Mr and Mrs R Odedra

Bournbrook Manor Home Ltd

Inspection report

134a Bournbrook Road
Selly Park
Birmingham
West Midlands
B29 7DD

Tel: 01214723581

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this unannounced inspection on the 2 May 2017. Bournbrook Manor care home is registered to provide care to 23 older people with a variety of needs including the care of people living with dementia. At the time of our inspection 18 people were residing at the home.

At our last comprehensive inspection in April 2016 we found that the registered provider was in breach of regulations. This was because the provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. The provider did not have robust systems in place to monitor the quality of the service. In addition the provider did not ensure that the care and treatment of service users was provided with the consent of the relevant person. Following the inspection the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook this unannounced inspection on the 2 May 2017 to check that the registered provider had followed their own plans to meet the breaches of regulations and legal requirements.
We found that the registered provider had addressed some of the concerns that we had identified at our last inspection and had met their action plan and the breaches of regulation. We found that the provider had further improvements to make in respect of enhancing the knowledge of the Mental Capacity Act (MCA) within the staff team and to improve auditing processes.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People that could tell us said that they felt safe living at the home. People were supported by staff who had received training on how to protect people from abuse. There were enough staff on duty to meet people's needs and recruitment checks on new staff had been completed before they started to work. People received their medicines as prescribed.

People's consent was sought, but staff had limited knowledge of the MCA and the Deprivation of Liberty Safeguards (Dols). Staff told us they had the knowledge and skills to support people to meet their individual needs. People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People were supported to access a number of healthcare services.

Staff demonstrated some caring and compassionate practice and staff demonstrated a positive regard for the people they supported. People received care and support from staff who knew and understood their individual preferences and needs. People's privacy and dignity was respected.

People's needs had been assessed and most care plans developed to inform staff how to support people appropriately. Activities were provided but improvements were planned to ensure people had the opportunity to participate in activities of interest to them. People felt able to complain and were confident concerns raised would be addressed.

People had confidence that the registered manager was improving the service they received. People and staff consistently told us that the registered manager was approachable. We found that although there were some systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well-led.

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 felt safe and confident that staff were able to protect them from abuse and harm.

Staff were aware of risks to people and how to support people.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The staff team did not have adequate knowledge about the Mental Capacity Act and what it meant for people who lived at the home.

People told us that staff had the right knowledge and skills to support them.

People were supported to eat and drink in ways which maintained their health.

Is the service caring?

Good

The service was caring.

People spoke positively about the caring attitude of staff.

People were supported to express their own views about the care they received.

People told us that they were treated with dignity and respect

Is the service responsive?

Good

The service was responsive.

People were involved and took ownership in planning their care.

Activities were available for people to participate in. However

further consultations were planned to enable improvement in this area.

People were aware of how to complain to if they were unhappy about their care and support.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls provided in the service.

People's views were sought and listened to.

Staff felt supported to do their jobs well.

Bournbrook Manor Home Ltd

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 unannounced inspection took place on the 2 May 2017. The inspection team consisted of one 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 service.

As part of the inspection we looked at information we already had about the provider. The provider was asked to complete 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 an improvements they plan to make. This information was returned within the timescale requested. We asked the Local Authority and Healthwatch if they had any information to share with us about the care provided by the service. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we met and spoke with ten of the people who lived at the home. 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 to us. We also spent time observing day to day life and the support people were offered. We spoke with eight relatives of people and one health care professional during the inspection to get their views. In addition we spoke at length with the registered manager, the registered provider, two deputy managers, the cook and four care assistants.

We sampled some records including five people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files and the way the provider had applied their recruitment process. We sampled records maintained by the service about training and quality assurance to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe living there. One person told us, "Oh yes, I'm safe. If anyone opens the front door, a warning bell goes on. I'm more safe here than at home I think." Relatives we spoke with told us that they had no concerns about people's safety at the home. A relative we spoke with said, "Mum is very safe. Staff use the hoist and use it safely."

We found that the staff we spoke with knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. One member of staff told us, "If I saw anything that was wrong I would tell my manager immediately or report it to CQC [Care Quality Commission]" We saw that where concerns had been raised, the registered manager had taken the appropriate action and referred the concern to the Local Authority safeguarding team.

