

Four Seasons (Bamford) Limited

Laburnum Court Care

Home

Inspection report

8 Priory Grove
Off Lower Broughton Road
Salford
Greater Manchester
M7 2HT

Tel: 01617080171

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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:

Laburnum Court is part of Four Seasons (Bamford) Limited and situated in a residential area of Salford. The home provides nursing care as well as care for people living with dementia. The home provides single occupancy rooms, across two units, which are known internally as 'The Lowry' and 'The Priory'. At the time of the inspection there were 55 people living at Laburnum Court.

People's experience of using this service:

People told us they received their medicines when required and raised no concerns, however we identified some issues with the management of topical medicines, such as creams.

People and their relatives spoke positively about the standard of care provided and the caring nature of the staff. People told us they would recommend the home to others and described it as 'homely' with a 'lovely atmosphere'.

Staff had received safeguarding training and knew how to identify and report any concerns. Accidents, incidents and falls had been documented consistently, with audits completed to look for trends and help prevent a reoccurrence. We found the home to be clean throughout with effective cleaning and infection control processes in place.

Staff had received sufficient training and ongoing support to help them carry out their roles. People described the staff as being kind, friendly and despite being very busy, 'always managing to smile'.

People received personalised care which met their needs. Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. These had been reviewed regularly to reflect people's changing needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were encouraged to remain as independent as possible, with lots of positive examples of this noted during the inspection.

People spoke positively about the choice and standard of meals provided and we found people requiring a modified diet received these in line with professional guidance, albeit we have recommended the provider considers how this is documented, to better evidence compliance.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection:

At our last inspection the home was rated as requires improvement (report published April 2018).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. As the home was rated as 'requires improvement' following our last inspection, we returned within 12 months to check the necessary improvements had been made.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Good ●

Laburnum Court Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors and an assistant inspector from the Care Quality Commission (CQC), a specialist adviser (SPA), who was a pharmacist and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

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:

The inspection was unannounced, which means the home did not know we were visiting.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

Prior to the inspection we asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people living at the home and two visiting relatives. We also spoke with the registered manager, area manager and 9 staff, which included a mix of nursing and care staff.

We reviewed 12 care plans, eight staff personnel files, eight medicine administration records (MAR) and other records relating to the management of the home and care provided to people living there.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

At our last inspection, the provider had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach, however we have made a recommendation about the management of topical medicines and pain relieving patches.

- Staff who administered medicines were appropriately trained and had access to information about medicines at the point of administration.
- Medicines including controlled drugs and thickening agents were stored safely and securely in appropriate cabinets, fridges and trolleys. The temperature of these rooms and fridges was monitored daily.
- Records were kept of the ordering, receipt and disposal of medicines. Stock checks and audits were carried out on a regular basis and a spot check of several medicines, including controlled drugs found that these were correct.
- Each person had their own medicines administration chart (MAR) which included their photo and information about allergies.
- Where it was deemed appropriate to administer a medicine to a person covertly, this was within a best interest framework and had included input from a pharmacist.
- We noted on two occasions, medicines were removed from their packets in the clinical room, placed in a pot and taken to the person. This is not considered best practice as the medicines can get spilled and if the person is asleep or refuses their medicine, the medicine must be destroyed as it has already been removed from its packet. We were told this had been done as the person often refused some or all of their medicines, by spitting these out. By separating them, the nurse could ensure which had been taken.
- We found topical emollients were stored on open shelves within several people's bedrooms. Although a generic risk assessment was in place, a personalised risk assessment had not been completed to support the storage of the creams on open shelves in people's rooms, which is best practice.
- We looked at six people's topical emollients and noted issues with five of these. One person's cream was not labelled, two did not have the date of opening noted on the label and another two were being used after their recommended expiry date.
- The records for the administration of non-medicated creams had only been completed up to the 17 February for each of the six people whose charts we viewed. This meant we could not be assured people's creams had been applied as required.

- We found eight pain relieving patches from two different batches in a packet for one person when the label said there should only be a maximum of five.

We recommend the provider considers best practice guidance around the management of topical medicines and the storage of pain relieving patches.

Assessing risk, safety monitoring and management:

At our last inspection, we found the provider had not ensured manual and person handling procedures had been carried out safely and in line with current legislation and guidance. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of this aspect of Regulation 12.

