

Bright Futures Care Limited

Winwick Park

Inspection report

29 Fleming Drive
Winwick Park, Winwick
Warrington
Cheshire
WA2 8XP

Tel: 01925232180
Website: www.brightfuturescare.co.uk

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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 the 12 and 13 June 2018 and was unannounced.

This was the first inspection of Winwick Park since it was registered with the Care Quality Commission in February 2017.

Winwick Park is a 'care home' operated by Bright Futures Care Limited (the provider). 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 care home provides both accommodation and personal care for up to three adults with sensory impairments, learning disabilities and / or autistic spectrum disorder needs. At the time of our inspection the service was accommodating two people.

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 who used the service could live as ordinary a life as any citizen.

The care home had a registered 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.

During our two-day inspection, we spoke with relatives and staff and undertook discreet observations of the standard of care provided to people living in the care home.

Throughout our inspection, we observed that staff treated people living in the care home with dignity and respect and were attentive and responsive to people's needs. People using the service were seen to be relaxed in the presence of staff, comfortable in their home environment and presented as well-groomed and content.

We found that assessment, care and support plans and risk management systems were in place which confirmed the holistic needs of people using the service were identified, planned for and kept under review. This helped staff to be aware of the support needs of the people they supported and how best to support them.

People had access to a range of health and social care professionals subject to their individual needs and medication was ordered, administered and recorded correctly.

Induction, mandatory and service specific training had been developed to help staff understand their roles and responsibilities. Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had also been produced to provide guidance for staff.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to safeguard people from abuse. A complaints policy and process was also in place to ensure any concerns and complaints were listened to and acted upon.

A range of auditing systems had been developed by the provider so that key aspects of the service could be monitored effectively.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by suitable staff.

Staffing levels were sufficient to ensure people received appropriate levels of care and support.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed to ensure they received care and support that was tailored toward their individual requirements.

Systems were in place and in the process of being further developed to ensure staff were appropriately trained and supported for their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary, to maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy was safeguarded.

Staff demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and generally responsive to their needs.

Systems for managing and responding to complaints had been established to ensure any complaints would be recorded, investigated and acted upon.

Care and support plan records, risk assessments and supporting documentation had been updated to ensure staff had access to the requisite information to assist in the delivery of person centred care.

The service did not specialise in the provision of end of life care.

Is the service well-led?

Good ●

The service was well led.

The care home had a registered manager in post to provide leadership and direction to the staff team.

A range of auditing systems had been established by the provider to ensure key aspects of the service could be monitored effectively.

Winwick Park

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 13 June 2018 and was unannounced.

The inspection was undertaken by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information which the Care Quality Commission already held on the provider. We also invited the local authority to provide us with any information they held about Winwick Park. We took any information provided to us into account.

During the site visit we spoke with the provider's adult service manager; operations manager; integrated practitioner; the registered manager of Winwick Park; the deputy manager; a senior support worker and four support workers.

We also contacted the parents of three people using the service by telephone as people using the service were unable to provide direct verbal feedback on their experience of the service.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reverted to direct observation as this process had to be terminated to respect the needs of the people using the service, their preferred routines and their reliance on intensive staff support.

We looked at a range of records including two care plans belonging to people who used the service. This

process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included: policies and procedures; three staff files; minutes of meetings; complaint and safeguarding records; medication; rotas; staff training; maintenance checks and audit documentation.

Is the service safe?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at Winwick Park was safe due to the complexity of their needs.

Feedback from two relatives included: "The service has a stable staff team and they are great" and "The staff are relentless in their approach. They are fantastic people."

We looked at the personal files of the people living in the care home at the time of our inspection. Each file contained a range of information on the needs of people using the service together with support plans, risk assessments and other important relevant information.

We noted that the property was not fitted with thermostatic mixing valves to regulate the hot water temperature and that not all radiators were fitted with protective guards. Furthermore, although window restrictors had been fitted in the bedrooms occupied by people using the service, they had not been fitted throughout the property.

We spoke with the adult service manager and the registered manager regarding the need to update environmental risk assessments to include hot water risks and the absence of window restrictors and radiator guards in some areas of the care home. This will help to provide assurance that the provider has taken into consideration all potential risks for people using the service.