We looked at the procedures for managing risks to ensure people were protected whilst promoting people's freedom. Risks to people had been identified and assessed. One person told us, "I go out for daily walks independently." We observed most staff supporting people to transfer safely or move around the home and saw they considered people's comfort and safety during these procedures. We saw on one occasion a person assisted to move by staff who used an inappropriate transfer. This was brought to the registered manager's attention who advised us that staff had all received moving and handling training and they would address this particular transfer method with all staff by continuing with the moving and handling observational competency assessments.

Whilst all of the staff we spoke with had a good knowledge of individual people's health needs the risk management plan in place for one person did not contain specific guidance for staff about how to support the person effectively to minimise the risk. Although this omission needed to be addressed within people's care records, the staff knowledge and skills meant the outcome for people was still good and they were protected from moving and handling risks. We received evidence that this issue had been addressed following our inspection.

Staff we spoke with described what actions they would take should an accident or incident occur. We saw that any accidents or incidents recorded had been followed up by the registered manager. Records demonstrated that any learning from incidents had been shared with staff to minimise the risk of them happening again. We saw that the registered provider had maintained the premises and ensured all relevant health and safety checks had been completed. Staff we spoke with gave us a clear account of what they would do in a variety of emergencies to ensure people received safe and appropriate care in such circumstances.

Most people told us they felt there were currently enough staff available to meet their needs. One person living at the home told us, "I don't have to wait too long to worry about it." Some people told us they felt more staff were needed during the night but this had not impacted on the care they received. Some staff we spoke with said there were usually enough staff available to meet people's needs. One member of staff told us, "I think two staff are enough during the night. We respond to buzzers quickly." We saw that in addition to

care staff supporting people with personal care they were also undertaking various catering duties due to staff absences. We saw on the day of the inspection this had not had any impact on the care provided to people. The registered manager who advised us of their intentions to review staffing levels to ensure there were sufficient staff to undertake catering duties.

We observed care staff engaged in carrying out a variety of tasks and staff did not appear rushed and answered call bells in a timely manner. The registered manager had established how many staff were needed to meet people's care and support needs with the use of a staffing tool. This provided assurance that there were sufficient numbers of staff on the duty.

People were cared for by suitable staff because the provider followed thorough recruitment procedures. Disclosure and barring service checks (DBS) had been completed and satisfactory employment references had been obtained before staff came to work at the home. This ensured staff were suitable to work in the adult care sector.

At our last inspection in April 2016 we identified that records to demonstrate that medicinal skin patches and topical prescribed creams were not in place to ensure that they had been used in line with prescriber's guidance. We saw that there were no individual protocols in place with guidance for staff to follow in respect of ['as and when required' PRN] medicines. In addition there were no systems in place to check that staff were competent to administer medicines. At this inspection in May 2017 we found some improvements had been made.

We observed medicines being administered and saw that people were supported appropriately to take their medicines. People told us that they received their medicines at the times they needed them. One person told us, "I get them [medicines] at more or less the same time each day." A health professional told us that medicine management was effective at the home and that staff always ordered prescriptions on time and that communication was very good. Since the last inspection a member of staff had taken responsibility for oversight of medicines management to ensure medication was managed safely and met people's needs.

Some people who lived at the home had medicines that they took only when required. Staff told us they were aware of how medicines should be administered and we saw medicines had been administered. Although we noted that 'as and when required' records were in place they did not consistently detail why people may need these medicines. This would ensure that people received their medicines consistently when required. We looked at the additional records for one person who was prescribed medicinal skin patches. Staff described how they alternated the medicinal patches. However, records were not clear where the patches had been applied to the body. The deputy manager advised us that they would seek immediate advice from their supplying pharmacy to ensure records were clearer. We saw that staff who supported people with their medicines had received training and had been regularly observed to ensure they were continually safe to administer medicines.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in April 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider was not ensuring the care and treatment provided was with the consent of the relevant person. At this inspection we found that whilst some improvements had been made and the registered provider was no longer breaching this regulation further improvements were needed.

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. We checked whether the service was working within the principles of the MCA. At our last inspection in April 2016 staff had not received training in MCA and DoLS. At this inspection in May 2017 most of the staff we spoke with had received training in this area; staff still demonstrated a limited awareness of MCA and DoLS. However, during our inspection we observed staff offering choices and seeking consent from people regarding their every day care needs. People told us that they were supported in line with their preferred choices and that staff routinely asked for their consent before providing care. One person told us, "The carers will say to me in the morning, "What would you like to put on?." One relative told us, "Staff always ask mum [for] her permission."

