High Pines Residential Home Limited

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Inspection report

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Tel: 01227368454

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15 February 2017

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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

This inspection was carried out on 14 and 15 February 2017 and was unannounced.

High Pines Residential Home provides accommodation for up to 27 older people who need support with their personal care, some people are living with dementia. Accommodation is arranged over two floors. A lift is available to assist people to get to the upper floor. The service has 25 single bedrooms and one double bedroom which people can choose to share. There were 24 people living at the service at the time of our inspection.

We last inspected this service in January 2016. We found the service was in breach of several regulations and required the provider to make improvements. The provider sent us information about actions they planned to take to make improvements. At this inspection we found that improvements had been made.

The registered manager was not working at the service and had applied to the Care Quality Commission to cancel their registration. The registered provider was leading the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had improved the way in which they gathered feedback from people, their relatives and staff about the service. They had employed two care consultants and had acted on their advice and the people's views to improve the service. The provider had oversight of the service. Staff felt supported and were motivated by them. They shared the provider's vision of a good quality service. We would recommend that the provider seek the views of a wider range of stakeholders, including visiting professionals and commissioners.

At our last inspection we found that action had not been taken to make sure people medicines, were managed safely at all times. Action had been taken to manage people's medicines safely and people received their medicines in the ways their healthcare professional had prescribed.

Previously we found records about people's care including some medicines records were not complete. At this inspection we found that the quality of records in respect of each person had improved. Records were now accurate and complete.
The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found that the conditions of one person's DoLS had not been complied with. No one was the subject of an authorisation at the time of this inspection. People were not restricted and applications had been made to the supervisory body for a DoLS authorisation when necessary.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, decisions were made in their best interests with people who knew them well.

Detailed assessments of people's needs had been completed since our last inspection and care had been planned with people to meet their needs and preferences. Staff followed the guidance in people's care plans to provide consistent care.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People were offered a balanced diet and food they liked. People had enough to do during the day.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the provider. Complaints were investigated and responded to.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Staff met regularly with a member of the management team to discuss their role and practice and were supported to provide good quality care.

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.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

Risks to people had been identified and staff supported people to be as safe as possible.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

People had been asked about their end of life care preferences.

Is the service responsive?

Good

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the provider. They had clear roles and responsibilities and were accountable for their actions.

High Pines Residential Home Limited

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 on 14 and 15 February 2017 and was unannounced. The inspection team consisted of an inspector, a pharmacy inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with ten people living at the service, four people's relatives, the provider and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This last inspected High Pines residential Home in January 2016, when there were breaches of several

regulations.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. Their comments included, "I know that I am safe here", "The staff all look after me and make sure I am safe" and "I am not mobile at all so I don't feel safe on my own but it is not difficult to ask for help and the staff make sure that I have help".

At our last inspection we found that people's medicines were not always managed safely. Action had been taken and people were now protected by safe medicines management practice. Guidance was available to staff about people's 'when required' (PRN) medicines, for example pain relief. Staff recorded when PRN medicines were administered and why. People received the maximum benefit from their PRN medicines. Creams used to keep people's skin healthy were stored securely in their bedrooms and separate records, including body maps were used to record where and when they were applied.

Staff had completed medicines training and assessments of their competency to administer medicines safely had been completed. Staff had reported any medicines errors and these were investigated to reduce the risk of them being repeated. Action had been taken to check staff's skills when errors occurred and staff had not administered people's medicines until the provider was confident their practice was safe. A medicines policy was in place and was followed by staff.

Effective systems were in place to order, store and dispose of medicines. We found that balances of medicines matched what was recorded on people's medicine administration records (MARs). Some dressings belonging to people who were no longer using the service had not been disposed of. Staff disposed of these during our inspection. All medicines were within their expiry dates.

Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. We observed staff administering peoples' medicines safely and in a caring manner. People told us, "I get my medicines brought to me, sometimes altogether and sometimes throughout the day. All I have to do is pop them in my mouth" and "I take my own pills when staff count them out and hand them to me". Processes were in place to support people to manage their own medicines if they wished to.

The provider had started to complete risk assessments for everyone and planned to complete these by the end of February 2017. Risks to people had been identified and people had been involved in planning how to manage risky activities. One person told us, "Staff hold my hand when I need it and I hold their arm and we safely get around".

Staff followed instructions provided to support people to remain as safe as possible. For example, we observed staff safely hoist one person from an armchair into a wheelchair using the equipment and techniques detailed in their care plan. They explained what they were doing to the person who appeared reassured.

Other risks to people, such as the risk of developing skin damage had been identified and action had been

taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Staff knew how to use the equipment and checked it regularly throughout the day to make sure it was always set correctly.