- People's care files contained moving and handling risk assessments, which captured people's needs and abilities, along with details of the specific equipment in place, including their safe working loads.
- Training in manual and people handling had been provided to staff and was refreshed annually, to ensure knowledge remained up to date. We observed staff using the correct techniques during the inspection.
- Audits and checks of equipment had been completed regularly to ensure they were fit for purpose and in good working order.
- Care files contained an assortment of risk assessments which provided guidance for staff to follow and helped keep people safe. Risk assessments had been reviewed regularly to reflect people's changing needs.
- Ongoing monitoring to maintain people's wellbeing and safety had been completed. Accidents, incidents and falls had been documented using the providers electronic system, Datix. This system ensured good oversight had been maintained.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, water safety, hoists and fire equipment.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.

Staffing and recruitment:

- Enough staff had been deployed to meet people's needs. The method for determining staff levels had been amended since our last inspection. The home now worked on a ratio of one carer to every five people, during the day and a ratio of one to ten at night. The care home equation for safe staffing (CHESS) continued to be used as a secondary measure, to ensure the ratio levels were sufficient to meet specific need and levels of dependency.
- Staff told us current numbers were enough, albeit at times they were busy. Comments included, "We have adequate staff to meet needs. Staff levels were increased in December due to some falls in the home" and "People get the care they need, but with more staff could do it better, as very busy at times."
- The home used bank staff, staff from other homes run by the provider and finally agency staff to cover any shortfalls. Recruitment was ongoing, to ensure enough permanent staff and nurses had been employed to meet needs and ensure consistency.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. Nurses 'PIN' numbers had been checked to

ensure their registration remained up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:

- Everyone we spoke with felt either they or their relative were safe. Comments included, "I couldn't be safer", "Staff are always there when you need them" and "I am looked after during the day and at night, I have no concerns."
- Staff were knowledgeable about the different types of abuse and knew how to identify and report any concerns. Safeguarding training had been provided and refreshed in line with the providers policy, to ensure knowledge remained up to date.
- Monthly logs had been kept documenting any safeguarding incidents, what had occurred and action taken. We saw local authority reporting procedures had been followed.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, following an increase in falls towards the end of the year, additional staffing had been introduced to help minimise risks.

Preventing and controlling infection:

- The home had effective infection control policies and procedures in place. Personal protective equipment (PPE) was readily available and worn by staff consistently when required.
- Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider had not ensured staff had access to and were following dietetic guidance to prevent unnecessary weight loss. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made by the provider, however some concerns with record keeping remained.

- We randomly looked at four people's records, all of whom should have received a fortified diet, which included specified amount of milky drinks and/or milkshakes during the day as per dietetic guidance.
- We noted good records had been maintained regarding food fortification. However, records were less clear in regard to the frequency with which milky drinks had been provided. We fed this back to the RM who implemented random checks on the 24 hourly report to ensure all the guidance was being followed.
- Although we could not evidence dietetic guidance had been followed consistently, we noted each person had maintained their weight.
- Where necessary pressure relieving equipment, such as mattresses and cushions were in place. We found positional change charts, used for people with or at risk of developing pressure sores, had been completed consistently in line with guidance.
- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.

We recommend the provider reviews the system and process in place for documenting adherence to dietetic guidance, to ensure they are able to evidence this is being followed.

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

At our last inspection, the provider had not ensured accurate and contemporaneous records had been maintained in relation to the recording of people's fluid intake. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of this aspect of Regulation 17.

- People and their relatives we spoke with were complimentary about the food provided and confirmed they received enough to eat and drink. Comments included, "Food is delicious", "There is always something for you to eat" and "Whatever you fancy the cook will make it for you."
- People's specific dietary requirements, for example soft or pureed diets, or thickened fluids, were being met with detailed guidance in place for staff to refer to.
- We saw the type and amount of fluid people had consumed had been consistently recorded.
- The home monitored people's weight with the frequency being determined by a nutritional screening tool.