One care plan we viewed had 'consent forms to agree to care and treatment' that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person. This indicated that staff continued to demonstrate that they did not understand that when best interests has been established 'consent' from people other than those legally authorised is not needed.

At our last inspection in April 2016 we found that the provider had failed to appropriately refer people using the service, for consideration by the supervisory body, in this case the local authority for authorisation of Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked at this inspection in May 2017 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. At the time of our inspection the registered manager told us that this did not apply to anyone currently using this service however they were able to demonstrate an awareness of the process to follow if required.

One person's end of life plans recorded that they did not want to be resuscitated if they were unresponsive to immediate lifesaving treatment. We noted that the appropriate documentation had been completed and was available in the person's care plan. However, not all the staff we spoke with were aware of the person's expressed instructions. This meant that the person's wishes may not be respected. The registered manager advised that this concern would be rectified immediately and all staff would be informed.

Staff spoke positively about the support they received from the registered manager and told us that they felt the training they received ensured they had the skills to effectively support the people who lived at the home. Discussions with the registered manager identified that they recognised the importance of staff receiving training and support in order to be able to care and support people in the right way and with the right approach. The registered manager advised us that there had been some difficulty in obtaining the training certificates for staff. We noted a number of gaps in staff training records in key areas such as safeguarding and first aid. However staff we spoke with described their responsibilities in these areas and the registered manager had undertaken competency assessments to check staff's knowledge and understanding. The registered manager advised us that further training was planned to address these issues.

Staff told us they received regular supervision with the registered manager and felt well-supported. One member of staff told us, "I have regular supervision with my manager." Staff we spoke with told us they had received an induction and the opportunity to shadow more experienced members of staff. Staff that were new to care duties had undertaken a nationally recognised induction programme called the Care Certificate. This ensures the staff are provided with the skills and knowledge they need to care for people safely and follow good practice guidelines. .

People felt that staff knew how to care for them and people gave us mainly positive feedback about the ability of the staff to support them effectively. One person told us, "Staff know what they are doing." A visiting relative said, "Staff seem very skilled when using the hoist."

People we spoke with told us that they enjoyed their meals and that they were offered choices and snacks throughout the day. One person said, "'I've enjoyed my dinner. The stew was beautiful and the meat was very tender." We observed people enjoying their meals at lunchtime and for those people who did not want what was on the menu, alternatives were provided. A person we spoke with told us, "The cook knows what I like. If I don't fancy what's on, she'll do me something different or a tin of soup." The cook told us that the menu took into account the cultural needs of people living in the home and that some relatives supported the cultural identify of their loved ones by bringing different foods into the home.

People's weight was monitored when identified as a risk to ensure they were receiving adequate nutrition and care records contained guidance for staff about how to support people to receive the nutrition they required to stay well. We spoke with the cook who had a clear understanding of people's dietary needs. Most staff we spoke with knew which people needed special diets and described any known allergies.

Arrangements were in place to ensure that the healthcare needs of people were addressed. One person told us "'I had that nasty flu bug. The doctor came out. I was in bed for two days. They [the staff] brought everything for me; I didn't have to buzz once." During the inspection we received feedback from a health professional who advised that staff did contact them weekly and as necessary, if they had concerns about individual health risks to people using the service. They advised that this allows visits to be planned, results to be discussed and medication problems to be addressed in a timely and accurate way. Regular chiropody services were arranged for people and domiciliary dental and optician services were arranged by the home.

Good

Is the service caring?

Our findings

People we spoke with told us that overall staff were kind and caring in their approach to people. One person who lived at the home told us, "I love it here…. They [the staff] do everything for me. They're ever so kind." We received some less positive comments from some people in relation to some night staff. This feedback was brought to the registered manager's attention who advised us of their intentions to address the concerns raised. Relatives we spoke with praised the kindness and compassion they witnessed from the staff team. One relative said, "I think it's really lovely here...I thought he'd be desperate to get back home but he's very happy here. He's got the freedom he needs.…. He loves the carers."

One person said, "The staff are kind and they seem to know what you need." Most staff we spoke with knew people's individual communication skills, abilities and preferences. Staff told us they treated people with kindness and empathy and we saw they showed interest and patience when supporting people. We saw staff gave people the time to express their views and listened to what people said. One member of staff told us, "I support people daily to make their own decisions." We observed and heard staff providing comfort when necessary. Staff knew people well so they recognised when people were happy or becoming anxious. We saw staff responded to people in a caring and empathic way so that they were reassured.

