Advinia Health Care Limited

Cloisters Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 20 June 2017 and was unannounced.

The last comprehensive inspection of the service took place on 17 May 2016 when we found breaches of Regulation in relation to person-centred care and privacy and dignity. At the inspection of 20 June 2017 we found the provider had taken action to meet these breaches. We carried out a focussed inspection on 28 February 2017 to look at the way in which medicines were managed. This was following an incident relating to medicines management which was also investigated under the local authority safeguarding procedures. At this inspection we found that the service was managing medicines safely. We found this was still the case during our inspection of 20 June 2017 but we found that medicines were not always being stored at safe temperatures.

Cloisters Care Home is a nursing home for up to 58 older people. The ground floor is for people who are living with the experience of dementia and also have nursing needs. The primary needs of people living on the first floor were nursing needs, although some people also lived with the experience of dementia. The majority of people living on the first floor had complex needs with a variety of different medical conditions. Some people were being cared for at the end of their lives. At the time of our inspection 53 people were living at the service. The home is managed by Advinia Healthcare Limited, a private company who are part of a group which manage 16 residential and nursing homes and home care services in England and Scotland.

The registered manager had been in post since February 2017. They had previously worked at and managed other residential and nursing homes. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Some of the records at the service were not up to date and did not accurately reflect changes in people's needs. We discussed this with the registered manager who was aware of the situation and was in the process of addressing this issue. We found that despite some records not reflecting the most up to date needs of people, the staff were aware of their needs and met these.

We found some aspects of the service were not always safe. For example, we observed an incident where a member of staff almost gave someone a drink which was not safe for them. We also found concerns about medicines storage temperatures and the provider had not sought assurances from their pharmacy before we alerted them to do this. Some people felt that the service did not have enough staff. We found that there were enough staff to meet people's needs but at times the staff were under pressure to make sure people's needs were met when they needed. The environment was safely maintained but there was a malodour in some areas of the building.

People were mostly happy living at the home and felt their needs were being met. The staff were kind, caring and polite. They offered people choices and took account of their wishes and preferences. People's health was monitored and the staff worked closely with other healthcare professionals to meet these needs. People were able to make choices about a range of freshly prepared meals. People's capacity to consent had been assessed and the provider acted within the principles of the Mental Capacity Act 2005.

The staff were appropriately trained and supported. They worked well as a team and had the information they needed to carry out their roles.

The culture of the home was open and inclusive and people using the service, their visitors and staff were able to contribute their ideas and felt listened to. The provider had a number of audits which helped to monitor and improve the quality of the service. There had been improvements since the last inspection and the provider had demonstrated a commitment to maintaining these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe.

The majority of people felt safe at the service and felt there was enough staff to meet people's needs. The registered manager agreed to address the individual concerns raised by some people around safety.

There were procedures designed to keep people safe and the staff were aware of these.

The risks to people's wellbeing were assessed and planned for. However, we witnessed an incident where a person was placed at risk.

The environment was safely maintained. However, there was an unpleasant odour in some parts of the building.

There were enough staff to keep people safe and meet their needs. However, there were occasions when the staff were busy and found it hard to meet people's needs at the time they wanted support.

Is the service effective?

Good

The service remains Good.

People were cared for by staff who were appropriately trained, supported and supervised.

The provider had acted in accordance with the requirements of the Mental Capacity Act 2005.

People's nutritional needs were met.

People's health needs were assessed, monitored and met by the staff working closely with other healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, polite and caring.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's needs were planned for and being met, but some of the records about people's needs had not been updated to reflect changes in their needs. In addition some of the records of care provided were not consistent with care plans.

People were involved in planning their care and felt their preferences were considered.

People had opportunities to participate in a range of organised activities.

People were able to make a complaint and these were investigated and acted upon.

Is the service well-led?

Good

The service remains Good.

People felt the service was well-led and there were clear lines of accountability.

People using the service, their representatives and the staff were invited to share their views and experiences and the provider listened to these.

There were audits designed to monitor and improve the quality of the service.

