA.

We saw that capacity assessments had not been completed by the provider when people were thought to lack capacity. Care records for two people who lacked capacity, did not contain information regarding their capacity to consent in different areas of daily living. They also did not specify the level of support they required to make decisions. We discussed this with the registered manager who told us they, they would request a DoLS assessment where they felt a person lacked capacity. Our observations showed that staff sought consent before supporting people. For instance we saw staff asking for the person's consent before assisting a person to go for lunch and before removing people's lunch plates. A relative said, "I hear them [staff] ask [name] and explain what they are going to do even though [name] cannot respond." We saw staff supported people to make choices whenever they were able to. One person said, "The staff are pretty good at letting me make my choices about what to do." A relative said, "[Name] is unable to make a decision and relies on the staff. They [staff] still ask [name] for their choice even if they cannot decide, then they [staff] suggest what they might like."

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 DoLS. Some people living at the service were assessed as being deprived of their liberty. At the time of our inspection eight people had DoLS authorisations that had been approved. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to staff training. We found the induction training was not detailed and that staff had not received training so that they could support people effectively. This was a breach of Regulation 21 of the Health and

Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in this area. The registered manager told us they had introduced the care certificate induction program. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A new member of staff told us the induction training was comprehensive and informative which they found helpful, even though they had previous experience of working in a care setting.

The provider supported staff to develop and keep their learning up to date. One person said, "They [staff] do anything for us and seem very capable." A relative said, "Staff are pretty good. [Name] is well looked after." Staff we spoke with had received induction and training which equipped them to support people who used the service. Staff confirmed they had regular training and supervision to carry out their duties. Staff training records confirmed they were provided with opportunities to access training to develop their skills. This included completion of a range of training to meet the needs of the people they supported. This showed staff were being supported to develop their skills and knowledge to provide care and support to people using the service

There was a system in place for supporting and supervising staff. Staff told us they felt well supported by the registered manager and other staff members. One staff member said, "We have a supportive manager, we all work well together." Another staff member said, "Things are much better with the current manager, morale amongst staff has improved. The manager is very supportive of staff and people who use the service." The supervision schedule showed staff had regular supervisions and staff confirmed they received regular supervision meetings. Staff told us they were able to approach the registered manager in between supervision meetings if they required support. The registered manager explained staff meetings took place to discuss issues such as practice and people's needs. Staff we spoke with and records showed staff meetings were held on a regular basis.

People we spoke with were complimentary about the food quality and the choice available. One person said, "There's a lot of flexibility with the food. They feed us well." A relative told us, [Name] says the food is really good." We observed that people were supported to enjoy their lunchtime meal. There were good interactions by the staff providing one to one support to two people who required assistance. The staff supported people in an unhurried manner, whilst engaging in conversations with them.

The registered manager told us information on people's dietary needs was obtained when they moved to the service. We spoke with the cook who had the main responsibility for preparing meals at the service. They told us that they were aware of people's specialist dietary needs, likes, dislikes and nutritional needs. Staff we spoke with were also aware about people's dietary needs. Dietary requirements were detailed in people's care plans. For example, in one person's care plan it was written due to the person's health condition they were on restricted fluid. Staff we spoke with were aware of this but told us no fluid chart were kept to monitor the actual fluid the person had received. This did not ensure that the person had received the correct amount of fluid. We discussed this with the registered manager who told us they would be introducing a fluid chart so that staff could accurately monitor the person's fluid intake. This meant the provider could not be confident the person had received the correct amount of fluids to ensure their wellbeing.

We saw that external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. People told us they could see the GP or other health care professionals when they wanted. A relative said, "[name] has only been here a few weeks but has already

been booked in for the chiropodist. The audiologist is coming in to re-assess [name] for new hearing aids." The registered manager told us that 'ward rounds' took place every two weeks by a local GP practice that they worked with. This meant that the practice told them specific days when they would come to the service and review anyone who wanted to see them. Staff told us if someone needed to see a doctor outside of this they could be called at any time as necessary. This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

People told us that they found staff generally kind, caring and helpful. We observed positive interactions between people who used the service and staff, with jokes shared and laughter enjoyed. Staff were polite and friendly when speaking with people. A person said, "The staff are all very kind to us." Another person said, "They [staff] are very caring people." A relative said, "The staff are caring. It's home from home."

