3L Care Limited

3L Care - Atherton

Inspection report

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Atherton
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07 August 2018

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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

We undertook an unannounced inspection on 06 August 2018 and returned for a second announced visit on 07 August 2018. The service registered 27 July 2017 and this was the first time it had been inspected.

3L Care Atherton provides nursing care for people with complex health needs, acquired brain injury and associated physical and learning disabilities. The home is registered to provide care and support for up to nine people. At the time of the inspection there were six people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection only six of the bedrooms located on the ground floor were occupied. Each bedroom has French doors with ramp access so people could access either a small garden or courtyard area. The home has a total of five bathing areas that offer a range of assisted and non-assisted options. Three large bathrooms have ceiling tracking hoists which ran through people's bedrooms to assist people with moving from their bedroom to the bathroom. The bathrooms are spacious and have sufficient space for moving wheelchairs or hoists. The baths have a raise and lower facility to aid access. There is also an assisted shower room for those people who prefer that facility.

The large living area and kitchen provide a central hub for the home and there was a sensory room and garden available for people to freely access.

At the time of the inspection there was a registered manager in place who was also supported by a home manager. 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's relatives spoke positively about the staff and management at the home. Relatives were complimentary about the care provided and had no concerns regarding their relatives or other people's safety living at the home.

Medication records were well maintained and detailed policies and procedures were in place. Safeguarding processes were aligned with the Local Authority safeguarding tier system. Safeguarding issues had effectively been identified and reported to statutory bodies.

Staff went through a robust recruitment process before starting work which people living at the home. People using the service were encouraged to participate in recruitment process to ensure correct employment decisions were made. Sufficient staff were deployed which was responsive to people's needs and preferences enabling people to lead fulfilled lives. It was clear throughout the inspection; staff had a good rapport with people and provided flexible, tailored support to meet people's individual needs.

Relatives were involved in assessments and people had comprehensive risk assessments which were reviewed regularly and updated to meet theirneeds. People and their relatives' views and decisions about care provided were listened and acted upon.

We found staff received appropriate training, supervision and appraisal to support them in their role. Bespoke training was provided depending upon people's individual needs.

Relatives told us that the service had made a real difference to theirs and their family member's lives. They told us they had no concerns and were comfortable leaving their family member in the care of the staff team as they were confident they were extremely well cared for.

People were supported by staff that were creative in their ways of communicating with people to ensure they understood people's needs. Staff encouraged people to maintain their independence and to develop new skills and confidence to try new things.

Relatives and the staff we spoke with, told us the service was well-led and managed. Management were visible and had an 'open door' policy. Relatives and staff described the management as open, honest and supportive. Staff spoke about their work with pride and motivation.

Excellent communication was central to the service's ethos and this was evidenced in the number of meetings, reviews and checks which were completed. Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were comprehensive, reviewed regularly and updated to meet people's changing needs.

We found enough skilled staff on duty to meet people's needs.

Effective recruitment procedures were in place and people living at the service participated in recruitment selection to ensure only suitable people were employed.

Processes were in place to ensure people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

There was bespoke training tailored to meet people's individual needs. Relatives had also been consulted and supported staff to develop their knowledge and understanding of their relative's needs.

People were supported to make decisions about their lives in a way which maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Detailed care plans demonstrated that; people, relatives and health professionals had been engaged in care planning. People had consented to their care or decisions had been made in their best interest by their legal representative.

Management and staff were proactive in referring to health care professionals and demonstrated excellent working partnerships with them.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively of the staff and the care received.

Management and staff had high expectations of what people could achieve and explored opportunities to empower people and promote their independence.

We saw compassionate staff that consistently treated people with kindness, dignity and respect.

People were provided with care and support in line with their wishes and preferences.

Is the service responsive?

Good

The service was responsive

Staff involved people, their relatives and/or representative fully in their care and support, which ensured they felt listened to, valued and empowered.

Comprehensive assessments and care plans were completed and reviewed to respond to people's changing needs.

Social and leisure activities were provided based on people's individual needs and preferences. People were supported to maintain relationships, learn new skills and be involved in their local community.

There was an appropriate complaints process in place. Complaints received had been responded to and action taken to address the issue.

Is the service well-led?

Good

The service was well-led.

Audits and monitoring tools were in place and when issues had been identified action was taken to continue to improve the quality of the service.