A business continuity plan, fire risk assessment and personal emergency evacuation plans had been developed for each service user to ensure an appropriate response in the event of a fire, breakdown of services or equipment and / or major incident. This information helped staff to be aware of their specific responsibilities and the action to be taken in the event of an emergency. Incident reports and other supporting records were also in place for reference which were kept under review by the registered manager and also the registered provider's quality assurance team.

A safeguarding policy and procedure had been developed to offer guidance for staff on the action that should be taken to safeguard people from abuse. A copy of the local authority's safeguarding adults' procedure and the organisation's whistleblowing procedure was also available for staff to refer to. We were informed that the organisation was also looking to introduce an 'easy read' version as part of the development of the service.

The registered manager informed us that there had been no safeguarding incidents or referrals since the service was registered with the Care Quality Commission (CQC). This was confirmed by reviewing the safeguarding incident log in the care home which contained no entries. Likewise, CQC had received no safeguarding or statutory notifications for the service.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months and no allegations of abuse were reported to the Commission during our inspection.

Management and staff spoken with demonstrated a good understanding of the different types of abuse and the action they should take in the event that they had suspicion or evidence of abuse. Staff spoken with told us that the organisation employed a safeguarding lead who they could raise concerns with if they needed to raise a concern or seek advice.

At the time of our inspection, two people with complex learning, communication and sensory integration needs were living at Winwick Park.

The care home had a registered manager in post who worked flexibly, subject to the needs of the service. A deputy manager and a team of six support workers were also based in the care home.

We spoke with the adult service manager and the registered manager regarding the staffing levels in operation. The adult service manager informed us that people using the service had a set number of commissioned hours. For example, one person required a staffing ratio of 2:1 staff support during the day and 2:2 when accessing the community. Conversely, the other person living in the care home required a ratio of 1.5:1 support during the day and 2:1 when accessing the community.

Through discussion with the management team and staff, direct observation and examination of rotas we noted that the service was normally staffed with a minimum of three support workers between 7.45 am and 10:00 pm. Another member of staff was also rostered to work during the daytime. During the night, two staff remained at the property to undertake sleep-in duties.

No concerns were raised regarding staffing levels at the time of our inspection by the representatives of people using the service or support workers. Systems were in place for other support workers employed by the provider to provide staffing support when required, to ensure continuity of care for people using the service.

The provider had developed guidance on the recruitment and selection of staff. Staff spoken with told us that they had completed an application form, attended interviews and undergone a series of checks prior to commencing employment.

We looked at the recruitment files of two staff who had recently commenced employment with the provider. Records viewed confirmed that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. Both files contained application forms; health declarations; interview records; identity confirmation forms; two references; medical information; disclosure and barring service (DBS) checks and statement of terms and conditions.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Winwick Park. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable people.

We looked at the arrangements in place for the management of medicines in the care home. We saw that the provider had developed a medication policy and procedure to provide guidance for staff responsible for administering medication. This included a policy for PRN (as required) medication. Both were accessible for staff to reference.

At the time of our inspection, PRN protocols had not been developed. PRN protocols help staff and people using services to understand the circumstances when PRN medication should be administered. Upon completion of our inspection, the Registered Manager forwarded us a copy of two PRN protocol forms to

confirm the guidance had been put into operation.

Support workers spoken with confirmed they had completed medication training and this was evident on training records viewed. The adult service manager told us that the competency of staff was checked informally prior to staff being authorised to administer and that upon completion of additional training, managers would be expected to monitor staff competency via a formal recording tool. This work is due to be completed by August 2018.

We noted that a staff signature checklist was not in place to help identify which staff were authorised to administer medication and to obtain a record of staff sample signatures. We checked the arrangements for the ordering, storage, recording and administration of medicines with the adult service manager and deputy manager. People's medicines were looked after and managed by support workers and usually given to people at a time that fitted into their normal daily routine. None of the people using the service were responsible for the self-administering their medication.

Medication was stored in a metal cabinet in a dedicated room which was used by staff as an office. Separate storage facilities were also available for controlled drugs. We noted that both cabinets were not secured to the wall and received assurance that action would be taken by the organisation's maintenance person, to secure both cabinets using appropriate fixings. At the time of the inspection no controlled drugs were being administered to people using the service.

Medication was dispensed via a local pharmacist using a blister pack system. We looked at the medication administration records (MAR) and found that they provided a clear audit trail of medication received and administered. Patient information leaflets had been retained in a file to ensure staff were aware of important data relating to medication and systems were in place to record any administration errors. We viewed the medication error log and found that no incidents had been recorded.