People we spoke with told us they felt staff respected their privacy and promoted their dignity. A person said, "They often knock and come in. They will shut the curtains when supporting me to dress." Staff were able to explain how they supported people with personal care if required and told us they knocked on people's bedroom doors before entering. We saw people were discretely prompted about their personal care needs. For example when asking people if they needed to use the toilet, staff asked them quietly and discreetly. This showed us staff treated people respectfully and with consideration.

People were encouraged and supported to maintain their independence. Staff we spoke with understood the importance of promoting people's independence and enabling them to be as independent as possible. One person said, "I like to be independent. I shave myself, dress and go where I like." Another person told us, "Staff do encourage me as they know what I can manage myself."

During our observation at lunch we saw a person was restless and walking around. Staff provided the person with verbal supervision and distractions. Through this technique staff tried to encourage the person to eat.

We saw the people at the service were dressed according to their own choice and style. During our inspection visit some people were having their hair done by the visiting hairdresser. One person said, "I like having my hair done." This demonstrated that staff encouraged people to maintain their sense of self and individuality.

People we spoke with told us they were involved in developing their care plan, with their family and or advocate involvement, identifying what support they required. A relative said "They let me know if there are any changes and keep me up to date. Another person's relative told us, "I feel I'm involved." We found that care records reflected people's preferences in respect of the gender of the staff they wanted to provide their support.

People told us that they were supported to maintain relationships which were important to them. Relatives we spoke with also confirmed this. We saw staff were welcoming of people's visitors. Relatives we spoke with also confirmed this. Relatives told us there were no restrictions placed on visiting times. A relative said, "There are no set times for visiting. They always make me a coffee when I come too."

Is the service responsive?

Our findings

People told us that staff, supported them with their care needs. A person said, "They [staff] know me now and have been lovely."

Some people told us they went out with staff to the local pub or for a coffee. However some people felt staff did not always interact with them as they were busy. A person said, "It's not very often that someone sits with us." Another person's relative told us, "Staff don't spend time being with [name], they just do the care tasks." We observed some instances where staff did not engage with people using the service. For example we saw a member of staff in the main lounge who only interacted with people when carrying out a task. We also saw a person in a wheelchair, who had been left for a period of time, without interaction from staff.

Our observation showed there was limited social interaction taking place. The registered manager and staff told us there was an activities co-ordinator employed five days a week, for four hours per day. However during the inspection visit the activities co-ordinator was not working. We saw that people were sitting in the main lounge with some music playing in the background and in the lounge in the annex a couple of people were watching television. We saw some people were snoozing and a few people had visitors. This showed individuals were not always supported to pursue their individual hobbies and interests.

Staff understood people's needs and preferences. Information in care plans demonstrated that people or their representatives were involved in the reviews of their care. People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people, relatives and other professionals. Staff we spoke with understood the needs of the people using the service. This included how they cared for and supported people.

Staff told us a handover took place at the start of each shift, so staff could be updated about people's needs and if any changes in their care had been identified. Staff felt this gave them an opportunity to share quality information about people's needs with the staff who were coming on shift.

People and relatives we spoke with told us they had not had to make a complaint about the service. A relative said, "They certainly do listen to me when I raise anything, and do what they can." The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately.

Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would share this with the registered manager or the deputy manager. We saw there was a copy of the complaints procedure on display at the service. The procedure did not contain details of the Local Government Ombudsman where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider.

The service also collated compliments and thank you cards when received from relatives and family members. A thank you card from a relative read, "We cannot thank you enough for what you did for [name]."

You had the perseverance and patients with [name].

Is the service well-led?

Our findings

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to assessing and monitoring the quality of service provision. This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that further improvements were needed to assess and monitor the quality of service that people received. We found staff were not keeping records to monitor a person who received restricted fluids. Staff told us they verbally told other staff how much fluid the person had received on each shift. However this did not provide assurance the person received the correct amounts of fluid ensuring their health and wellbeing. We saw medicine audits were completed, however these had not picked up that staff were not always handling medicines safely. The provider could not be confident that where the medicines packaging had been opened and resealed, the person was receiving the correct medicine and dose.