Regular team meetings were held to ensure information was circulated and staff were made aware of positive feedback and required changes to practice.

Feedback was sought from people and their relatives. Newsletters were circulated to keep people up to date with news and upcoming events within the home.

People and their relatives spoke positively and with confidence about the management and said there was an open and honest culture at the service.	

3L Care - Atherton

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 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 over two days on 06 and 07 August 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the home. This included the registration assessment and recommendation report, statutory notifications and safeguarding referrals.

A Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR 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 also liaised with external professionals including; the local authority, local commissioners, safeguarding teams and infection control to support our planning for this inspection.

We did not do a 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. This was because people remained in their bedrooms with visitors so we spoke with their relatives to ascertain this information.

During the inspection we spoke with a person living at 3 L Care Atherton and two relatives/visitors. We spoke with the registered manager, home manager, office manager, a nurse and a care staff member.

We looked at various documentation to ascertain how care and support was assessed, planned and delivered. We looked at two people's care records for people receiving support and two medicine administration records (MAR). We also looked at staff recruitment information, supervision notes, training, induction process, staff rotas, minutes of meetings and policies and procedures.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt people were safe because of the care and support provided. One person put their thumb up to indicate a positive response when asked this question. Relatives told us; "[Person] has extremely complex needs and they are very well looked after. Health professionals have commented how well things are managed." "I can't fault them. Any changes in presentation and they are on it straight away sorting appointments."

The care files contained personalised risk assessments which were rag rated to determine the degree of the risk. This was colour coded; high (red), medium (yellow) and low (blue) so it could be visually identified the severity of the risk. Risk assessments and care plans were extremely detailed and relatives confirmed being engaged in the assessment process to ensure their family members needs were known. Comprehensive care plans were available identifying control measures to mitigate the risks which were also summarised on a crib sheet and incorporated the person's independence led assessment (ILA). The ILA was a generic assessment which incorporated the person's strengths and goals in conjunction with recognising their complex health needs.

We saw appropriate equipment available, and in use, to manage identified risks. We checked bed rails and saw risk assessments had been completed prior to their use. People identified at risk of skin breakdown had airflow mattresses and these were maintained within the identified settings which was determined by the persons weight. Monthly bed rail and mattress checks were undertaken to ensure the equipment was fit for purpose.

Both the relatives spoken with confirmed their family members skin was intact and commended the staff for the level of care and attention to detail maintained to ensure this. One relative recognised the extremely high level of risk their family member presented but said they couldn't fault the staff because their relatives skin was "silky smooth".

We looked at how medicines were managed and determined people had received their medicines safely. We identified some minor concerns with how the stock of liquid medicines was measured as well as the process for the counting of medicines if a person had been away from the service, however these had been addressed prior to the completion of our inspection and had not impacted on people receiving their medicine as prescribed.

People had detailed medicine procedures in place which detailed how people took each of their medicines. This meant guidance was available for nursing staff to follow to ensure consistency was maintained.

Each person had PRN medication, "prescribed when needed". We saw PRN protocols which detailed the rationale and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects.

We also saw people and staff were offered flu vaccinations to mitigate the risk of developing flu over the winter months.

Appropriate recruitment checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection, we looked at four staff personnel files. Each file contained a job application form, interview questions, photo identification (ID), a minimum of two references and a DBS (Disclosure Barring Service) completed prior to commencing at the home. The Disclosure and Barring Service, (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff.

A person living at the home had devised their own interview questions and was consulted on recruitment decisions. This helped to keep people safe and ensured appropriate recruitment decisions were made when employing staff to work at the home.

We found there was an effective system in place to monitor the nurses registration with checks being made and re-vaildation being supported to ensure nursing staff maintained their competency and registration with their governing body.

We looked at whether the home had sufficient numbers of staff to meet people's needs and keep them safe. Staffing was determined depending on people's needs and changed throughout the week depending on people's care plan and activities. On the day of the inspection there was the home manager, office manager, nurse and three care staff on duty. We saw one person was funded for 1:1 care and following admission to the home the rota's checked confirmed this had been provided. Another person had 1:1 care during set hours which was provided and other people had additional hours for scheduled appointments. Relatives confirmed there were sufficient staff on duty at the home to meet people's needs and to maintain their family member's safety.

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. 'See something, say something' posters were displayed in the homes reception and details regarding what constituted abuse was contained within the admission pack and available in an easier read format.