Staff support: induction, training, skills and experience:

- Staff completed regular training and supervision sessions, to ensure they had the knowledge, skills and support to carry out their roles.
- Staff training included a detailed induction programme, covering training the provider considered to be mandatory, such as safeguarding and moving and handling and included time spent shadowing experienced staff. Staff were also expected to complete the Care Certificate, during the initial 12 weeks of employment.
- Staff comments included, "Induction told me what I needed to know about care, I did courses on dementia, challenging behaviour and completed the care certificate" and "We do a mix of e-learning and face to face training. I feel there is enough provided."
- Training completion was recorded on a matrix. This was monitored both internally and at provider level to ensure training percentage targets had been met.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had been assessed for their capacity to consent to specific aspects of their care. Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare in place, we saw mental capacity assessments and best interest meetings had taken place to make important decisions.
- The home used a matrix to monitor all DoLS applications, which included the date of submission, date authorised and date of expiry. We found DoLS applications had been submitted where required. We saw outstanding assessments had been chased up periodically by the registered manager.
- Staff were mindful of the need to seek people's consent prior to providing care. We observed staff asking for people's permission, knocking on doors and awaiting a response before entering.

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

- People's likes, dislikes and preferences had been captured as part of the admission process and used to formulate care plans.
- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- Each person we spoke with, told us they were happy with the care they received and were supported to make choices. One person stated, "I do most things for myself, staff don't tell me what to do."

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

- We saw consideration had been taken to ensure the environment within each unit had been adapted to meet the needs of people who lived there.
- Corridors were bright and airy with plain walls and floors and contrasting coloured handrails, which made them easier to identify.
- Pictorial signage was available within communal areas, bathrooms and toilets throughout the home, to help people locate and identify these.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the standard of care provided. Comments included, "The staff are caring and nothing but kind", "Staff are always there when you need them" and "The staff are very good, they make this home a better place."
- We were told a relative had placed a covert camera in their loved one's bedroom, which had captured hours of footage showing "excellent and appropriate care" and led to them nominating a staff member for the providers care award which they won.
- We observed staff being kind and respectful during their interactions with people, including the use of appropriate physical contact, such as hand holding. Staff members ensured they were at eye level when communicating with people, and it was evident people were relaxed and comfortable in their presence.
- People were clean and well groomed. Staff documented any daily personal care tasks provided and we saw people had been supported to wash, bathe or shower in line with their wishes.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's equality and diversity was recognised and respected.
- Care files contained sections to document whether people had any specific needs, whether these be spiritual or cultural. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for.
- Representatives of a particular faith visited the home weekly to provide blessings and communion.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff were respectful and treated them with dignity. Comments included, "The staff are warm and respectful" and "Staff explain what they are doing, it must be their training."
- Staff were mindful about the importance of maintaining people privacy and dignity and ensured this was done consistently. One told us, "I make sure people are comfortable, ask them is it okay if I do whatever, provide them with choices." Another stated, "I treat people with understanding, with kindness with patience. It's about putting yourself in their shoes, respecting their privacy and confidentiality and being respectful of their needs."
- People also told us staff promoted their independence by letting them do what they can for themselves. Comments included, "Sometimes I can do things for myself, other times I can't and then staff will help" and "I do most things for myself, the staff don't tell me what to do."
- People's rights to a family life were respected. Visitors were made welcome at any time.

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

- People received care in line with their wishes from staff who had formed positive working relationships with people and knew how they wished to be cared for.
- Relatives told us they were involved in decisions about the care of their loved ones and kept informed of any changes to their wellbeing.
- People under the DoLS framework had access to Independent Mental Capacity Advocates (IMCA's) to support decision making.
- Quality assurance questionnaires had been circulated and completed regularly with data collated quarterly. For the last quarter, dated October 2018 to January 2019, the home had received 149 responses. We noted feedback from all who participated had been positive, with ratings in each question asked exceeding 90 percent.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive care which was personalised and met their needs and wishes.
- People's support plans were clear and person centred in nature. There was information included about people's lives prior to arriving at the home, which helped staff understand them as individuals.
- Staff knew people's likes, dislikes and preferences and used this information to ensure care provided was person centred. They told us this information was contained in the care plans and also learned from spending time getting to know people.
- People were empowered to make choices and be involved in their care.
- The home ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
 - People had communication care plans in place. These explained any issues they had and how best to communicate with them. For example, ensure staff were at eye level when asking questions, ensure time to respond was provided and use a quiet area to chat, as one person found this less distracting,
- A communication book had been set up to support a person who was non-verbal to indicate their needs and wishes. This contained words and pictures, which the person could point to. We also noted a list of frequently used words for a person for whom English was not their first language, which was used to aid communication.
- The activity provision within the home was going through a period of transition. Since the last inspection, two different activity co-ordinators had commenced and then left. A replacement had been appointed, however had yet to start as the home were awaiting DBS clearance.
- In the interim, care staff had been completing additional shifts in order to facilitate activities. We noted this had led to a reduction in provision, however activities were still being carried out during the week.
- During the inspection, we observed an exercise session being completed. The staff member leading the activity, was enthusiastic and encouraged people to participate. People told us, "She is lovely", "She entertains us since the other person left", "She is very encouraging" and "I like doing things, you should have been here yesterday, we did something similar, and there was lots of us."
- We saw records of people's engagement had been captured.