Monthly medication audits were undertaken by the registered manager which covered key areas relating to: authorisation; environment; storage; ordering; levels of support; administration; recording; controlled drugs; disposal and homely remedies. This helped to provide evidence that the registered manager maintained oversight of the management of medication in the care home.

Overall, areas viewed during the inspection appeared clean and well maintained except for one bathroom on the top floor. We noted that the bathroom had loose tap fittings and needed a thorough clean. We raised this observation with the management team and received assurance that action would be taken to ensure the area was appropriately cleaned. We were also informed that the bathroom was awaiting maintenance work and was due to be resealed to prevent leakage from the shower and bath area.

Support workers had access to personal protective equipment and policies and procedures for infection control were in place. Infection control audits were also undertaken by the registered manager each month.

We checked a sample of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; electrical wiring; gas safety and portable appliances and found all to be in order.

Is the service effective?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at Winwick Park was effective due to the complexity of their needs.

Feedback from two relatives included: "It's an incredibly nurturing, loving and family focussed service" and "The environment is very comfortable and homely."

Winwick Park is a large five bedroomed detached house situated within a modern housing estate in Winwick, Cheshire.

Each service user has their own bedroom, dedicated lounges and toilet and bathroom facilities. The property is equipped with a large kitchen area with dining table and chairs, a sensory room and has a large private garden at the rear of the premises. Two of the ensuite bedrooms are used by staff that provide sleep in support and one spare bedroom was used as an office where records, documents and medication was stored.

During our inspection we undertook a tour of the care home. We saw that the property was generally well maintained and offered a comfortable, secure and supervised environment for the people living in the care home.

We could see that people had been encouraged to personalise their rooms with photographs, memorabilia and other personal possessions subject to their individual needs and preferences and that this helped to create a homely environment. We also saw examples of how signage had been used to help people orientate around the home.

We noted that the needs of people using the service had been taken into consideration in the design and layout of the property. For example, one person's bedroom had been fitted with protective padding around their bed to ensure their safety. An air conditioning unit had been installed too, to enable the person to benefit from a stable and comfortable room temperature.

Additionally, a sensory room had also been developed downstairs which was equipped with a sensory lamp, lights, bed, toys and other equipment. This helped people using the service to be stimulated and relax within their home environment.

During our inspection, we spoke with the operations manager for the provider and noted that the organisation had established a programme of training for support workers to access. This was delivered via in house staff, external training providers and the organisation's e-learning system. The e-learning system was in the process of being developed and was subject to accreditation by the 'CPD' (Continuous Professional Development) certification service which provides independent assessment of course materials.

Through discussion with staff and examination of training records we noted that the staff team in the care home had completed a range of induction, mandatory and service specific training that was linked to their roles and responsibilities. This included training relevant to the needs of people using the service such as medication, autism and 'team teach'. Team teach training is accredited by the institute of conflict management and aims to promote the least intrusive positive handling strategy and a continuum of gradual and graded techniques with an emphasis and preference for the use of verbal or non-verbal de-escalation strategies. It also aims to reduce the number of serious incidents involving physical controls and to increase the awareness of staff concerning the importance of recording, reporting, monitoring and evaluating all incidents involving positive handling.

We viewed the training matrix for the service which had been developed in the form of a colour coordinated training record. We noted that systems were in place to monitor the outstanding training needs of support workers and when refresher training was required. Overall, completion rates for training were satisfactory however gaps were noted in topics such as; Awareness of Mental Capacity Act (MCA), deprivation of liberty safeguards and manual handling training. Furthermore, no record of infection control training was recorded.

The adult service manager told us that staff completed induction training as part of their care certificate and this was confirmed in discussion with staff. We also noted that people using the service did not need assistance with moving and handling however we received assurance that the organisation would work towards ensuring that staff completed moving and handling to help safeguard their welfare.

Support workers spoken with confirmed they had access to on-going training and development and had received regular supervision and appraisal. Furthermore, support workers told us that they had attended staff meetings periodically. However, only one set of minutes could be located. The adult service manager informed us that he would look into this matter so that records of all meetings were maintained.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager and the organisation's integrated practitioner. The integrated practitioner played a key role in advising management and staff on the legal and ethical framework within which the provider had a duty of care.