Cloisters Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 June 2017 and was unannounced.

The inspection was conducted by two inspectors, a nurse specialist advisor 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. The expert-by-experience supporting this inspection had personal experience of caring for someone at the end of their lives.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report and the provider's action plan following this. Also we looked at notifications to the Care Quality Commission (CQC) of significant events and safeguarding alerts.

During the inspection we spoke with 12 people who used the service, 10 relatives of other people and the staff on duty who included the registered manager, nurses, care assistants, the activity coordinators, domestic staff, catering staff and the provider's operations manager who was visiting the service during the day.

We observed how people were being cared for and supported. Our observations included a Short Observational Framework Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the environment. We looked at how medicines were stored and managed. We also looked at records which included the care records for 12 people who used the service, staff recruitment, training and support records for six members of staff, records of complaints, meetings, quality monitoring and audits.

Requires Improvement

Is the service safe?

Our findings

People who lived at the service told us they felt safe there. Most visitors also felt the service was safe. However, one visitor told us that the staff had not described the procedure in event of a fire and they were concerned about their relative's safety. They said, "I can't leave [my relative] as [they] are not safe."

The provider had procedures for safeguarding adults and whistle blowing. The staff were aware of these and had taken part in training about these procedures. They knew what to do if they were concerned that someone was being abused or at risk of abuse. There was information about abuse and reporting this on display and shared with people who lived at the service and their visitors. The provider had responded appropriately to allegations of abuse, sharing information with the local safeguarding authority and others where necessary. They had completed investigations alongside the local authority and had made sure people were protected from risks of further abuse.

People received their medicines safely and as prescribed. However, the air conditioning systems in the medicines storage rooms had stopped working before our inspection. The provider had requested new units but on the day of our inspection we found that temperatures in the rooms exceeded recommended temperatures for the storage of medicines. The records held at the home indicated these temperatures had been excessively high for over 10 days. The staff had attempted to cool the storage areas but had been unsuccessful. We were concerned that the properties of these medicines might have been altered because of the high temperatures. We asked the staff to speak with the supplying pharmacist for advice, which they did. However, they had not initiated this action before we recommended this, as part of a risk management plan. The pharmacist advised the staff that the medicines held at the service should not have been damaged during this time but that the temperature of these rooms must be reduced to prevent damage. The provider had ordered new air conditioning units which were due to arrive at the home and be used in the medicines storage rooms. They had not arrived by the end of our inspection visit and we found that temperatures remained excessively high. Since the inspection visit the registered manager has provided us with a risk assessment outlining the risks associated with excessively high temperatures and the action the staff have taken to help cool the rooms.

The staff administering medicines had been appropriately trained and their competency was assessed by the registered manager. There were regular up to date audits of medicines management and these showed that discrepancies were identified and acted upon. Medicines administration was appropriately recorded. We witnessed people being administered medicines and this was managed in a suitable way. The staff crushed some people's medicines so that they could administer these to people covertly (without their knowledge). They had undertaken appropriate capacity assessments and the decision to administer medicines this way had been agreed following a best interest process (people important to the person making a decision together about how to best meet the person's needs). However, the provider had not sought guidance and advice from the pharmacist about this in one instance. Therefore they had not checked whether it was appropriate to crush these types of medicines.

The risks to people's safety and wellbeing had been assessed. For examples, risks associated with their

physical and mental health, mobility and eating and drinking. Risk assessments were clearly laid out and included information on how to keep people safe. They had been regularly reviewed. The staff demonstrated a good understanding about risks and how to support people. There was clear information relating to risks of choking particularly for people who required texture modified food and drink. However, during our inspection a member of housekeeping staff almost gave a person who required thickened fluids a normal drink until we alerted them not to do this. The mistake happened because the member of staff was wrongly told by another person who lived at the service that the drink belonged to that person. We discussed this with the senior staff who agreed to make sure all staff, including those not responsible for care or nursing, were aware of each person's specialist requirements around food and drink. Information about these individual needs was already displayed in people's bedrooms.

