Anchor Trust

St Marys

Inspection report

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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

The inspection took place on 9 and 10 October 2017 and was unannounced. This was the first ratings inspection for this provider Anchor Trust since registration of this location. This rating for the service was Good.

St Marys provides residential care for up to 60 people. People in care homes receive accommodation and 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. At the time of our inspection there were 39 people living at the home. The home is split in to two areas. The area of the home known as Constable was supporting 21 people living with dementia. The remaining rooms are in the main building.

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.

People and their relatives were all happy with the service they received. Families told us they were informed and involved in decisions about their loved ones' care. Our observations showed that staff were kind and caring in their approach and understood the needs of people they supported.

People received safe support with their medicines. Medicines were stored safely and the temperatures of these areas were checked regularly. If people needed to have their medicines crushed in order to be able to take them safely, this was done following advice from healthcare professionals and in line with the Mental Capacity Act 2005 (MCA) and making best interest decisions.

People's rights were protected in line with the MCA. If people did not have capacity to make decisions, family were consulted and involved in making decisions about their care and support.

People received effective care that met their needs. Staff worked with community healthcare professionals such as speech and language therapists, occupational therapists, psychiatric nurses and GPs to ensure that people had the right health support in place.

People received their meals in accordance with their needs. People were able to be seated where they wished at mealtimes. Some chose to be in the dining room at tables and others chose to be in armchairs. Meal textures were modified for those people that required it in order to be able to eat safely.

All staff were positive about the training and support they received. Staff also received regular supervision as a means of monitoring their performance and development. All staff were positive about working in the home and told us morale was good amongst the team. We found a staff team that was motivated and involved and had good systems of communication in place.

Staff were responsive to people's individual needs and preferences. A pre admission assessment was carried out which helped staff create person centred care plans. There was a range of activities in place for people to be involved in if they wished. This included visits from outside organisations and entertainers.

The home was very well led. The registered manager promoted a caring, positive, transparent and inclusive culture within the home. Staff and relatives were positive about the management of the home and felt able to raise any issues or concerns they had. Feedback was consistently seen as a way to develop the service. People were truly consulted and involved in the running of the home. There were quality assurance systems in place to monitor the safety and quality of the service provided.

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 Good.

People received safe support with their medicines.

Staff understood their responsibilities to safeguard people from abuse and were confident about reporting their concerns.

There were sufficient numbers of staff employed to meet people's needs.

The home was clean and odour free and staff had the supplies they needed to manage infection control.

People had risk assessments in place to guide staff in providing safe support.

Is the service effective?

Good

The service was Good.

People's rights were protected in line with the Mental Capacity Act and DoLS.

Staff were well trained and received supervision to monitor their performance and development needs.

People were supported nutritionally in accordance with their needs.

People received support from community health professionals when necessary.

The design and layout of the building met the needs of people with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach and relatives were positive about the care people received.

Relatives were involved in decisions about people's care.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities suited to their needs.

Care plans were person centred and covered a range of people's needs.

There was a complaints procedure in place and people felt confident about raising concerns.

People's wishes in relation to end of life care were recorded.

Is the service well-led?

Good

The service was well-led.

The service was very well led by a management team who were open, inclusive and empowering.

People were consulted and involved in the running of the service.

There were systems in place to assess quality and safety.

St Marys

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 9 and 10 October 2017 and was unannounced.

The inspection was carried out by one 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. Prior to the inspection we reviewed all information available to us. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and any improvements they plan to make. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

We spoke with five people using the service and three relatives. We also carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us. We spoke with seven members of staff as well as the registered manager and deputy. We reviewed care records for five people using the service and looked at other records relating to the running of the home such as quality assurance records, recruitment and medicines records.

Good

Is the service safe?

Our findings

The service was safe. People told us that they felt safe living at the service. A relative said, "The staff do look after my relative and make sure they are safe." Another relative explained that they knew their relative was safe and treated well because, "They are far more relaxed and do not get stressed. I know they are in good hands."

Staff knew how to identify and raise any concerns about peoples' safety. Staff had received safeguarding training and demonstrated an understanding of how to identify potential concerns and what to do. Staff were able to tell us who they would go to with concerns, or, what they would do, if they were a more senior member of staff. Senior members of staff were visible around the home and they described working with colleagues to deliver care. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority and CQC in line with their policies and procedures and matters were fully investigated. Comprehensive records were kept and available for inspection. Positive actions were taken to protect people and where there was potential, prevent the matter occurring to others.