Accidents and incidents had been recorded and staff had analysed the information to identify any trends. One person had fallen twice. They had been referred to their GP and staff checked on the person regularly when they were in their bedroom to identify if they needed any support. The person had not had any more falls.

A call bell system was in place to help people summon assistance when they wanted it. One person told us, "My call bell is right by my bed and I can lean over when I need it, it's safer that way. I always know where it is". Another person preferred their call bell clipped to their sleeve so it was always to hand. A third person said, "I have my call button right here and I would say they come in seconds, I press the button and then I hear them coming up the stairs straight away".

People told us there were always enough staff around to meet their needs. People's comments included, "There is always a member of staff around when I need one. They are always busy and have a job to do and get on with it but they will always take time to talk to me" and "The staff are always close by and I can always call someone when I need them".

Staffing levels were planned around people's support needs. Many staff had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. There were plans in place to cover sickness and annual leave. The provider was on call out of hours to provide any advice and support staff needed.

Staff were recruited safely. Recruitment checks had been completed to ensure that staff were honest, trustworthy and reliable to work with people. These checks included two written references and a full employment history. Any gaps in people's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks on the identity of staff had been completed.

A new manager had been recruited and was due to start working at the service shortly after our inspection. People had been asked if they wanted to be part of the recruitment process but had declined. People's relatives had also been invited to be part of the process and had been part of the interview panel when they were available. Two care consultants employed by the provider had also been part of the interview panel to support the provider employ the right person for the role.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the management team would take any action that was needed. The provider followed the local authority safeguarding policy, procedure and protocol and reported any concerns they had to the local authority safeguarding team and the Care Quality Commission. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

A fire risk assessment had been completed and plans and equipment were in place to support each person to leave the building in an emergency. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

Good

Is the service effective?

Our findings

People told us they were supported to make choices about all areas of their lives, including when they got up, what they wore and who they spent time with. One person told us, "I make up my own mind about what I want to do and where I want to do it and when, that is fine with the staff".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

During our inspection people were offered information to help them make decisions. Staff supported people to make decisions in ways they preferred, such as showing people items and offering them a limited number of choices at a time. For example staff asked one person if they would like a cake, the person said they would. Staff showed the person the plate of cakes and said, "Would you like to choose one?" The person took the cake they wanted.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

At our last inspection we found that one person's was not being supported in the ways required by a condition on their DoLS authorisation. We told the local authority about our concerns and they supported the staff to improve the care the person received. Since our last inspection staff had been made were aware of their responsibilities, including the requirement to comply with any conditions, under DoLS. People were not restricted. One person told us, "In the summer we get taken out sometimes, that is nice. A walk along the seafront perhaps". Some people were constantly supervised and were waiting to be assessed by their local authority for DoLS authorisations. No one had a DoLS authorisation in place.

People told us staff contacted their GP when they felt unwell. One person told us, "I have my own doctor and I can see him as and when required". Staff supported people to maintain good health and see health professionals when they needed to. People's relatives told us staff supported people to attend health care appointments, including health checks if they were not able to do this. This was to help people to tell their health care professional how they were feeling and offer them reassurance.

People had regular health care checks including eye tests. One person told us, "I have just had my eyes tested and there is no change. I think they are done about once a year and that is all organised for me".

People told us they liked the food at the service, they had enough to eat and a choice of foods. People's comments included, "I like my mid-morning cup of tea and there is always a nice biscuit or slice of something and if I want something at other times I only have to ask", "The food is good, much better than home, the choice is amazing", "The food is marvellous, it really is. We get a good choice and seconds if we would like it" and "The chef always asks me what I would like and he really makes sure I get it. He comes up to my room, he doesn't have to but he does".

People had told staff about their likes and dislikes and this information was available to staff in people's care plans. For example, staff including the cook told us one person did not like vegetables and this was recorded in their care plan for staff to refer to. Staff knew how much people liked to eat and drink; meals and drinks were prepared to people's preferences. People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. People were offered a choice of drinks and snacks throughout the day.

Catering staff planned menus to meet people's dietary needs. The cook told us, "I make puddings without added sugar so everyone including people living with diabetes can have them". People who were at risk of losing weight were offered food fortified with extra calories. We observed one person at risk of losing weight being offered extra cakes during our inspection.

Staff told us they received the training they needed to complete their roles. When staff began working at the service they completed an induction, including core training such as moving and handling and safeguarding. New staff shadowed more experienced staff to get to know people, their preferences and routines. An induction had been planned for the new manager including all the key skills they would need to fulfil their role.