The staff recorded all accidents and incidents, including how these had happened and whether people were injured. The records were checked and analysed by the registered manager and information about any trends or repeated incidents was shared with the provider.

The building was safely maintained. The staff carried out daily checks and observations on infection control and health and safety. The provider also employed maintenance workers who checked the building and equipment on a regular basis. External organisations had carried out checks on electrical, water, gas and fire safety. There was an up to date fire risk assessment and an individual emergency evacuation plan for each person.

During our inspection we noted that there was an unpleasant odour in some areas of the building. This did not lessen during the day. We discussed this with the registered manager who said that carpets and furnishings had been changed as needed if they started to smell. They also agreed to look into this and see if they could identify the source of this so it could be eradicated. The home was well ventilated during the day with windows open and fans in communal rooms and some bedrooms. We saw housekeeping and maintenance staff checking the environment and people's comfort levels throughout the day which was a very hot one.

Some visitors told us they did not think there were always enough staff available. Their comments included, "It took 20 minutes to find a carer the other day and sometimes there is only one carer on at night", ''The carers are nice but there is never enough on duty'', "There's lots of changes of staff. I don't think they have enough staff, they seem rushed" and "You sometimes have to wait for staff on weekends but at other times there is no problem." We discussed these concerns with the registered manager who agreed to look into the individual concerns and to speak with people living at the service and their relatives about fire safety procedures.

There were enough staff to keep people safe and meet their needs. Although there were times when the staff felt over stretched and busy. For example, people who lived on the first floor had complex needs and many people were being nursed in bed, requiring two members of staff for transfers and repositioning. The staff told us that at some times of the day a lot of people were required care at the same time and this could be difficult to manage. The registered manager had recently increased staffing levels in response to an increase in the dependency levels of people who lived at the home. In addition some of the senior care assistants were being trained to undertake some of the nursing responsibilities. This meant that they could help the nurses by carrying out some of their tasks. The majority of people who we spoke with and their relatives told us that they did not have to wait long for care and that the staff were attentive and quick to respond to emergencies. Although some relatives told us they felt there were not enough staff. We observed that the staff on duty were busy throughout the day but they did not rush people and spent time speaking with people and offering them reassurance when caring for them. We discussed staffing levels with the registered

manager who told us that these were under constant review and had been adjusted when there was a recognised need for more staff.

The procedures for recruiting staff included checks on their suitability. For example, staff completed application forms with full employment histories. The provider interviewed the staff and made checks on their criminal records, eligibility to work in the United Kingdom and references from previous employers. We saw evidence of these checks in the staff files we examined. Therefore the provider had taken steps to ensure staff were suitable to work with the people who lived at the service.

Good

Is the service effective?

Our findings

People were cared for by staff who had been appropriately trained and supported. New staff completed an induction into the home which included a range of training and shadowing experienced members of staff. People who used the service and their visitors told us they thought the staff had appropriate skills with one visitor telling us, ''The staff seem well trained and are all pleasant.'' The staff we spoke with told us they had the information they needed to undertake their roles and responsibilities. They felt well supported. They said they were issued with written information and had access to training and support when needed. They regularly met with their manager as a team and individually. We saw evidence of these meetings and how aspects of the work and individual performance were discussed and appraised.

The staff told us they could request additional training when they needed, for example the senior care assistants were undertaking training in medicines management and some nursing interventions so that they could carry out additional responsibilities. All the staff received training in key areas which the provider considered mandatory and in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff received regular training updates and the registered manager monitored when these were due to make sure all staff training was up to date. The staff had good systems for communicating with each other and planning how they would care for and support people each day. There were clear lines of responsibility and all the staff we spoke with told us they were happy to discuss their work with the nurses, senior staff and registered manager.

