

HC-One Limited

# Daneside Mews

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an inspection of Daneside Mews on the 2 and 8 May 2018. The first day was unannounced with the second day announced.

Daneside Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Daneside Mews provides personal care for up to 34 older people who have dementia. The home has single room en-suite accommodation over two floors. Each floor has a lounge, dining area and bathing and toilet facilities. There is access into the garden, which has seating and tables. At the time of our visit, 30 people were living at Daneside Mews.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the days of our visit. The manager had been registered with CQC since our last visit in February 2017.

We previously carried out an unannounced comprehensive inspection of this service on 7 February 2017. At that inspection we rated the service as requires improvement as we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good.

On this visit, we found that the two breaches identified at our last visit had been addressed.

During the last inspection in February 2017, it was identified that the registered provider had failed to take action following an investigation, in response to safeguarding concerns that had been raised. This had resulted in three safeguarding concerns of a similar nature over a period of six months because protective measures had not been identified and implemented. In addition there had been a delay of four days in reporting on safeguarding concern. This had failed to ensure people's safety and demonstrated that systems had failed to identify this as an issue.

This visit found that staff were aware of the types of abuse that could occur and were clear about how to report any concerns and had received training. Aide memoires were in place summarising the action staff needed to take in the event of an allegation being made. They were confident that the registered manager would take action on this. In addition to this, body maps were in place which recorded any unexplained injuries or marks. These were audited by the registered manager and action taken. As a result, no

safeguarding issues had been missed.

During our last visit in February 2017, we had also identified that the registered provider had failed to follow processes in relation to their own safeguarding policy. In addition to this, the quality monitoring systems used by the registered provider had failed to identify and address ongoing issues in relation to a safeguarding concern.

This visit found that the registered manager had introduced a clear auditing system for the reporting of all safeguarding concerns. Any referral to the local authority safeguarding team or CQC had been recorded and a clear process of accountability established. This accountability also extended to monthly reports that the registered manager submitted to the registered provider so that all safeguarding incidents would not be missed. As a result, people who used the service were better protected.

Staff were aware of how to raise care concerns using procedures the registered provider had established. This extended to informing external agencies such as CQC.

Recruitment processes were robust. Appropriate checks were made in respect of ensuring that new staff were suitable to support vulnerable people.

Staffing levels were maintained. There were appropriate numbers of staff present during our visits to ensure that people's needs were responded to in a timely manner.

The premises were hygienic and well-maintained. All equipment used was serviced regularly.

Risk assessments were in place for people to ensure that they were not at risk of falls, the development of pressure ulcers or malnutrition. All were up to date and risks faced by people from the environment were in place. Plans to evacuate people in an emergency were in place and easily accessible if needed.

Staff received the training and supervision they needed to perform their role. Staff were aware of the principles of the Mental Capacity Act. These principles were embedded in care practice.

The registered provider responded to the health needs of people. People were referred to medical professionals where appropriate.

The design of the building included signage to aid people who used the service. Contrasting decoration was in place to assist those living with dementia.

Care staff adopted a kind and patient approach with people who used the service. This view was echoed by people we spoke with and their relatives.

People were supported in a dignified manner which took their privacy into account. Confidential information was always kept secure when not being used.

Care plans were person centred. These outlined people's likes, dislikes and preferences. Care plans were up to date and accurate. Assessments of care were in place to assist in devising relevant care plans. These covered all medical and social needs of individuals.

An activities programme was in place. Regular activities were held. Two people commented that they wished to re-establish activities they had had with a local church prior to them coming to live at Daneside

Mews. This was raised with the registered manager.

A complaints procedure was in place. Records were maintained outlining complaints received and how they had been investigated.

The registered provider had a number of effective audits in place to assess the quality of the care provided. The views of people who used the service and their families were gained through annual surveys and touchscreen review facilities.

Staff, people who used the service and relatives commented that the registered manager was approachable, supportive and that the service was well-led.

The registered manager always notified CQC of any incidents that adversely affected the wellbeing of people who used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The service now had robust systems in place for the identification and investigation of allegations of abuse.