Risks to the service and individuals were well managed. People had risk assessments in place to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. We checked to see that people were receiving the care that they needed. One person in relation to their pressure care needs, had details such as mattress settings regularly checked and were appropriate for the person's weight. Where appropriate people had falls risk assessments, risk assessments to prevent choking, and moving and handling. Staff were aware of these plans and we observed staff practice matched the plan in place. These were regularly reviewed and monitored. The service was proactive in ensuring that these control measures did not restrict people's independence. This meant that people could continue to make decisions and choices for themselves.

The service was safely staffed. The registered manager calculated how many staff were required to support people. The deputy manager completed a dependency tool each week based upon the numbers and needs of people resident. Rosters were adjusted accordingly. People and staff told us that there were enough staff working at the service. One person said. "Staff are always wandering about. They are always vigilant if you need them." A relative told, "Yes there is enough staff. It has improved and got better." We viewed the roster for four weeks and saw staffing levels had been maintained. The roster was planned well in advance. All staff we spoke with told us that there were sufficient staff deployed in to each department such as care, catering and housekeeping. We examined staff recruitment records and found that appropriate checks were in place before staff started work at the service. Staff spoken with told us that they had a formal interview and that references and checks were made. This meant there were suitable numbers of skilled staff to meet people's needs.

Medicines were safely managed. Staff had undergone regular training with their competencies checked.

Storage was secure, temperatures checked and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. Body maps were used to monitor patches used to administer some types of medicine. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

A member of staff said, "I'm confident with medicines. I have done advanced training. I have done my diabetes training so I'm confident I know about that too." There were regular and effective auditing systems in place. Actions were taken to improve and develop medicines safety. The registered manager had ordered lockable cabinets for people's rooms so that creams were available but kept safe.

The premises were visibly clean and tidy. We saw cleaning taking place during our visit. Staff had access to protective equipment such as gloves and aprons. We also saw a well-stocked store cupboard with all the equipment and supplies that housekeeping staff required. There were sufficient housekeeping staff on duty during our inspection to undertake the cleaning tasks set for the day. Staff were able to describe how they prevented the spread of infection. Care staff demonstrated clear knowledge of how to manage a suspected or actual outbreak of infection in the home.

People had personal emergency evacuation plans in place, in case of emergency. We also saw that fire equipment was checked regularly and that fire drills were carried out so that staff were well prepared in the event of fire at the home. We spoke to the maintenance person employed and they were able to show us up to date servicing records for equipment and safety checks on equipment, water systems, portable appliances and windows.

Good

Is the service effective?

Our findings

All the family members we spoke with said that the needs of their loved ones were being met and had confidence in the staff. A relative explained to us that staff understood people living with dementia and knew how to respond. They gave an example of staff intervening and taking a person out for a walk to help them calm down and cope with their distressed behaviour.

Staff told us that they had the training and support they needed to carry out their role effectively. The registered manager had a training matrix that allowed them to monitor any training updates that were needed. One staff member said, "I have done my Care Certificate and I'm now doing my level two. I have done all my updates such as safeguarding training, first aid and moving and handling." There was an effective and well-structured induction for new care staff. Another member of staff told us that they particularly liked the safeguarding training as it was face to face. Another staff member said that they, "Can request any training. I feel very confident in the fire safety training I've been given." The manager was looking at reviewing both the health and safety and fire training to make it more interactive and meaningful to the location in which staff worked. External agencies were used to provide local training as well as accessing Anchor specialists. A dementia lead from Anchor was visiting during our inspection to support staff. The local hospital had been used to access training on diabetes, malnutrition screening tools and 'Food First' program. The local hospice had also provided training.

Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. One staff member said, "I have regular supervision with a senior. I have observations of my practice as well." In these sessions staff were offered the opportunity to request training and discuss career progression. Staff spoke of good staff moral and how they all worked as a team. One relative also commented about how staff worked together and the seamless care that their relative received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate. The manager monitored these carefully and had a tracker in place to ensure they knew where applications were and if they needed to be reviewed.