The staff demonstrated a good knowledge of individual needs and how people should be supported. They understood about conditions such as dementia and were able to communicate effectively with people and support them in a way which best met their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. The 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. The registered manager and staff had a good understanding about the principles of the Act. They had assessed people's capacity to make specific decisions about different aspects of their care. These assessments were clearly recorded and had been updated when people's needs had changed. We saw that the provider had made decisions in consultation with those who were important to people and in their best interests when they lacked capacity to make these decisions themselves. This was clearly recorded. The provider had applied for authorisations under the Deprivation of Liberty Safeguards when needed and had implemented any conditions in relation to

these, so that people received care which was personalised.

We saw that the staff offered people choices and obtained their consent wherever possible when delivering care. They asked people what they wanted and took time to explain choices in a way the person would understand, for example choices about where they wanted to spend their time, what they wanted to do and what they wanted to eat. People's individual communication needs were recorded in their care plans along with information about how to offer choices in a way which the person best understood.

Since the last inspection the provider had taken steps to improve the environment. Areas of the building had been redecorated and there were additional features designed to make the environment more interesting and interactive. For example, there were themed rooms and parts of the corridors with tactile and sensory decorations, in line with good practice guidance for people living with the experience of dementia so that they could interact with the environment. People had personalised their bedrooms and were able to bring their own belongings and furniture if they wanted.

The day of our inspection was a very hot one. Rooms were ventilated with fans and open windows and doors. Throughout the day we saw the staff offering people drinks and making sure they had access to these at all times. The staff spoke with us about the importance of keeping people hydrated. They said that they offered people ice lollies, fruit and soft food such as ice creams and yoghurts as well as encouraging people to drink. One member of staff explained how they had introduced a traditional Asian fruit and yoghurt drink and this had been well received so they had asked the chef to make this regularly.

People's nutritional needs were assessed, monitored and met. People were offered a choice of freshly prepared meals and had access to drinks and snacks throughout the day and night. Most people told us they liked the food. Some of their comments included, ''The food's not too bad at all'', ''The food is nice. The vegetable curry is good'', ''Whatever they give us is good, I don't mind, the cook is not bad'' and ''They help [my relative] have the food [they] like, by making sure they cut it very small and [my relative] likes the food.''

People's nutritional needs had been recorded in care plans which outlined any special dietary requirements or if they were at nutritional risk. People were weighed regularly and their weight and related health conditions were monitored. The staff had referred people for specialist support when they had assessed them at nutritional risk.

The menu offered a range of choices for each meal and was displayed in dining rooms. People were offered a choice at the point of service. Where needed people were shown two plates of different meals so they could make a choice based on how the meal looked as well as the staff description of it. The kitchen was suitably organised and the catering staff demonstrated a good knowledge of individual dietary needs and allergies. These were recorded in the kitchen as well as care plans.

The staff recorded how much people ate and drank for people who had been assessed at risk in relation to this. The nurses and senior staff monitored these records to make sure they addressed any problems. Food charts contained a clear indicator of the quantity eaten at each meal as well as the type of food offered and eaten.

People's healthcare needs were assessed, monitored and met. People told us they had access to healthcare professionals when they needed them. We saw evidence of this in people's files. The provider employed nursing staff who assessed and monitored health needs. There were records of this and we saw that the staff had acted appropriately when there had been a change in people's health conditions.

Good

Is the service caring?

Our findings

At our inspection of 17 May 2016 we found that some of the staff did not treat people with respect and did not allow people to make choices. The provider created an action plan to ensure improvements were made at the service. At the inspection of 20 June 2017 we found that there had been improvements. People were treated with respect and kindness and the staff offered people choices and respected these.

People using the service and their visitors told us they liked the staff. Some of their comments included, ''The carers are lovely and the nurses are wonderful'', ''The night carers are good too, I cannot fault them'', "I don't really consider it. They give me food and that. I don't expect too much'', ''The staff are alright'', ''I am quite happy, they let me chose my clothes, I can get up when I want'', ''I have got to know the staff quite well, they are the same people and its like a family, they look after [my relative] brilliantly, I can't fault them'', ''The carers are nice, I know them all now'', "If we get any problems we have a word with the nurse and they sort it out'', ''They're caring for my relative quite well really'', ''My ladies look after me very well'', ''They look after [my relative] well. She's OK. It's peace of mind for me that I know she's in secure hands. There is someone there for her always" and ''They are very good. [My relative] seems to be doing a lot better since he came here.''