An external medicines audit was carried out by the community pharmacist who left some recommendations, which the registered manager confirmed they had actioned. For example a bottle of eye drops did not have the date when the drops were opened. At this inspection we found that opened dates were recorded on eye drops.

Records showed the registered manager and a director carried out unannounced observations of staff practice during the night shift. During one incident a member of staff felt there was an expectation to get some people up for the day staff. Minutes of staff meeting showed the director reinforced to all staff that people were not to be woken up and that they would get up on their own accord.

We saw a sample of health and safety records which showed the servicing of equipment and building were up to date. This included the call bell system. We also saw the home had a Fire safety audit during 2016, which stated the home was broadly compliant. Records showed staff had undertaken fire training in February 2016. The registered manager told us that one of the directors was responsible for carrying out visual maintenance checks. Also if staff noticed any repairs or works needed doing this was recorded in the maintenance book which was checked by the director. This ensured the provider had arrangements in place to monitor the safety of the premises and equipment.

The registered manager told us they had recently started to analyse accidents, incidents and falls to identify any patterns or trends. We were told that when a pattern was identified the registered manager would take action to minimise the risks of a re-occurrence, such as referring a person for a mobility assessment.

Since the last inspection the provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us satisfaction survey were given to people who used the service and their representatives to express their views, regarding the support and the service provided. We looked at the results for the survey during 2015, overall the feedback was positive. However some people felt they were not involved in what was happening in the home. The registered manager told us as a direct result meetings for people who used the service and their representatives were

introduced. A relative said, "Once in a while they have meetings for us". However a relative said, There's an occasional meeting. I came once. I heard one or two suggestions, like more parking, but not really practical." Minutes from the meeting showed the provider had changed the menu to reflect the suggestions given by people.

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we found care plans and risk assessments lacked sufficient detail to guide staff to provide the care, treatment and support people needed. At this inspection we saw the provider had made improvements in this area. Care plans and risk assessments we looked at reflected people's needs and were up to date. This meant staff had relevant information to support people, ensuring their health and care needs were being met.

At our previous inspection in June 2014 we found there was a breach in meeting the legal requirements relating to the safety and maintenance of the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw the provider had made improvements in this area. We were shown around the premises by the registered manager, who told us the home was going through a program of refurbishment. The communal areas were clean and since the last inspection had been redecorated. The registered manager told us they had one lounge left to decorate, as well as bedrooms and the upstairs corridors. The carpets on the ground had been replaced with laminated flooring. Following the previous inspection the call bell system had been regularly serviced and maintained. We randomly activated the call bells on both floors. However the bells sounded but no staff responded. We discussed this with the registered manager who told us as all the people were in communal area's staff were aware of this hence why they did not respond. The artificial lighting in the home was being replaced throughout the home. For example we saw since the previous inspection visit the lighting in the main lounge and corridor was brighter. This showed that the provider had taken action to maintain the premises ensuring they were comfortable and clean for people who used the service and visitors.

Since the last inspection the service had a registered manager, who registered with the CQC February 2016. They were involved in the day to day management of the service, which was confirmed by the staff we spoke with. The registered manager was supported by the deputy manager and staff.

People and relatives we spoke told us they knew who the manager was. One person said, "I have seen the manager now and then. They are nice." A relative said "The manager is always around and is quite good, easy to talk about things." Another relative said, "The current manager has done quite a lot of things. She has rearranged the layout in the communal areas, new flooring and decorating." All the staff we spoke with told us that the registered manager was approachable. They spoke positively about the registered manager who they found supportive and provided good leadership. One staff member said, "The communication is 100%. I am not frightened to give an opinion as the manager listens."

The provider was clear about their responsibility in notifying the CQC about incidents, events and changes that affect the health, safety and welfare of the people at the home and the running of the service. We received notifications from the management team in a timely manner.