The provider had corporate policies in place relating to the MCA and DoLS to provide guidance to staff. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity for people using the service.

We saw that mental capacity assessments had been completed and DoLS applications made to local social services departments who were responsible for agreeing any DoLS granted and for ensuring they were kept under review.

At the time of our visit, both people using the service were subject to a DoLS. Staff spoken with demonstrated an understanding of this protective legislation and the reasons for any restrictions on people's liberty.

We noted that systems were in place to ensure the needs of people were assessed and kept under review following admission to the care home. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

Staff ordered food and household supplies via Tesco home delivery services and training records confirmed that staff completed food hygiene training to ensure safe food was prepared and handled correctly.

Staff spoken with told us that people using the service were encouraged to choose what they wanted to eat each day for their breakfast and mid-day meals. Individual menu plans were also in place for evening meals, which rotated over a two week period and were reviewed every three months.

The Adult Service Manager told us that one person's menu plan was based upon feedback from a dietician to ensure the person's health and dietary needs were safeguarded. The family of one person living in the care home also prepared many meals in bulk quantities for their relative, which were heated up by staff at meal times.

Records of the daily meal choices and fluid / food intake had been recorded and provided evidence of a varied, wholesome and nutritious diet.

We discreetly observed support workers supporting people during two mid-day meals. Support workers were seen to eat their meals alongside people using the service and to support, communicate and engage with the people living in the home in a positive and relaxed manner. The mealtimes provided a pleasant opportunity for social interaction and people were encouraged to eat at their preferred pace.

The registered manager told us that he endeavoured to work in partnership with other teams and services such as dieticians and other health professionals to ensure the delivery of effective care and support for people using the service. The provider also commissioned an independent consultancy offering occupational therapy, speech and language therapy and sensory integration therapy for people using the service. This helped to deliver personalised interventions and provide guidance and training to staff and families.

Each person using the service had a 'my health file' which included information on health care appointments, health action plans and other supporting documentation such as weight records. Discussion with staff and health care records viewed provided evidence that people using the service had assessed a range of health care professionals subject to individual needs.

Is the service caring?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at Winwick Park was caring due to the complexity of their needs.

Feedback from two relatives included: "People are given choices and there are no restrictions"; "It's the first place I've come across that also look out for parents and family members too" and "I believe the service meets my son's needs."

Management and staff spoken with demonstrated a good understanding of the life history, diverse and complex needs, support requirements, known risks and preferred routines of the people living in the care home.

Staff spoken with confirmed they had been given opportunities to work alongside experienced colleagues and to read important information on each person using the service which had helped them to get to know the people they supported. We observed that staff were attentive, responsive and caring towards the people they supported and that they endeavoured to communicate and engage with people via their preferred communication systems.

The care home presented as a warm and comfortable environment in which to live. Throughout our inspection, we noted that people using the service were relaxed in the presence of the staff team, comfortable in their home environment and presented as well-groomed and content.

Interactions between support workers and people using the service were seen to be consistently positive. For example, we observed staff taking time to prepare a person for an off-site activity. This included ensuring that the air conditioning in the vehicle used to transport the person was turned on and the temperature setting appropriate to ensure the comfort and wellbeing of the person was safeguarded. Staff were also noted to provide discreet and appropriate support to the individual which including explaining the stages of the journey and the process for entering the vehicle and ensuring the person's comfort and safety using support cushions and the car's safety belt.

We saw that people using the service were accepted and empowered to follow their preferred routines and activities. We also noted that staff took time to interact with people and respond to their needs in a timely manner.

Staff spoken with told us that they aimed to provide personalised care and support to people using the service and understood the need to safeguard people's dignity, individuality and human rights. Staff also demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships. For example, during the inspection, one person was supported to receive a visit from two family members. Likewise, we noted that another person was supported to regularly maintain contact with their family members who lived a considerable distance away from the care home.

The provider had produced an information brochure on the organisation together with statement of purpose. This helped to provide information for interested parties on the service provided.

Information about people receiving care at Winwick Park was kept securely in a locked office to ensure confidentiality.

Is the service responsive?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at Winwick Park was responsive due to the complexity of their needs.

Feedback from two relatives included: "Achievements are celebrated and people are put first" and "The level of attention to people living in the home is good."

During our inspection, we asked to view the personal files of the two people living in the care home.