End of life care and support:

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- Relatives told us they had been involved in the completion of end of life plans. One stated, "Staff invited me to contribute my thoughts on mum's end of life care, it was hard, but staff not only supported my mum, but extended that support to me as well."

- We saw referrals had been made to palliative care nurses, when people's presentation warranted this. During the inspection we observed staff communication with a GP regarding such a referral, along with the plans that had been put in place to ensure the person's wishes had been captured and any decisions made were in their best interest. This included the involvement of an advocate, to represent the person.
- The home followed the Six Steps to Success end of life care programme, however nobody at the time of the inspection was actively receiving end of life care.

Improving care quality in response to complaints or concerns:

- The complaints procedure was displayed clearly within the home.
- People and relatives all knew how to complain, telling us they would speak to staff or the manager, should they need to. Comments included, "I would speak to staff if I was not happy, "If I've got something to say, I would go to see [registered manager's name]" and "If I was unhappy I would tell the manager."
- The majority of people we spoke with had not needed to make a complaint, however where people had they reported this had been dealt with appropriately. One stated, "When you are not happy about something you have seen, the manager investigates it, and acts on it firmly."
- Complaints were stored in a designated file and we saw those received had been responded to in writing as per the providers policy.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- All adult social care providers are required to have a statement of purpose (SoP). The home had an appropriate statement of purpose, which set out the aims, objectives and ethos of the service.
- A number of audits and quality monitoring processes were in place to monitor the overall provision of care across the home. These included unannounced night visits, clinical walk rounds and use of the Thematic Resident Care Audit (TRaCA), which is a system designed by the provider. TRaCA's continued to be completed in a range of areas, such as health and safety, home governance and human resources.
- Provider level audits and ongoing monitoring had also taken place, with action plans generated, which had been followed up on at the next visit. The area manager was a regular presence in the home, whilst managers from other local homes owned by the provider also provided input and support.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- Resident and relative meetings were held quarterly. Following a period of absence from the home, the registered manager had arranged more frequent meetings for a short time, to ensure people had the opportunity to raise any issues or concerns with them.
- Meeting agendas covered a variety of topics including activities, staffing and inspection feedback. This ensured people and relatives were aware of inspection findings and action the home was or had taken to address any issues noted.
- Staff meetings were also scheduled to be held at least quarterly, however minutes on file did not reflect this. We were told minutes for all meetings had not been captured, but meetings had been held. Staff feedback evidenced this was the case. Comments included, "We have regular flash meetings and full staff meetings monthly" and "We have staff meetings regularly." Staff told us they were involved in meetings and could raise agenda points.
- Staff's views and opinions had also been captured via quality assurance questionnaires.
- We noted a number of examples of the home working in partnership with other professionals or organisations. The home had built good relationships with visiting professionals, which benefitted the

people living at the home. They had been involved in a local scheme to introduce young people to a possible career in care and were looking to developing links with the local Irish centre, which some people from the home visited on outings.

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

- The home had a clear management structure, with the registered manager being supported by a deputy manager and a new clinical lead.
- People and relatives spoke positively about the home and how it was managed. Each person was aware of who the manager was referring to them by name. Comments included, "The manager is called [name]", "The manager is friendly and approachable" and "The manager shows her face every day and has a chat with you."
- Staff were also complimentary about the support they received. One told us, "Now that we have a clinical lead, between [clinical lead's name], [deputy's name] and [managers name], there is always some form of management in the home, which is really helpful for us" and "The manager is approachable, office door is generally open if need to speak to them."
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.