Staff had received safeguarding training and the processes in place were effective. Staff spoken with were knowledgeable regarding safeguarding matters and the reporting procedure. The safeguarding file was organised and in line with Wigan's tier system for reporting. We found procedures had been followed to inform of safeguarding matters and the process recorded to track through to the outcome and closure. There was no open safeguarding at the time of the inspection.

We looked at how accidents and incidents were managed. We saw there had been four incidents logged. The nature of the incident and who was involved was detailed, along with outcomes and the date the matter was closed. There was also a section for lessons learned and the measures implemented to take steps to reduce the possibility of similar incidents occurring in the future.

Throughout the course of the inspection, we found the home to be clean and free from offensive odours. The home had scored 99% in a recent infection control audit. We saw detailed cleaning schedules were in place and environmental audits had been carried out to ensure these were being followed. The environmental audit also covered maintenance issues. For example; whether all the lights were in working order, handrails attached to the wall, oxygen stored as per legal requirements. We found all the identified actions from the last environmental audit had been completed within a week of identification.

Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. We found gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. Hoists and slings had been serviced within required timeframes, with records in place evidencing this. This ensured this equipment was safe to use and protected people from harm. At the time of inspection there was not a lift in the building but work was imminent to install a lift so the three upstairs bedrooms could be accessed regardless of people's mobility needs.

Good

Is the service effective?

Our findings

The people and relatives we spoke with told us staff were well trained and had the required competence and skills to care for their family member effectively. A relative said, "We've got there, the staff know what they are doing and some of [my relatives] conditions are managed the best they've ever been."

Upon commencing at the service, staff were given an induction booklet and completed the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate meeting the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

Introduction to the service included meeting people and completing shadow shifts before being able to work independently with people. Staff were given an induction booklet which included which policies and procedures were required to be read and practical information about the team and breaks. There was a six-month probation period and a review, at four months and six months, with a member of the management team to determine staff appointed were fulfilling the requirements of the role before becoming a permanent member of staff.

Staff training included; first aid/basic resuscitation, acquired brain injury basic awareness training, moving and handling, health and safety, challenging behaviour, communication skills, risk assessments, food hygiene, adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), record keeping/care planning, team working, equality, diversity and inclusion sexuality, health education, medication, fire safety, complaints procedures, infection control and child protection.

In addition, staff received bespoke training formally with external agencies and from relatives to ensure they had the right knowledge to support peoples' more complex health needs. A staff member told us; "I have learnt an awful lot. People here are 100% safe and receive amazing support. We receive the necessary training based on people's individual requirements. Training is always being discussed with us through team meetings and supervision."

We saw staff received bi-monthly supervision and as the service had been open a year, appraisals were scheduled to commence. An appraisal is an annual reflection from the staff perspective and managers about how the last year has gone.

We saw people's care and support was planned proactively in partnership with them and their relatives. A relative told us; "We all work together as a team. The information was captured and developed to ensure it was planned in line with [names] preferences. [Name] is changeable, their needs are complex but all eventualities are covered because we have worked in harmony with each other. It's excellent."

The service liaised with partners and external agencies to attain the best health outcomes for people. People were accompanied to appointments and detailed records were maintained to support clinical

assessment and decisions.

We saw people had a hospital passport in their care files. This provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with eating and drinking, mobility, medication, pain, hearing and using the toilet. This meant that if a person receiving support required a hospital admission then their support needs would be known by the treating team.

People living at the service had complex nutritional needs with medical support required due to being unable to take their nutrition orally. People's weight was closely monitored and the support of medical teams maintained to ensure people were receiving adequate intake.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager maintained a record of when DoLS had been applied for, granted and expired. Relatives confirmed being involved in DoLS discussions and being consulted prior to applications being made.

Best interest assessments were comprehensive and involved people, and any appropriate professional, to ensure decisions were made in the persons best interests. We observed staff seeking consent prior to assisting people with mobilising, personal care, and medicines. This meant staff were consistently and meaningfully engaging with people throughout interventions.

We looked around the home and saw there was a sensory room which contained a large TV, fibre optic lights, music, and objects. Communal areas were spacious, there was a kitchen that visitors could access to make hot drinks and a sensory garden and courtyard designed to facilitate bed and wheelchair access. Spacious bathrooms were adapted and equipped with a track hoist and there was a wet room with shower.