The premises were well-maintained and hygienic.

The recruitment of new staff protected people who used the service.

### Is the service effective?

Good ●

The service was effective.

The nutritional needs of people were met.

The registered provider operated within the principles of the Mental Capacity Act.

Staff received the training they required to perform their role.

### Is the service caring?

Good ●

The service was caring.

People were treated in a respectful and dignified manner.

Sensitive information was kept secure and only accessed by people who were connected with the care provided.

People were able to personalise their own living space.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred.

People were provided with meaningful activities.

A system of reporting and investigating complaints was in place.

## Is the service well-led?

The service was well-led.

The registered provider now had accountable and robust systems in place to monitor safeguarding events.

People told us that the service was well run.

A variety of effective audits were in place to monitor the quality of care within the service.

Good 

# Daneside Mews

## 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.

The inspection was carried out to assess if any improvements following our last inspection on 15 February 2017 had been made.

This inspection took place on the 2 and 8 May 2018. The first day was unannounced with the registered provider aware that we would visit on the second day.

The inspection team consisted of one Adult Social Care Inspector and an Expert By Experience. An expert-by-experience is a person who has experience of caring for someone who uses this type of care service.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to six people who used the service and five relatives. We also spoke to the registered manager and four members of staff. We also observed care practice and general interactions between the people who used the service and the staff team.

As part of our inspection, we ask registered providers 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 and improvements they plan to make. A PIR was returned to us when we asked.

We also spoke to the local authority contracting and safeguarding teams to gather information they had on the performance of the registered provider. They considered that the service had been responsive to issues raised following their visit in December 2017 and was improving.

A Healthwatch visit had been conducted in July 2017. Healthwatch is an independent consumer champion

created to gather and represent the views of the public. Their visit at that time did not raise any concerns about the service.

# Is the service safe?

## Our findings

Our last inspection in February 2017 identified that people were not being provided with a safe service. We identified breaches in regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of failings to provide safe care. It had been identified that the registered provider had failed to take action following an investigation, in response to safeguarding concerns that had been raised. This had resulted in three safeguarding concerns of a similar nature over a period of six months because protective measures had not been identified and implemented. As a result of this breach, the registered provider sent us an action plan to tell us what action they were to take to address this.

This inspection found that systems for the investigation of safeguarding incidents had improved. The local authority did not raise any concerns with us in respect of the reporting of any safeguarding issues and had found that the registered manager had been responsive to issues that required any improvement. An audit trail of any safeguarding concerns had been introduced and this was robust and demonstrated accountability. The registered manager was responsible for the reporting of safeguarding statistics to the registered provider who in turn focussed on safeguarding issues as part of their quality assurance visits. Care plans included body maps. These related to any marks of injuries that had been sustained by people. These were regularly reviewed by the registered manager and appropriate action was taken including referral to the local authority safeguarding team, referral as a low level safeguarding issue or investigated internally. We were able to identify one such injury and prompt action was taken by the registered manager in dealing with this.

The response to the breach raised at our last visit meant that the registered provider had responded to lessons learned. As a result of these measures being put into place; no safeguarding events had been missed and as a result people were better protected.

Staff had a good understanding of the types of abuse that could potentially occur. They told us that they had received training in this. Staff outlined the action they would take if they witnessed or were made aware of any abusive situations. Staff had been provided with a short summary on display in office areas of what to do if such situations occurred. They were confident that the registered manager would report their concerns on to the relevant agencies. A clear process for reporting any abuse was in place and evidence provided outlined the robust systems in place for the recording and reporting of abuse as well as any subsequent actions required. The registered manager reported low level concerns to the local authority each month. Low level concerns are those incidents that do not meet the threshold for a more serious investigation.

People told us, "Yes, I feel safe", "Everything they do for me makes me feel safe" and "I have no problems about safety. I feel comfortable living here and have never seen any harassment from anyone. The place has a good feel."

Whistleblowing processes were embedded within the registered provider's organisation and staff had access to this. They were also clear that they could report any concerns to external agencies such as CQC and had contact numbers.