People told us they were given choices and were involved in planning their care. We saw people had been supported to make decisions in all aspects of their daily life. One person told us about their preferred routine and said, "They [the staff] get me ready and I stay in my room watching the telly [television]. I go to bed when I want to." We saw staff helped people to make choices by explaining these to them. For example, we saw a person asked by staff about having their medicines. The member of staff sat with them and offered the person reassurance and ensured they were happy to have their medicines. Care plans we reviewed showed that people's views and preferences had been sought. We saw that people had signed and had been empowered to write parts of the care plans themselves, when possible. This was a creative way which enabled people to express their own views and choices. One health professional we spoke with described the homes approach to end of life care and how people's wishes were included in peoples care plans and as a result end of life care had improved. This demonstrated people had been given choices and had made their own decisions about things that were important to them. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them.

People were supported by staff who knew how to maintain their privacy and dignity. One person we spoke with said, "They're [the staff] ever so kind. They put towels around you and they're not intrusive." Another person told us, "I do what I can myself." Staff recognised the importance of not intruding into people's own space. Staff shared examples of how they protected people's dignity and privacy. One member of staff told us, "It's important not to expose people's bodies." We observed staff knocking on people's doors and speaking to people discreetly about their personal care needs. People told us that they could speak with relatives and meet with health and social care professionals in the privacy of their own room if they wanted to do so. Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained.

People we spoke with told us that they could have visitors at any time. We observed people visiting the home throughout our visit and we saw no restrictions to visiting. A visiting relative told us, "The fact that I can come anytime is really lovely."

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to ensure that their individual needs could be met. Where possible people and their families were encouraged to visit the home prior to moving in. People had been supported to express their opinions about the care and support they received. For example, people were encouraged and supported to choose when they wished to get up and go to bed and where they would like to spend their day. One person we spoke with told us, "I choose to sit in the lounge for my meals. I don't enjoy chit chatting in the dining room." Another person said, "I went through my care plan [with staff] …things like when I wanted my shower..." The staff we spoke with had knowledge of people's life experiences and histories. A member of staff told us about a person's life history and career and said, "[name of person] is so interesting to talk to." Whilst we saw that care plans had been reviewed, we were unable to establish who had been involved and what had been discussed in that review. The registered manager advised us of their intensions to rectify this issue following this inspection.

The registered manager told us that it was important to people that they were supported to follow their religious beliefs if they wanted to and said, "We are arranging a Jamaican party to celebrate diversity and there will be food tasting to experience the culture." Some people told us that they would like a religious service to be held at the home but had not shared this with the registered manager. The registered manager advised us that she would address this with people at the residents meeting. One person who lived at the home told us about their preferred religion and said, "There isn't a minister who comes in but they put the service on the telly [television]." Some people independently accessed religious services within their local communities. Staff we spoke with were knowledgeable about people's specific needs. One member of staff described a particular way a person preferred to have their personal care completed in line with their religious wishes.

People told us about activities that were available to them and that they generally enjoyed them. We saw that staff supported people to choose what they wanted to do each day. We saw wall decorations displayed around the theme of dignity and pictures of people enjoying themselves. Some people had been able to maintain hobbies that had been of interest to them all their life. One person told us about how much they enjoyed gardening and that they would be planting up pots for the decked area in the garden later in the year. Another person told us how they liked to order their make-up from catalogues with the support from staff.

During the course of our inspection we saw people enjoying and participating in skittles which promoted lots of interaction and laughter. People were seen chatting to each other and watching television. One person told us, "They've [staff] got skittles; they put music on and a keep fit lady comes once a fortnight. I don't get bored; I've got my magazines." However, other people felt that activities was an area that could be improved. The registered manager acknowledged that activities was an area for improvement and advised us of her intention to continue to communicate with people and support staff to develop innovative ways of providing meaningful stimulation for people to enjoy. We saw planned dates for forthcoming events were displayed around the home so that people and their relatives could choose what to participate in. The events included pub lunches, Bournbrook bake off, summer tea parties and family restaurant evenings.

Our discussions with the registered manager indicated that work was in progress to ensure they were up to date with best practice in regards to responding to the needs of people living with dementia. For example, the registered manager described how they had started to use dementia friendly signage displaying where bathrooms and personal rooms were and were researching how to provide meaningful stimulation and occupation to people who live with dementia.