One relative told us their relative had not been out of bed or outside for two years prior to coming to the service. They explained how their relative was initially able to access the garden in bed and got to feel rain and snow on their face again. The manager had argued for a specially adapted electric chair which had been commissioned and [name] was now able to access the garden area and independently mobilise in to communal areas from their bedroom. There was a picture of [name] outside smiling and their thumbs up when it was snowing. Their relative told us the electric chair and the design of the building had enabled [name]some control and freedom to safely go outside in to a secure garden. They told us having the opportunity to do this had significantly improved both their quality of life.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, caring and considerate. Relatives were positive about the care and support their family member received. Comments included; "In the long-term, sticking with 3 L has paid dividends. I can't fault the care. [Name] has come on fantastic. We can go away and we know [name] is well looked after.", "The staff are lovely. Very caring and when I leave [name] I have no worries. I'm not fretting because they're well cared for."

People received care and support from a consistent staff team who understood people's needs, circumstances, likes, hopes and dreams. Staff were employed following careful consideration of their personality, characteristics, skills and shared interests with people living at the home. A person at the service was involved with ensuring the recruitment of the right staff and confirmed being consulted regarding recruitment decisions. Staff were matched through application and interview so staff could respond to people's diverse needs and form close bonds and understanding relationships.

Diversity was recognised as an important aspect of people's care and support. Information about people's rights to equality was demonstrated in well-developed, person-centred care planning. Assessments and care plans supported staff to capture information to ensure people from different groups received the support they needed to lead fulfilling lives and meet their individual needs. Involvement of people who used the service was clearly embedded into everyday practice. The views and opinions of people and their relatives was actively sought and information was always presented in a way that enabled the person to understand the information being presented so they were fully able to participate and make informed choices.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care files which detailed the most effective ways to support the person to communicate. The admission pack and service user guide were also presented in an easy read format and included; safeguarding information, complaints, details about CQC and advocacy services.

All the people currently living at the home had relatives involved who supported decisions and advocated on their behalf. Care Act advocates were advertised in the service and available for people who needed support with meetings and reviews. Information about advocacy services was displayed and readily available.

The service recognised the importance of maintaining people's family links. A family member told us; "My relative living here has made our time with them 'quality time'. We can plan our lives knowing [name] is looked after. We are able to celebrate our lives and make arrangements, we'd never had the opportunity to do that before." Another relative told us; "[Name] is a different person since coming here. They have got some independence back and it has been great for me because we'd both been stuck in doors for two years before here. We've our own area and a bird table and [name] enjoys watching the birds visiting. It gives us a

focus."

There was a bedroom upstairs with shampoo and shower gel available to provide relatives with a room if their relative was unwell and they wished to remain close to them and get some rest.

Relatives commended the service for its communication with them. Comments included; "The communication with families is very good. We get to hear what is planned and been going on and it gives us peace of mind." "No concerns with communication, they see me regularly and will ring if a concern. The communication is just right."

We spoke to a relative who told us of methods the service had used to support their family member to communicate with them. This had included supporting [name] to use lettered lights to spell out what they wanted to say and staff taking a picture of the person and sending it to their relative by email. The person had previously sent their relative regular flowers so the service had sent them some on behalf of the person. People were supported to face time their relatives and when people had initially moved in to the service and their family was worried about them, staff sent daily photographs to show what the person had been doing throughout the day.

The staff explored opportunities to promote people's independence depending upon people's individual needs. One person supported staff to prepare vegetables and enjoyed shredding non- confidential waste to assist staff in the service. Another person participated in recruitment and their relative explained the importance the person had felt being provided the opportunity to vocalise their own questions based on what was important to them and be involved in decisions.

Staff spoke fondly of people and treated them with dignity and respect. We observed staff knocking on people's bedroom doors before entering and relatives confirmed being given space and private time with their relative.

Good

Is the service responsive?

Our findings

A relative told us; "The care is person-centred. They spend time with people. I like to be involved and they encourage me to be involved. I've been invited to all the assessments and care plan reviews."

People received personalised care that was responsive to their individual needs and preferences. We looked at two care records. The care plans captured people and relative's contributions to the assessment process. People's personal histories were detailed. We saw what people liked and disliked, who was important to the person and how they would like to be supported daily.

The service completed regular reviews, especially during the initial stages of a person moving in to the service. This was more frequent and increased if any changes had occurred. This ensured people had the opportunity to discuss their care, make sure they were satisfied and make any changes they felt were needed. Relatives commended the service in being responsive to their family members needs in recognising changes in presentation and seeking medical support when required.