Personal evacuation plans had been devised for all people who used the service. These are known as PEEPS, and these provided staff with detailed information on how individuals could be evacuated in the event of an emergency. These included the physical support that people would require in such an event but also how staff could provide information and reassure people at what could be potentially a distressing time. All PEEPS were up to date and had been reviewed regularly. They were kept within the main reception area of the building to ensure their availability to staff.

The premises were clean and hygienic. The registered provider employed domestic staff who were seen attending to their tasks throughout the visit. Personal protective equipment (known as PPE) such as disposable gloves and aprons were used at all time and these were sufficient in stock. PPE was also used when staff were assisting people with personal care and during mealtimes to minimise the risk of infection. Hand sanitisers were available throughout the building to promote hygiene. Soap and paper towels were in all toilets and bathrooms. People told us that it was a "clean home". The registered manager undertook regular infection control audits as part of quality assurance.

Measures were in place to recognise the risk faced by people in their daily lives. This extended to risks associated with their health as well as risk associated with the environment. Risk assessments were in place to recognise the risk people faced from malnutrition, falls and pressure ulcers, for example. Other risk assessments were in place relating to the specific needs of people who used the service. All risk assessments were evaluated monthly with any changes recorded. The information was retained in care plans and meant that staff were able to promote the wellbeing of people who used the service.

Other assessments related to the risks associated with the environment. These had been reviewed and updated appropriately. Our tour around the building found that all rooms such as cleaning store cupboards and the medication room were locked so that there was no risk of people coming to harm by entering these rooms.

All equipment used by the staff team had been regularly serviced within the required timescales. This included hoists and other lifting equipment. Firefighting and fire detection systems were also regularly serviced. These checks included servicing to portable appliances, water temperature and gas installation. The premises were in a good state of repair and decoration. One toilet seat was found to be loose. This was raised with the registered manager and quickly repaired.

Staff rotas were in place indicating that there were sufficient staff on duty to meet the needs of people. People told us "There are enough staff as far as I can see" and relatives told us "there are always enough staff around". Our observations found that there were always staff to attend to the needs of people in a timely manner. Staff considered that there were enough staff to meet people's needs and noted that the number of agency staff had reduced over the past few months as more staff had been recruited. The registered manager had monitored the use of agency staff over the past few months and these demonstrated that agency use had reduced. This enabled more consistency of care.

Recruitment files indicated that the registered provider sought to ensure that people who used the service were only supported by people who were suitable to perform the role. Files indicated that new staff received a Disclosure and Barring check (known as a DBS). A DBS is a check made to see if people had been convicted of offences which would affect their suitability to work there. References were in place as well as information confirming the identity of the individual. Interview notes were in place enabling the registered provider to make a judgement on the skills, values and experience of potential candidates. All recruitment files were audited to ensure that all appropriate documentation had been received.

Medication management was robust. People told us "I get given my medication on time and they are the correct ones" and "Staff know if I am in pain they provide me with tablets to take pain away". All medication was appropriately stored in purpose built cupboards and trolleys which were in turn locked in a treatment room when not in use. No one living at Daneside Mews self-administered medication. Risk assessments had been completed assessing people's ability to manage their own medication if possible. Senior staff had received training in medication awareness and had had their competency to do this task checked regularly.

Medication administration records (MARS) were appropriately signed after administration and included details of the medication that had been received. MARS were also available for the use of creams to ensure that they were applied appropriately and effectively. A system of disposing of unwanted or excess medication was in place. Records included details for staff on when medication when required (known as PRN) should be offered. A clear PRN protocol was in place for each person to enable painkillers, for example, to be given appropriately. Details were also available outlining the preferred and most effective way to offer people medication. This included details of explanations given and ensuring that a drink was available for people to take medication.

Medication audits were in place. Regular checks ensured that stock levels could be accounted for and that people would always have medication available.

## Is the service effective?

### Our findings

People told us that they enjoyed the food that they had enough and it was well cooked. They said "We get enough to eat and drink. We get more drinks when the weather is hotter".