People were encouraged to maintain contact with their family and friends. One person told us, "I've got lots of people who visit. " Another person said, "I love sitting with my brother and talking about the old days."

We asked people and their relatives how they would complain about the care if they need to. People who lived at the home were aware they could tell staff if they were unhappy. One person told us, "Nothing has worried me but if I was concerned, I'd speak to a member of staff." People and their relatives told us how they had made complaints verbally to the registered manager and that they had been acted upon. We saw where verbal and formal complaints had been raised, these had been recorded appropriately with a record of the outcome of the complaint and what lessons had been learnt. A copy of the complaints procedure was on display in the home. In addition displayed within the home were a number of letters and cards of thanks from people who had been pleased with the standard of care and support offered by staff working at the home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that whilst there were systems in place to monitor the quality and safety of the home we found some of the quality audits were not effective and failed to identify and address areas of concern. There were no systems in place to analyse trends when accident and incidents had been reported to prevent the likelihood of further occurrences for people. There were no systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. Training records identified that staff had not received training in some of the areas appropriate to people's specific health needs. Internal audits had failed to identify that there were gaps in the monitoring and reviewing of people's individual risk management plans and care records. We saw records lacked content and guidance. In addition we were unable to establish if complaints received had been dealt with appropriately or in a timely manner. Any complaints that had been received were not audited or analysed to identify trends or used to drive continual improvements to the service. At this inspection we found that whilst some improvements had been made and the registered provider was no longer breaching this regulation further improvements were needed.

At this inspection in May 2017 we found new systems were in place to analyse trends when accident and incidents had been reported to prevent the likelihood of further occurrences for people. The complaints procedure had been reviewed and complaints received had been analysed and used to drive continual improvements to the service. Although we saw a range of new internal quality audits had been undertaken to monitor the service, further improvements to audits were planned. For example, the audits of care plans were in development. We found that two people's care plans did not contain up to date information and this had not been identified by the registered manager. Although this needed to be addressed within people's care records, the staff knowledge and skills meant the outcome for people was still good and there had been no negative impact for people. During our inspection we identified a safety hazard which was a potential risk to people. One of the bedrooms fire door was not working properly and whilst this had been identified on the fire safety audit it had not been actioned. The registered manager advised us that they were in the process of addressing this. We received information following this inspection to advise us that this concern had been rectified.

All the people we spoke with were positive about the management of the home and the approachability of the registered manager. One person told us, "'I like a bit of banter with [name of registered manager]. She knows me quite well." Another person told us, "I regard this as my home." A relative we spoke with said, "I think it's [the home] pretty remarkable." Throughout our day we saw the registered manager was visible and interacted with people who lived at the home. It was clear that that she knew the people living at the home and they knew her.

The registered manager monitored the quality of the service by regularly speaking with people and their visitors. We saw that resident meetings had taken place with people in order to obtain their views about their experiences of living at the home. One person told us, "They [staff] came and chatted to us about how they could change the menu." Meetings of minutes that we saw highlighted that people were asked about

the quality of the care provided, the environment, menus and social activities and we saw that people took ownership of the meetings and some people had volunteered to chair the meetings. The registered manager conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. The results of the surveys had been analysed. Whilst the registered manager described what actions had been taken upon receipt of the feedback it was not clear from records what actions, if any, the registered manager had taken as a result of the survey.

The culture of the service supported people, their relatives and staff to speak up if they wanted to. Some people told us that would not have any qualms about making their opinions and concerns known and were confident these would be addressed and resolved.

The registered manager described ways in which they were keeping up to date with changes to health and care sector. For example, by attending registered manager meetings and accessing health and social care websites. The registered manager demonstrated awareness and compliance with regulations and had ensured the rating was clearly on display within the home and on the provider's website. The registered manager advised us that notification systems were in place to comply with regulations to notify us about certain events and staff had the knowledge and resources to do this.

Staff were clear about the leadership structure within the home. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff we spoke with said that the registered manager and the deputy managers were approachable and supportive. The registered manager had suitable management on call systems in place to support staff in their absence. We saw and staff told us that regular staff meetings were held. The meetings enabled staff to contribute to the development of the service and an opportunity to share good practice.

The registered provider had an overt surveillance CCTV system fitted to the exterior of the building. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The registered manager told us that consultation meetings had been held with people to ensure their consent was sought for the use of the surveillance. We noted that there was no signage to inform people and their visitors that CCTV was in use. We were advised following this inspection that appropriate signage had been put into place. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.