The staff spoke about the people who they cared for with fondness. One member of staff said, ''I really love them so much.'' There was a friendly atmosphere where the staff spoke with people in a caring way. For example asking them, ''Do you mind if I…?'' Or ''Can I help you with….?'' Asking permission rather than telling people what they were doing.

We saw a small number of interactions where staff were not unkind, but did not always talk with people in a respectful manner. For example some staff told people they were, ''Good girls.'' We overheard one member of staff referring to someone by their room number rather than their name when they spoke with another member of staff. We discussed these interactions with the registered manager who told us they would remind staff about the importance of always addressing people respectfully and using their preferred names when talking about them.

We also saw some interactions which showed the staff were very caring towards people. They comforted people when they were distressed and offered them choices, bending down to their eye level and listening to what the person wanted and had to say. There were instances where people's behaviour was challenging for the staff, for example one person entered another person's bedroom and lay down on their bed, causing distress to the occupant of the room. The staff handled these situations kindly and diplomatically offering support to all the people involved.

People were supported to be independent where they could be, for example helping themselves at mealtimes and with drinks. The staff confirmed they always tried to promote independence. One member of staff told us, ''We treat people differently each day depending on how much they can manage and do for themselves, some days they feel more able to do things than other days and we respect that.''

The staff respected people's privacy. We saw that they knocked on people's doors and provided personal care in private and discreetly.

Requires Improvement

Is the service responsive?

Our findings

At the inspection of 17 May 2016 we found that people did not always receive care which met their individual emotional and social needs. Some of the care staff provided focussed on the task they were undertaking rather than the person they were caring for. The staff did not always demonstrate a good understanding of how to care for people with dementia. The provider created an action plan so that improvements could be made. During our inspection of 20 June 2017 we found that improvements had been made. People's care better reflected their preferences and met a range of needs.

People using the service and their representatives told us they had contributed to planning their care and they felt involved in this. They told us that care was provided in the way they wanted and they felt their needs were being met. The staff demonstrated a good understanding of people's needs and how to care for them.

The staff had created care plans. These covered a range of different needs and how staff should meet them. The majority of care plans were accurate. However, two of the 12 the care plans we viewed were not up to date and did not reflect current needs. For example, one person's care plan indicated they were more mobile and in better health than they actually were. The staff had a good understanding about how the person's needs had increased since they moved to the service. But their care plan did not reflect this change in their needs despite having been reviewed monthly. A second care plan had similar issues. The person's healthcare needs were identified but the plans relating to these did not specify when changes in their condition had taken place.

The records of care the staff provided indicated that care was provided as planned. However, we found that some of these records contradicted the care plans. For example, the majority of care plans we viewed indicated people wished to have a bath or a shower weekly. We found that they had not always been offered these. When we spoke with the staff they told us that these people did not feel well enough to have baths and showers as their needs had changed since the care plans had been written. Their care plans had not been updated to reflect this change.

We discussed care plans with the registered manager and operations manager. They acknowledged that some information was not up to date and told us this was an area they were already working on to improve.

People appeared clean, well-groomed and were wearing their own clean clothes. They had access to a hairdresser who visited the home regularly. Some people told us they had baths and showers when they wanted them and could request these. Others confirmed what the staff had told us, which is that they no longer wished to be offered baths or showers. People told us they were able to get up and go to bed whenever they wanted and the staff respected their choices.

Each bedroom contained a folder with records of daily checks and for personal care. There was also evidence of other monitoring, for example skin care, food and fluid intake and repositioning for people who remained in bed. The staff also recorded checks on equipment, such as mattresses and call bells. These

records were well maintained, up to date and reflected people's current needs.