Staff had either completed or were working towards recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Staff received regular training and updates. The provider had a training plan in place and had booked training to develop staffs' skills and keep them up to date. Further training to support staff to meet people's specific needs was arranged when it was required including care planning, dementia care and using food supplements.

Staff received regular one to one supervisions to discuss their practice. Staff told us they felt supported by the provider and management team and were able to discuss any concerns they had with them when they needed to. Staff had an annual appraisal which included discussing plans for their future development.

Most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the support they needed in the ways people preferred.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and had time to spend with them. Their comments included, "Staff are all so kind here, without fail there is not one person I could say wasn't", "They are such nice people here you couldn't ask for more", "I love a good old natter. I know they don't have much time to spare but someone will always make time for me" and "There is always someone who will listen, I may have to ask a few times but there is always someone". One person's relatives told us, "Our relative is well looked after. Staff treat them like their own family. There is a family atmosphere here". Other people's relatives confirmed this.

People were encouraged to bring personal items into the service such as small pieces of furniture, pictures and ornaments to help them feel at home. This had been successful and people told us, "I have got all my own photographs here and a few belongings. I have made it just like home and I am happy and content with that", "My room is just how I like it. We arranged the furniture so it's just like home. It is cleaned every day and I love it in my room I really do, just like my own home" and "I have all my own belongings here in my room, but it was so nice anyway I didn't need to".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of staff. People shared jokes with staff and laughed together. Staff knew people well and understood what was important to them. For example, the time they preferred to go to bed and their bedtime routines.

People told us they were able to have a bath or shower when they wanted. One person told us, "I like to wash myself in my own room. I have a bath when I want one and staff help with that". Another person said, "I can take a bath whenever I wish to, I don't wish to some of the time and staff don't make me".

Staff supported people to remain independent for as long as they wanted. Staff explained to us what each person was able to do for themselves and what support they needed, such as washing people's backs and legs only so the person could do the rest. Information was available for staff to refer to about the support people needed to remain independent. One person told us, "I don't get rushed, not at all, I do things in my own time".

Staff knew how people let them know about the care and support they wanted. Information about people's communication was available for staff to refer to in people's care plans. For example, one person's care plan stated the person wore glasses and a hearing aid. We observed the person was wearing their glasses and their hearing aid during our inspection and they chatted to their family and staff. The care plan also reminded staff to leave the person's glasses on their bedside table, 'so they can reach them when they wake up'.

People's relatives and friends were free to visit them whenever they wanted. They told us staff always gave them a warm welcome when they visited. One person's family had commented, 'We were always made welcome, always kept informed and always offered a cup of tea and biscuits. We were happy that [person's name] was able to relate to your staff as family'. Staff supported people to spend time with their visitors in a

quiet area away from their bedroom and lounge if they wanted to.

People told us they had privacy and decided how much privacy they had. One person told us, "I can lock my door when I want a bit of privacy at night and I know that staff can get in with their own key if needed". We observed the cleaner asking one person "[Person's name] can I hoover your bedroom while you have your dinner?" The person agreed and their bedroom was cleaned while they had their meal in the dining room. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive.

People and their families had been asked about their care preferences at the end of their life. Their choices and wishes were included in their care plan for staff and visiting professionals to refer to. One person told us, "I have no complaints I've had a good life and I intend to finish here still having had a good life". Staff worked with health care professionals including the local hospice team and community nurses to make sure people were comfortable at the end of their life.

One visitor told us staff had stayed with their relative at the end of their life when they were not able to. They told us this had reassured them and their relative had been relaxed and comfortable with staff 'who were like family to them'. They told us all the staff had been very caring toward their relative and that "Nothing was too much trouble" for the head of care.

One person's relative had written to the provider shortly before our inspection praising the care and support they and their relative had received. Their comments included, 'At the end [person's name] was treated with dignity, with loving care and compassion, and so were we. We were able to be there and we were given time and space and a shoulder to cry on'. Another relative had commented, 'You made High Pines their home and you were like their family. Their last few weeks when they needed extra TLC you were amazing. We knew our relative was safe with you'.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. The provider knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Good

Is the service responsive?

Our findings

People and their relatives were able to visit the service before they decided if they wanted to move in. One person told us, "I came to look at the home before moving in. The staff helped me look round and choose the right room for me. I had a choice of three and I certainly made the right choice, I couldn't be happier".

The provider met with people and their relatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. For example one person's assessment informed staff that the person could have stiff joints when they woke in the morning and needed extra support at this time. This helped the provider make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives. They told us staff provided their care in the way they preferred. One person told us, "I have seen my care plan but I leave all that to my daughter to organise and I know that between her and the staff here they get everything just right for me".