We observed lunch. This was served in a pleasantly decorated and comfortable dining room. Daneside Mews did not have a kitchen on site. All meals were prepared in the kitchen of another registered service operated by the registered provider. This was adjacent to Daneside Mews. All meals were prepared and then transferred by a heated trolley into a small kitchenette area.

Observations at lunch noted that people were offered a choice of meals and drinks. People were shown meals on plates to enable them to make an informed decision on what they wanted. Menus were on display and people were offered alternatives. Staff attended to people individually and were mindful of their needs. People were encouraged to eat. This was the case for two people in particular given that they had been identified as having experienced weight loss. These individuals had also been offered liquid supplements to promote their nutrition.

Some people required direct assistance with eating. This was done appropriately and in an unhurried and patient manner. There was good interaction between the staff and people. This was informal and friendly and made lunch into a social event. It provided the opportunity for people to chat about events and interests that they had.

The nutritional needs of people were further taken into account with records that were maintained. The risk people faced from malnutrition was taken into account. The registered manager had contacted the local GP when weight loss had been experienced but had not affected their MUST – Malnutrition Universal Screening Tool score. The demonstrated the registered manager's commitment to ensure that people's health was promoted. People had their weight monitored on a regular basis.

Other records sought to monitor the fluids that people had received during the day. In addition to this there were records relating to the food that people had consumed had so that an assessment of their nutrition could further be monitored. There was evidence that when appropriate, people were referred to dietitians to assist staff in maintaining their nutrition.

Records indicated that the health needs of people were promoted. When needed, people were referred to health professionals such as GPs or District Nurses. Records provided an ongoing commentary on the health issue and what steps needed to be taken once health issues had been identified and a course of treatment agreed.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider was operating within the principles of the Mental Capacity Act. Staff confirmed they had received training in this and were able to give a summary of how capacity should be taken into account and how the best interests of people could be determined in their support. There was evidence that when applicable, authorisations seeking restrictions on people in their own best interests had been sought from the local authority and all authorisations were in date. A mental capacity assessment was completed on all people enabling the service to identify those who could make decisions for themselves.

People had been assessed as having different levels of capacity. Some people had been assessed as having limited or little capacity. Where this was the case, the registered provider had assessed capacity and then proceeded with best interests meetings on all aspects of care. This ensured that the rights of people were upheld and that care practice was in their best interests.

Once an assessment of capacity had been completed and it was determined that a person had reduced capacity, the registered provider applied to the local authority for a deprivation of liberty authorisation (known as a DoLS). Applications had been made and granted. A delay in processing authorisations by the local authority was recognised with a timescale for completion being provided to the management team. A clear audit of authorisations granted was in place outlining the timescale when such authorisations would expire and trigger a process of re-assessing people's capacity.

The preferred methods of communication of each person had been taken into account by the registered provider. Care plans included details of how people communicated with others; either through verbal communication or using stock phrases that indicated another underlying need. Details were available to staff on how to appropriately converse with people and how to effectively communicate with them. Consideration was made into sensory limitations that people had and whether they required hearing aids or glasses to assist them. Other details were in place to indicate how a person might feel even though they did not directly express this and how to approach them in given situations, for example, in administering medication.

People told us that they liked the design of the building and could move around freely. Other people commented that they liked accessing the garden and that the environment was safe and secure. This was reflected in our discussions with relatives who confirmed that they were happy with the way the building was designed. Appropriate signage had been placed for key areas such as toilets, bathrooms and dining areas to assist people with finding their way around. Pictures and paintings from past eras were on display to enable people to start discussions on days gone by. Decoration of some doors contrasted with the rest of the building, again to assist people to identify key areas. Corridors and doorways were wide enough for people to enter rooms if they required the assistance of a wheelchair or other mobility aids.

"Fiddle boards" were located in some corridor areas. Designed for adults living with dementia, these boards featured a wide variety of common, day-to-day items that will be familiar and easily recalled by people. We observed people using these at length during our visit.