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Care plans recorded where other people had lasting power of attorney and staff understood what this meant. Care plans had good evidence based best interest decisions documented with appropriate people consulted. Examples included, what strategies staff would follow if a person refused to take their medicines. The ultimate final strategy to crush the medicine and place in food had been agreed with health professionals and family members. Staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make

decisions regardless of their method of communication. One relative was keen to tell us how the rights for their relative was upheld because they were offered choices and allowed to walk freely around their environment without restriction.

People told us they were happy with the food they were served. One person told us, "They come and ask us what we want. There is a very good choice for breakfast. The other night for supper I didn't fancy what they had so I asked for an omelette, and it was so good I made it the basis for my lunch today." A different person said, "They are good at offering choice and they don't give me too much". The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight and to support one person with a specialist dietary condition.

Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs and preferences. Before lunch we overheard a staff member say, "Would you like to have a sherry?" In Constable, where people living with dementia reside, people were able to choose from a plated up lunch option, so that they could decide based upon what they saw and how they felt at the time. The senior on duty had oversight of the lunchtime serving. She made assessments of how people were managing and encouraged people to eat. If people left the table for a short walk they were encouraged to return and tempted with something else. We saw that where people were not able to eat their meal unaided they were offered support to eat. Meal textures were modified for those people that required it in order to be able to eat safely. This helped to ensure that people got the food they needed to stay well. People told us that they enjoyed their meals; they had two choices for lunch and were able to ask for an alternative if they did not want what was on the menu. One person said, "The meal was tasty."

Mealtimes and the food experience was taken seriously and the service sought feedback about each meal by taking a photo and asking staff, manager, relatives to given written /verbal feedback in the form of tasting notes on the meal prepared for people. This was to enable the catering staff to understand more about feedback on the food prepared at the time.

People were supported to maintain good health. One person told us that, "I have seen the doctor, they've been very good." Relatives felt they were kept informed of health matters relating to their family member. A relative said, "If there is any problem with stress they get the doctor in. The doctor knows my relative well. The home have a list for the weekly visit, the staff tell me when my relative's got the doctor visiting, and say we'll give you a ring later." A different relative told us, "The staff are always very sharp with the diabetes – they keep their sugars spot-on." We examined care records for people with diabetes. These were informative for staff and guided them clearly in relation to blood sugar monitoring, skin care and podiatry needs. These plans were appropriate to support people with diabetes to keep healthy.

The registered manager and care staff had a good working relationship with external health professionals. The registered manager and care staff were looking at ways to work more closely with the GP and ensure staff were trained and competent to take on going observations (such as blood pressure) to inform the GP and nursing diagnosis. At the morning meeting those in need of seeing a GP that day were known and the reasons shared with appropriate staff. Arrangements were made by the Team Leaders. We spoke to a visiting health professional who praised the home for their appropriate communication with their surgery. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. Staff reported and discussed any health concerns with professionals such as speech and language therapists, optician, GPs, psychiatric nurses and occupational therapists. This ensured that people's health needs were met.

The building was well suited to the needs of people living with dementia. Constable was built in a circular design so that people could move freely through the different areas. There was access to outside space where people could access nature and fresh air safely. People had memory boxes outside their rooms that contained their favourite items or memories of past employment. These guided people to their rooms. Redecoration and refurbishment was well underway with floor coverings being replaced and new furniture being purchased. One corridor had an interactive seaside theme. For security reasons and people's safety, there was a buzzer system to let people in and out of this area. Lounge areas were homely and comfortable.

Good

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "The staff are very friendly and helpful." Another person said, "Yes I'm treated with dignity and respect, on the whole they're very good. I'm treated as an individual."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The staff are lovely, really kind, they always help. I've never seen anybody (staff) grumpy here."

People's privacy and dignity was respected and promoted. One person said, "The staff always knock before they come in." We also observed this for ourselves. Staff knew people well including their preferences for care and their personal histories. When we asked about people, staff were able to describe peoples care needs and say how they preferred these to be delivered. We observed that staff knew where people preferred to sit and what objects were important to them and available. We observed staff supporting people in a warm and kind way. Staff understood the importance of facing people when communicating. Staff walked alongside people at their own pace and gave verbal encouragement when needed. We spent time in communal areas and observed a calm and relaxed atmosphere. Staff responded to people in a friendly and supportive manner in a way which maintained their dignity. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

We observed warm caring relationships where humour was used appropriately. People were happy and smiling and content. One person said "You feel welcome and everybody speaks to you." Staff spoke about people living in the home with kindness and compassion. They talked about how they would want a member of their family, or themselves to be treated. Staff told us that the best part of their job was helping people at the home to feel comfortable and settled and they felt good when they achieved that.