We found that records contained an index, were well organised, easy to follow and contained relevant and important person-centred information that staff needed to know in order to support people effectively.

For example, files contained assessment information on people's diverse and complex needs, care and support plans and risk assessments which had been reviewed periodically. Supporting documentation such as personal and emergency information; profiles; behaviour support plans; best practice guidelines; preferred daily routines; daily journals; professional visit records; key worker reports and celebration days were also available for reference.

The registered provider had a corporate 'complaints, suggestions and compliments' procedure in place which had been developed using standard text only. We were informed that the organisation was also looking to introduce an 'easy read' version as part of the development of the service.

Due to the complex needs of the people living in the care home and the difficulties they experienced with engagement, the provider had sought to increase the level of engagement with families and external professionals as a level of safeguard for the people they supported.

We asked to view the complaint records for Winwick Park. The complaint log and file indicated that no complaints or concerns had been raised since the service had been registered.

We noted that each person using the service had been supported to develop a weekly activity plan that took into consideration people's preferred daily routines and individual choices. People using the service had access to a shared lease vehicle and range of activities. This included opportunities to engage in activities of daily living, accessing their local community, recreational and leisure facilities and to remain in contact with their families.

We saw that support workers encouraged people to utilise PECS (Picture Exchange Communication Systems) as a mechanism to share information and to enable people to exercise choice and control over their lives. The process was a valuable tool to assist in the promotion of effective communication and helped to reduce anxieties and difficulties for people who experience difficulties when processing information and decision making. This was due to people having complex, learning, communication and sensory integration needs.

For example, during a lunchtime meal, we observed a support worker using photographs to help explain to one person that their mother was going to visit them after lunch and to help choose an activity in the afternoon. The person was seen to respond by touching the pictures to indicate their understanding and to select their preferred activity.

The provider does not provide end of life care in this care home setting but had a policy and procedure to follow in the event of the death of a person using the service.

Is the service well-led?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at Winwick Park was well led due to the complexity of their needs.

One relative stated: "The service is well led from the owner down to operational staff."

Winwick Park had a manager in place who was registered with the Care Quality Commission since March 2017. The registered manager told us that they had worked for the provider (Bright Futures Care Limited) for approximately 15 years.

The registered manager was present for the first day of our inspection. On the second day of the inspection the registered manager attended an external training course so the organisation's adult service manager and the deputy manager based at Winwick Park assisted with the inspection process.

All the management team spoken with were open and transparent throughout the inspection and were enthusiastic about working for the provider. We noted that the management team had a good level of knowledge regarding the people using the service and demonstrated a high level of commitment and passion towards their work, roles and responsibilities.

The provider had developed a basic 'adult services development plan' and had published information on the adult service division on its website. This highlighted that "Emphasis is placed upon balancing nurture with choice to ensure that adults are safe, empowered and life skills developed." A company brochure and other information on the aims and objectives of the service had also been developed.

The provider had purchased a range of policies and procedures for the service to provide guidance for management and staff working within the service. This included a 'Quality Assurance Policy and Procedure'.

We noted that provider had an internal quality assurance team who undertook periodic 'system check' audits. This audit was last completed in March 2018 and covered a range of issues such as the fire book; health and safety file; policy files; protocols; workforce plans; service user files (including health and wellbeing); incident report forms; body charts; physical intervention forms; pocket money books; medication files and storage and other miscellaneous records. The audit used a colour coordinated and font system to highlight action required, work outstanding and tasks resolved.

The provider also commissioned an independent visitor to undertake periodic visits and to produce a report. This report was last completed in March 2018 and covered a range of issues including: registration details; a review of actions from the last visit; discussion with and observations of people using the service; discussion with parents, relatives, staff and other professionals; quality of the home, premises and grounds; complaints (including allegations or suspicions of abuse) and a review of thematic issues such as staffing; health and safety; service user specific issues and miscellaneous matters. No recommendations for action were identified following the visit.

We were informed that the provider had distributed surveys to families and stakeholders within the adult services network during December 2016. A report on the findings had also been produced in March 2017.

We looked at the survey and summary report and noted that it did not include feedback regarding the service provided at Winwick Park as it was in the process of being registered at the time of the survey. We will therefore review progress at our next inspection.

The registered manager confirmed their awareness of the legal requirement to notify the CQC of certain significant events that may occur in the care home. Records held by CQC also confirmed the registered manager had complied with this requirement.