## Is the service caring?

### Our findings

Staff gave us practical examples of how they promoted the privacy of people. This included knocking on doors and ensuring that their dignity was upheld during personal care tasks. We observed staff knocking on doors before they entered although one person told us "Sometimes they just walk in", however, we did not witness this during our visit.

Staff approach was caring, friendly and patient. One person had become distressed. A member of staff was at hand to offer reassurance to this person and did this in a calm and kind manner. One person told us "If I am fed up, [staff] will come and have a chat with me and this makes me feel better". One other person told us "[staff] always help me".

Two relatives told us about a recent bereavement they had had. They told us that the staff team had treated their relation with the "utmost dignity" during their final days and had ensured that they, as a family had received the support they needed. This had included enabling people to stay overnight so that their relation could have family close to them at all times.

Relatives were able to visit at any time during the day. They commented that they were always made to feel welcome and, in some cases, felt part of a "wider family". Other people commented "they [staff] give me peace of mind.

Staff spoke with people taking their communication needs into account. For those who had some hearing loss; staff were seen approaching the person, speaking clearly and standing close to the person to ensure that they could hear what was being said. Explanations and information were given verbally and on an individual basis. Explanations were given clearly and staff waited to ensure that this was understood.

Two people were receiving the involvement of independent advocates. These are individuals who ensure that the voice of people is heard in key decisions within their lives. This involved regular visits and contacts from advocates to the person's concerned. This was promoted by the registered manager who was knowledgeable about the reasons why advocacy had been deemed appropriate to use in those circumstances.

People were encouraged to be as independent as possible. People were able to mobilise freely within the building whether unaided or with the help of mobility aids. People who received supervision from staff were supported in a helpful and discreet manner.

Personal records containing sensitive information were stored in office areas. These were locked when not in use. This meant that people could be confident that personal information was only shared to those directly linked to their care. A confidentiality policy was available and staff had signed to confirm they understood this.

People were able to personalise their living space as much as possible. One person told us about this and

said "I love my room". Bedrooms contained photographs, pictures and other personal items. This meant that people could imprint their identity on their living space and were encouraged to do this.

Compliments were available for staff to refer to. These included cards and letters thanking staff for the support they had provided to people. Comments included "I cannot put into words how much my family value the care that our precious [name] received during their time at Daneside Mews" and "We were always made to feel so welcome there". Compliments received were recognised by the registered provider and in one case; a vote of thanks had been given to all staff from the registered provider.

## Is the service responsive?

### Our findings

We observed many instances where staff were quick to respond to the needs of people. These included prompt staff responses to people wanting a drink to any spilled liquids being promptly mopped up to ensure that people did not slip. A repair to a toilet seat we identified during our visit was responded to quickly to ensure the safety of people was promoted. People told us that they were happy with the staff team and the manner in which they were supported. Relatives told us that the staff team had "responded well to our needs and the needs of our relation".

There was a complaints process in place which was available for people in the service user guide. This provided information around how to raise concerns within the organisation, or with an external organisation, such as the Care Quality Commission (CQC) or the local authority. A record of complaints was kept by the registered manager which showed that action had been taken in a timely manner to respond to concerns raised. One person said "I know how to complain, I just tell them".

An activities programme was in place. The registered provider employed an activities coordinator who ensured that a variety of activities were in place for people who used the service. Recent in-house activities had taken place and these had included a care home open day. People told us that they had enjoyed this and relatives commented that they had been invited to attend this and be fully involved with the event. Evidence was available to reflect the acknowledgement of key events that had occurred through the year. This included sporting events, birthdays and in-house activities. People's care records contained up-to-date information on activities they had participated in, which provided details around how much they enjoyed the activity and their level of engagement. This helped with planning future activities.

Two people told us that they had previous links to the church which were no longer facilitated. They expressed an interest that they wished to pursue this again.

Key information about activities and meals offered, for example, were provided in text and pictorial form. Alternatives at mealtimes involved people being shown both meals on offer to enable them to make a decision on what meal they wanted. We observed choice being provided to people with meals as well as where people wished to sit. This was done verbally and staff made sure that people's choice was respected.