The registered manager had introduced a system of 'resident of the day' whereby a specific person's needs and wishes were reviewed by the staff, including the activities coordinator, chef and housekeeping staff. This was working well and the staff in different departments did have a clear idea about individual needs and preferences. However, the main care plans had not always been updated with any changes in people's needs. The staff told us they did not read care files because they did not have time to do this but that they had good systems for verbal handover of information and felt that they discussed each person's needs appropriately with each other. We saw that care plans were quite complex and there was a lot of information for the staff to read. Sometimes it was difficult to extract the most important information. We discussed this with the registered manager who told us that they were in the process of reviewing how needs were recorded to make this information more accessible to the staff.

There were a range of organised activities provided by two activity coordinators. These included special events, for example visiting entertainers, visits from local school children and celebrating special events and holidays. There were also regular sing along and craft sessions. The activity coordinators told us they supported people with small group activities and on an individual basis. During our inspection we saw that the activities coordinators and care staff spent time with people on the ground floor talking and initiating different games, songs and activities. Some people from the first floor joined them for this. The majority of people who lived on the first floor spent the day in their rooms. Some of them and their relatives reported that they did not participate in organised activities because they did not want to.

Some of the comments made by people living at the service and their relatives about activities included, ''[My relative] seems alright. [They are] a lot brighter here than [they were] in the other place. They play cards again now. It's all very nice [here]'', ''It is a bit dull, nothing much to do, it does not seem to be very alive'', ''I can't think of anything I do really'', ''There is not a lot to do'', ''They [activity co-ordinators] come in [to chat] in the morning and they come again in the afternoon'', ''I like to spend my time reading'', ''I don't get bored I am able to go out if I need and the staff take me, but there is not enough time in the day sometimes'', and ''They do a lot of things likes music but there's no one he can talk to.''

The visitors of people who used the service were able to visit whenever they wanted and were made welcome. They told us the staff communicated well with them, letting them know if anything was wrong or changed about their relative's care. One visitor told us how the staff had explained about caring for someone with dementia and had helped them understand and manage some of the challenges presented by a relative having this condition.

There was a complaints procedure which was on display and available in all bedrooms. People using the service and their relatives told us they knew how to make a complaint and felt listened to when they raised a concern, with the exception of one visitor who told us they did not feel staff had acted on their concerns but did not want us to share their identity with the provider. We looked at the provider's record of formal complaints. We saw that the provider had responded to all complainants and investigated their concerns. They had taken action to put things right and make improvements to the service following complaints.

Good

Is the service well-led?

Our findings

People who used the service and most visitors told us they felt the service was well managed. They commented that the new registered manager had brought about changes which they felt were good. Some of their comments included, ''There's nothing they could do better'', ''They have just got better and better'', ''The manager is good'', ''The new manager is better'' and ''I think they take things on board that we say and listen to us.''

The staff spoke positively about the service and the way in which it was managed. They said that they felt supported and valued. They told us they were able to raise their ideas and were given opportunities to implement these.

People using the service, their representatives and the staff were consulted and had information about the service. There were regular meetings and people were invited to complete satisfaction surveys about their experiences. There were notice boards of information which included evidence that the provider had listened to and acted on suggestions from people living at the service and their visitors. For example, offering more choices at meal times, introducing new and favourite activities, improving the environment and looking at different ways of communicating with people to better understand their views and wishes.

The registered manager had started work at the service earlier in 2017. They had experience managing other services. They told us they enjoyed working at the service and felt supported by the provider.

The provider and staff carried out regular audits of the service including records, health and safety, infection control, medicines management and checks on equipment. All audits were recorded and there was evidence action had been taken when problems had been identified. The provider had shown consistent and continuous improvement from the last three Care Quality Commission visits, acting on concerns identified at the inspections and putting in place strategies to maintain improvements made.

The registered manager was visible and known to people using the service, visitors and staff. They completed daily checks around the home speaking with people and asking for their feedback.

The provider notified the Care Quality Commission of significant events and safeguarding alerts.

There was evidence the provider had listened to and acted on advice from other external agencies, for example following safeguarding investigations and also audits by the local Clinical Commissioning Group.