People were involved about making decisions relating to their care and support. One person said. "When I first came here staff asked questions about my preferences, yes it was helpful." A relative said. "We've had two meetings with the team leader since the new provider took over." All of the relatives we spoke to said that they felt involved in care and decisions and they were made to feel at home. People could have visitors whenever they wanted and there were no restrictions in place. We saw records of people's care reviews and it was evident that people and their family members had been involved and able to express their opinions about the care their relative received.

We carried out a SOFI observation in one of the lounges of the home. During this time, staff were busy making preparations for lunch; however staff interacted with people during this time, checking for example if they were happy to have a protective covering over their clothes. People were settled and content during this time and there were enough staff present to meet people's needs.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People had a pre assessment completed prior to arriving at the home. This covered a range of people's needs and helped staff plan their care and for them to get to know the person. Care plans were person centred and reflected people's individual needs and preferences.

When people's needs changed, people's support was reviewed and changes made if necessary. For example one person had experienced falls and their risk assessment had been updated and the level of staff support had increased. Care plans were detailed for staff to follow and were kept under regular review. Care staff knew the content of care plans and said they referred to them constantly. They were kept secure.

Overall, it was evident that staff understood people's individual needs and there were some clear examples of where staff had worked with families to ensure a person's needs were managed in the best way. Examples included a person who had refused the care and support on offer. A best interest meeting and decision had been put in place where family members had been consulted and the decision as to why and when the person should remain at St Mary's was clearly documented and agreed.

There was a range of activities available for people to take part in if they chose to do so. During our visit we saw not only the agreed programme of events (that day collecting Lavender from the garden) but also impromptu activity. One member of staff was observed to play the piano. The staff member said, "Do you like my choice of music, shall we sing 'Somewhere over the rainbow?". In another area people were animated and enjoying the exercise of passing a balloon around. One person told us, "We all get involved, throw the ball around." People were engaged and appeared to enjoy their own entertainment choices such as knitting, listening to music, watching their own television and reading. One person told us they had enjoyed a gardening activity. Another person said, "We go down to the garden on the summer days, staff brought us drinks. It really was very nice." Staff told us about how they will involve people in daily activities within the home. A relative described this too. They said, "My relative knits, umpteen, lots of things, but they like to help. They pair socks, tidies clothes. Staff ask them to fold the towels, fold the serviettes". There was a good variety of choices of how people could spend their day. One person said, "We go down to the church service".

The activities taking place over the month were on display on notice boards around the home. The manager had explained the strong links with the local community, including faith leaders visiting and that local schools and nurseries visited regularly. People told us how they enjoyed these visits. One person explained that their favourite things were, "The children singing and the chair exercises." On Constable we saw photo montages were displayed stating 'St. Mary's gardening club', 'baking Suffolk rusks' and 'a care home open day, 2017'. This enabled people to remember recent events and activities that they had taken part in.

End of life care for people was managed well. People's wishes had been discussed with them and recorded in a care plan. One person for example followed the Mormon faith and their wishes in accordance with this were recorded. Details of relatives that should be contacted were also recorded in people's records. Staff told us about how they supported people at the end of life. They told us they made sure that people were

not left alone. If their family were not present staff made sure somebody was sitting with them. Staff told us it was very important to the team to be with someone at this time. There was evidence that the local hospice was consulted and on the day of inspection the hospice at home team was being consulted for more advice about the pain management for one person. Staff were clear that it was important for people to be pain free at the end of their lives. If required the district nurses and the hospice team were consulted to ensure people had pre-emptive medicines and the use of syringe drivers (a way to deliver medicine continuously directly under the skin) to ensure they were comfortable as could be.

The service routinely listened to people to improve the service on offer. Views of people were regularly sought both informally and formally on a regular basis. Examples of this was visible on notice boards with feedback of 'You said and we did' posters. The registered manager was visible and available to people. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. A staff member told us that they were confident to deal with concerns raised and that any issue was dealt with by managers. A member of care staff said, "I would get a Team leader to speak with them. I know they would listen and help." When a complaint had been received we could see that the matter had been dealt with, but also consideration was given to prevent similar matters happening again. For example changes had been made in relation to night time information regarding if relatives wanted to be telephoned during the night or not if there was an emergency. Examples seen showed us that complaints received were used to drive improvements and were not viewed as negative.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was supported by a competent deputy manager who had effectively managed the home for an interim period whilst the manager had a planned short absence. The management team worked well together and have ensured the steady improvements within the home. They have been supported by the systems and processes in place by Anchor Trust and managers within the wider organisation. However, the external line management support to this home had not been consistent as there have been many changes. Therefore, the management team, along with the staff working here have made the rating 'good' despite changing line management external to the home.