An assessment of people's needs was completed prior to people coming to live at Daneside Mews. This included an overview of people's medical, social and physical health needs as well as their mental health, communication needs, along with contact details for their next of kin, GP and social worker. Assessments included the registered providers own assessment as well as information from local authorities and other agencies. Assessments were then translated into plans of care once Daneside Mews had been identified as being able to meet the needs of people.

Care records included information relating to people's health and wellbeing. This related to a person's general behaviour, for example. Records were in place for those people who could sometimes display behaviours that were challenging. Information was in place for how these behaviours could be triggered and

how they could be diffused with staff support. This enabled trends and patterns to be identified. People's care records contained personalised information about them. These clearly outlined details relating to their personal histories, likes and dislikes. Care records included a dependency assessment tool which outlined whether people required a high or low level of support in relation to a number of tasks such as personal care and mobility. This provided staff with a basic overview of people's needs and the level of support they required with specific tasks.

All care plans were accompanied by daily records. These gave an ongoing account of progress each person had made as well as any key issues that affected their wellbeing. Care plans were further supported by nutrition and fluid balance records as well as records were people had required assistance in altering their position in the day or at night. All records, including care plans were regularly reviewed for accuracy.

## Is the service well-led?

### Our findings

Our last visit in February 2017 had identified that the service was not well-led. We had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 relating to the management of safeguarding processes. We had identified an example where the registered provider had failed to follow the local authority's safeguarding policy and procedure, as well as their own. As a result, an investigation into a safeguarding incident had been significantly delayed. The registered provider submitted an action plan telling us what action they intended to take to address this.

This inspection found that the management of safeguarding concerns was now robust. The registered manager had implemented a system whereby all safeguarding incidents were reported in a timely manner and an audit of progress for any incidents were reviewed. Body map records were available for each person. Where there was an indication of a mark or injury that could not be accounted for immediately, a process was in place whereby the registered manager would take appropriate action. This action included referral to the local authority safeguarding team or recording on a low level safeguarding return. We observed one such incident being immediately actioned by the registered manager with an outcome of intended action identified. In addition to this, the registered manager was required to report on any safeguarding incidents to their line manager employed by the registered provider. This ensured accountability and scrutiny within the organisation. An up to date safeguarding procedure form the registered provider and the local authority were available.

Other audits were in place to measure the quality of care provided. The registered manager conducted a walkaround of the premises each day to ensure that all aspects of the care provided met people's needs. This included the cleanliness of the building, feedback from people who used the service and that documentation was up to date. Other audits included care plan reviews, the monitoring of weight loss that may have been experienced by people, medication audits and health and safety. The registered manager reported to the registered provider on a monthly basis on the standards of support provided within the service. Where audits indicated that action was needed, there was evidence that this had been done in a timely manner. Visits from a representative of the registered provider were conducted on a regular basis to comment on the standards of care within the service. One focus of the visits had been the identified breaches from our last visit with details of action taken.

The views of people who used the service and relatives were also gained. People were invited to comment on their care through surveys. The results of these were published. People were also invited to use a touchscreen computer on the premises to make comments about the service. The registered manager was able to monitor how much this had been used and the comments made. The use of this service had increased in recent months and comments had been positive. The results of surveys were fed back to people who used the service and their families.

Staff told us that the registered manager maintained a presence within the service and was prepared to assist people with personal care at times. The registered manager demonstrated a clear understanding on all the needs of people who used the service. Staff told us that the registered manager supported them and

was approachable. They thought that the service had improved since the registered manager had come to work there. This view was echoed by relatives who considered the registered manager to be "always there to support" and "the place has got better and is well run". The registered manager operated an open door policy to all. During our visit; people who used the service would visit the office as part of their personal routines and were invited to come in and sit down to talk with the registered manager. The registered manager stopped their work to spend time talking to people.

The registered manager was aware of their responsibilities to inform CQC of notifiable incidents. Our records confirmed that this had been done.

A legal requirement was in place for registered providers to inform people within the building and on their website of the most recent rating awarded to the service by CQC. This was on display in the building but was not accurate on the registered provider's website. This was raised and actioned in a timely manner.