The home could support people at end of life (EoL) which would be supported by medical teams and families. At the time of the inspection there was nobody living at the home considered EoL.

People were supported individually to participate in activities of their choosing. One person continued to visit their friends and groups in their community that they had frequented prior to moving in to the service to maintain their identity and community links. They had also been supported swimming but this had reduced in frequency at the time of the inspection due to an incident that had occurred and requiring two staff to facilitate the activity. The service was looking at supporting them on holiday but this was still in discussion and had not been arranged at the time of our inspection.

Staff frequently supported people on days out in the community and accompanied a person daily on their trips out. They facilitated attendance at a surprise birthday party and their relative told us they had been able to enjoy the party knowing their relative was well cared for. They complimented the accompanying staff member for not encroaching on them and giving their relative space to enjoy the party.

People were supported to maintain their garden areas and one person had decorative ornaments and had planted tomatoes and herbs. During the inspection people were out in the community and upon their return we observed art and board games being supported.

People's relatives told us they had regular contact with the service and were kept informed about their family member and encouraged to provide feedback. We saw there was a system in place to deal with complaints. We looked at the complaints file and saw that responses had been provided to each complainant. We noted there was also detailed information about the nature of the complaint, how it was made, the outcome and what action was taken. A relative told us; "I made loads of complaints initially but I will give them credit, there was always somebody senior here to take on board what I was saying and they rectified the issues. I have a lot of confident in the process. I have meetings with the manager were I can

raise things but they aren't complaints. There more a check in on things. The service and [Name] has come a long way."

We saw the home had received nine compliments from friends, relatives and healthcare professionals. The compliments included; 'I feel confident and grateful for the excellent care [name] is receiving. Thank you for the great work you all do.', 'I wanted to pass on compliments to you and your staff team regarding the care and support that you are providing. I could see the great work that you are doing but the thing that stood out for me was the comments that was made by a relative. 'At home would be my first option but here is the best option. I can walk away and not to cry. I know person is very well cared for.'

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in place who was also supported by a home manager. 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.

The home had a clear management structure which identified people's lines of accountability. The provider and registered manager were regular visitors to the home and the home manager had daily responsibility.

The service was willing to learn from mistakes and continuously strove to improve. A record of 'lessons learnt' was kept in the office and contained information around incidents that had occurred. This information had been shared with staff during a team meeting to make them aware of the risks and how to prevent these issues from occurring in the future.

Relatives spoke highly of the home and the management team. Relative comments included; "The manager is always available if you are anxious about anything. Their door is open and they make time to talk to you.", "I have every confidence in the care and the management. If they've said something will be done, it gets done."

Staff said; "The management are amazing. I feel they have looked after me too. The job is very different to what I had done in care previously. I've been well supported and I love it here."

The service celebrated successes and we saw a carer at the home had been nominated for a carers award in 2018 getting through to the live finals.

Staff described an open and transparent culture promoted by the management. Staff told us they could raise concerns or make suggestions. Staff comments included; "We can influence change. Management always asking, what can we do different, better."

Team meetings were conducted and provided the staff team with an opportunity to discuss people's specific needs and achievements, raise issues about the premises, put forward ideas, and consider new legislation, good practice and policy updates. The agenda was devised by the management and staff which ensured everybody had an opportunity to suggest areas for discussion. This enabled staff to share in an environment of continuous learning and influence the direction the service.

The management had effective systems in place to assess and monitor the quality of the care provided. We saw nursing staff conducted audits. For example; medication, health and safety, environment and infection control. In addition to management oversight of incidents, safeguarding, complaints, care files, training and supervision. There were robust quality assurance and governance systems in place to drive continuous improvement. Where shortfalls were identified an action, plan was devised specifying what action had to be

taken, by whom and by when.

We saw positive examples of partnership working, which evidenced the links that had been formed with other healthcare services and the wider community. This included medical teams and professionals supporting people living at the home. The manager had also enabled health professional to utilise 3 L care Atherton training facilities to support other agencies.

The service's policies and procedures were stored electronically and had been provided and updated at brand level, this ensured the most up to date information was always available. We noted many of the policies in place had been compiled in partnership with the Social Care Institute for Excellence (SCIE).

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This was the homes first inspection so there were no previous reports to confirm were displayed as per legal requirements.