The registered manager promoted a caring, positive, transparent and inclusive culture within the home. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the manager about anything they wished. One staff member said, "The management are brilliant. They step up and solve any problem we have. I've had to call in the middle of the night. They answered and they followed it up the next day." Another staff member said, "We are definitely on the up now. The manager pushes us to learn more. I'm more confident now." We sat in on the staff meeting being held. The registered manager was motivating for the staff, involved them in ideas and solutions and was a good communicator. Positive outcomes included one hour workshops to enable care staff to understand values and beliefs with the home, checking on systems to report to maintenance. In addition, planning a monthly meeting with housekeeping to review working systems and staffing, and also discussions on St Marys 'New Beginning' to re-launch the service afresh to stakeholders. Morale was visibly high at the end of the meeting. Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. We examined the minutes of a recent staff meeting. These showed that staff were consistently consulted and kept informed and involved in the solutions to challenges. Where needed actions were devised and followed through.

We saw evidence to support that people's views were used to influence what happened in the service. For example, there were regular relatives meetings and resident meetings held and minutes were kept and were available at the entrance of the home for people to read. The minutes of the residents catering meetings clearly showed the discussions held but also the action taken. For example the spicy baked eggs on the menu were not well received and therefore were replaced with fried egg and chips that was better received. Also, at a recent meeting people had said that they were not sure of what activities were on. It was agreed that each Monday an activity plan would be delivered to each person's room. People told us that they were happy with the quality of the service. One person said, "It's so lovely here. Very nice." Another person said, "The whole thing has improved a lot." The above showed us that people were involved in the running of the service and that their views counted.

The recent relatives meeting went through the decisions reached by the resident group to keep relatives informed as well as discussing other matters. Information was shared and views obtained. For example, the care planning documentation used at the home was explained, who can read them and contribute to them. Information was shared about Power of Attorney. Another interesting point made was seven different ways

that people could supply feedback on their experience of the service. This included names and how to contact key people. One relative told us, "The manager's been fine, very approachable, about anything. Her second in command is also good if the manager is not available". A different relative when asked about management said, "Oh gosh yes, they're lovely, I'm confident in them". This demonstrated to us that the service was being inclusive, open and transparent in how it operated.

We were told that the registered manager was friendly and made themselves available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager was often seen around the home and would stop to say hello and ask how people were as they passed by. Staff said the registered manager was very visible and supportive. One said, "She's a good manager. I have no hesitation. I can go in and bend her ear. She's definitely here for the service users."

There was a good system of communication amongst staff and between departments. As well as having regular whole staff meetings and department meetings there was a 'take ten minutes at ten.' This was held each day where a representative from each department met with managers to go through what was happening that day. This covered everything from what carpet the housekeeper was cleaning that day, what menu was being cooked for lunch, activities on offer, who was unwell and needed a GP to introducing a new staff member on their first day to everyone. This not only enabled good communication but developed better team work. Staff consistently told us that team work was good within the home.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included where safeguarding matters had been investigated positive actions had been taken to keep people as safe as they could be.

Systems of audit and quality monitoring were in place. This included a monthly self-assessment completed by the registered manager. This was aligned with the five key questions covered by the Care Quality Commission at inspection. There were also specific audits, for example in relation to medicines. On one audit there had been good learning and action taken in relation to some missing medicine. Through a thorough investigation it had been found to be a paper error. This demonstrated to us that matters are taken seriously and action taken.

The providers' representative visited the home on a regular basis to check on the safety and quality of the service and to review any actions from previous visit.

The registered manager had completed the provider information return well with good details and gave good evidence that we found was consistently the case at inspection. The manager said that this had given her and the deputy time to reflect and they had focused on development for the future based upon their critical analysis of the process.

Notifications to the Care Quality Commission were made when necessary in accordance with legislation. These were consistently of good quality and informative. This demonstrated the registered manager was

aware of the responsibilities of their role.