At our last inspection we found that people's care plans did not contain detailed information about people's abilities and how they preferred their care provided. Since the inspection care plans had been written with people. Information about people's preferences and how they liked their care provided was now available for staff to refer to. Staff knew people and their care preferences very well. They prompted and encouraged people to do what they were able to do for themselves and helped them to do other things.

Staff knew what may cause people to become anxious or upset, such as not having their handbag or wallet. One person told us, "I don't often worry but if I do I just know that someone is here to help and listen and that makes all the difference". Staff provided care in the way people preferred to reduce the risk of them becoming distressed. Guidance was available to staff to help them provide people's care consistently.

Communication between staff members had improved and handover meetings were held between shifts. Handover records were kept and staff referred to these when they returned from leave or days off. People's care plans were now reviewed and updated when their needs or preferences changed. Staff told us they were informed about changes in people's needs quickly.

Routines were flexible to people's daily choices, such as how they spent their time. People had told staff what time they preferred to get up and go to bed and this information was included in people's care plans for staff to refer to. Staff respected people's choices and supported them to do what they wanted to do.

Action had been taken since our last inspection to make sure people had enough to do during the day and people followed their interests. An activities coordinator worked at the service and was supported by an activities manager and other staff. During our inspection people and their relatives enjoyed a Valentines coffee morning. People sang along to music they liked and danced with each other and staff. Other people continued to take part in activities they enjoyed before they moved into the service, such as reading and painting.

People told us that staff and the provider listened to any concerns they had and addressed them. One person said, "If I'm worried about anything I just press my call bell and ask for the owner. I am not afraid to complain". Another person told us, "The provider is always available and approachable too".

People's relatives told us any minor concerns they raised were resolved quickly by staff and the provider. A complaints policy and procedure was available to people, their relatives and visitors in the main entrance to the service. No complaints had been made about the service.

Good

Is the service well-led?

Our findings

The service had a condition of registration that it must have a registered manager, but it did not have one. The previous registered manager had stopped leading the service before our inspection and had applied to cancel their registration. They were managing activities across the provider's four services and the activities people took part in had improved. The service was being led by the provider. The provider had taken satisfactory steps to recruit a manager within a reasonable timescale. One manager had resigned the day before they were due to begin working at the service. Another manager had been appointed and was due to begin working at the service at the beginning of March 2017. Staff told us they felt supported by the provider and other members of the management team including the deputy manager and head of care..

The provider had improved the checks completed on the support people received, this included independent audits from a care consultant of care records and observations of staff practice. Any shortfalls found were addressed and action was taken so they did not happen again. Shortly before our inspection a person had moved into the service and had moved out within a couple of days as staff were not able to meet their needs. The provider had worked with members of the management team and a consultant to look at the admission process and 'learn lessons' to prevent a similar situation occurring again, including obtaining more information from mental health professionals as part of the preadmission assessment process. A psychiatric consultant had written to the provider following the failed admission thanking the staff for looking after the person 'in difficult circumstances'.

There was a culture of openness; staff and the provider spoke to each other and to people in a respectful and kind way. The provider had a clear vision about the quality of service they required staff to provide. This included 'cherishing' people and supporting them 'to take calculated risks, to make their own decisions and think and act for themselves'. This vision was shared by staff. The provider and management team led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately.

Staff told us they were supported by the provider who was always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the provider. Staff told us they worked well together to provide people with the care and support they needed.

Staff were allocated tasks at the beginning of each shift and were accountable for the own practice. They were reminded about their roles and responsibilities at team meetings and during one to one meetings. They understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to.

People and their relatives were invited to share their views about the service at regular meetings. People were also able to speak to staff on their own if they wished. One person told us, "I like it when chef comes and asks what we like and don't like and what we would like to see more of on the menu". Another person

said, "What is nice is that there is always someone to listen to me, my worries, my concerns or just my opinion". The provider sent people and their relatives regular newsletters to inform them of social events and planned changes at the service.

People, their relatives and staff had been asked for their feedback about the service each year. Their responses included 'The quality of the care and compassion shown to [person's name] by the staff is of the highest possible standard. A very lovely group of staff' and 'I am continually impressed with the warmth of feeling staff offer to all. Excellent staff'.

We would recommend that the provider seek the views of a wider range of stakeholders, including visiting professionals and commissioners.

The provider held regular managers meetings where they met with the management teams of their four services and the two care consultants. At these meeting staff shared good to support all of the services to continually improve.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date. The quality of records had improved since our last inspection.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.