The Frances Taylor Foundation

St Joseph's Home

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
St Joseph's Care Home is registered to provide residential and personal care for up to 36 people. At the time of the inspection there were 35 people living at the service. The service is a purpose built single story building consisting of three living areas and provides care to adults with complex physical needs and learning disabilities and/or autism. Each of the three areas has its own dining room, lounge and sensory room. There is a large garden area with outdoor seating. The service also operates a day care centre on site.

People's experience of using this service:
In June 2017 CQC published Registering the Right Support. This along with associated good practice guidance, sets out the values and standards of support expected for services supporting people with a learning disability and/or autism. As part of our inspection we assessed the service in line with this guidance.

Current good practice guidance encompasses the values of choice, independence, inclusion and living as ordinary a life as any citizen. We found that St Joseph's did not always apply the values and principles of Registering the Right Support and other best practice guidance. This is because the guidance promotes that people should be cared for in smaller community based settings as opposed to larger congregate settings. We found that the service did not always actively explore and promote people moving on and transitioning into supported living settings. This meant that outcomes for people did not fully reflect the principles and values of Registering the Right Support. We have made a recommendation with regards to this.

Despite the service's size and layout, we saw that the ethos and cornerstones of practice which underpinned the service, was the deliverance of person centred care. The service was split into three areas each supporting 12 people. The lounge areas were situated next to the kitchen and this helped create a more social space and homely atmosphere. Staff did not wear uniforms and staffing arrangements meant it felt like less like an institution. Some people were supported on a one to one basis and so were actively involved with everyday choices such as having a bath or shower and activities within the local and wider community. The service involved people's relatives and encouraged them to have a say in how their loved ones care should be delivered. Most of the people at St Joseph's were not able to speak with us but we saw from our observations that people appeared settled and content. Relatives of people at the service told us they considered St Joseph's as a permanent home for their loved one.

At the last inspection we found that the service was not meeting legal requirements in relation to medication management. At this inspection, we found that medicines were administered and managed safely and that. Regular checks and audits were carried out to determine the quality of care and to achieve compliance with regulations.

People and their relatives told us they felt safe living at St Joseph's. Staff understood their responsibilities in relation to safeguarding people from abuse and mistreatment.

Arrangements were in place with external contractors to ensure the premises were kept safe.

Effective recruitment processes helped to ensure new staff were suitable to work with vulnerable people.

The service/ registered manager analysed incidents and accidents monthly. This helped to identify any potential trends and to increase people's safety from harm.

Care records showed that people's requirements and needs were identified and people were referred appropriately to external health professionals when required. Records contained information about people's preferred routines and information about how best to emotionally support and communicate with them. People enjoyed participating in activities which were meaningful to them both in the local and wider community. Some people had enjoyed holidays with family members and friends.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions.

Interactions between staff and people living at the service were warm and caring. Staff supported people in a person-centred and dignified way ensuring that people's preferences were considered. Relatives of people living at the service told us that staff were compassionate and considerate.

All meals were home cooked on the premises using fresh ingredients. Innovate methods of cooking were utilised which helped to make food more appetising and increased people's independence and dignity when dining.

We found the environment to be clean and spacious, this made it easy for people to navigate around. People could decorate their own room so that it was completely unique to them. Each area of the service had its own sensory room including lighting and music of the persons choice. People had access to a hydro pool which provided physical and therapeutic benefit.

There was an open visiting policy for friends and family. Relatives told us the service actively involved them in the care of their relative and made them feel welcome. For people who did not have anyone to represent them, the service supported them in finding an independent advocacy service to ensure that their views and wishes were considered.

Feedback about the management of the service was positive. Staff told us managers were supportive and promoted an open and transparent culture.

The service had displayed the latest rating on the premises and its website. When required notifications had been completed to inform us of events and incidents, this helped us the monitor the action the provider had taken.

More information is included our full report.

Rating at last inspection:
At our last inspection, the service was rated overall as "Requires Improvement.'' This is because the registered provider was in breach of some legal requirements in the key questions of safe and well led. Our last report was published December 2018.

Why we inspected:

All services rated "Requires Improvement" are re-inspected within 12 months of our prior inspection. Our inspection was brought forward as we needed to consider any current risks to people and whether the provider remained in breach of legal requirements.

Following the last inspection, we asked the registered provider to complete a report detailing what action they intended to take to meet the breach in regulations. During this inspection we checked to see if the service had implemented their action plan. We found that significant improvements had been made and the registered provider was no longer in breach of legal requirements.

We have maintained our rating of ''Requires Improvement'' in relation to well-led. Our overall rating for the service after this inspection is "Good.''

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care and act on information received. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

St Joseph's Home

Detailed findings

Background to this inspection

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

Inspection team:
Our inspection was completed by an adult social care inspector.

Service and service type:
St Joseph's is a care home and is registered to provide residential and personal care for up to 36 people living with complex physical needs and/or a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:
The inspection took place on 1 and 5 April 2019 and was unannounced on the first day.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the interim deputy manager, the administrator, three unit managers and two care staff. Not everyone at the service was able to communicate with us so we spoke to seven

relatives of people who lived at the service. We undertook general observations and witnessed the delivery of care at various points throughout the day.

We reviewed a range of records. This included six people's care records and medication records. We also looked at records in relation to training of staff, records relating to the management of the service, policies and procedures and other records about the management of the service.

Good

Is the service safe?

Our findings

Safe – this means that we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

● At the last inspection we found the service was in breach of 'Safe care and treatment.' This was because topical medicines, thickening agent, PRN medication (as required medications) and controlled drugs were not always stored safely and administered to people as prescribed. Staff did not always comply with legislation and the provider's medication policies and procedures.

● We also found that records for people who had a percutaneous endoscopic gastrostomy (PEG) tube (a PEG is used for people who are unable to maintain adequate nutritional orally) had not been completed as rigorously as they should.

● During this inspection we checked to see if improvements had been made in all of these areas and found that they had. Staff had received additional training in medicine management. The registered manager had also organised pharmacy visits to provide further support and advice. Staff spoken with told us both the training and the visits were beneficial and they felt more knowledgeable as a result.

Learning lessons when things go wrong

● The service promoted a lessons learnt culture. Any incidents within the service were discussed with staff. This enabled information to be shared in a proactive way and to discuss best practice going forward. It also helped minimise the risk of incidents being repeated.

● It was evident that the service had taken effective action to address the concerns we identified during our last inspection.

Assessing risk, safety monitoring and management

● The registered manager maintained oversight of accidents and incidents. Visual charts were used which showed the nature and location of the incident and any members of staff involved. This helped to mitigate risk and reduce the possibility of incidents occurring again in the future. For example, a review of incidents had highlighted that a service user often communicated by displaying challenging behaviours towards staff. The service had responded by implementing an action plan for the same staff members to attend to their needs. This continuity of care had directly led to a decrease in the number of incidents of challenging behaviour.

● We looked at peoples care records and found risk assessments were in place for areas such as falls, mobility and choking. Information about risk management in people's care records contained detailed guidance for care staff to follow.

● External contracts were in place for gas, electricity, fire safety, lifting equipment and legionella. Additional checks and audits were completed such as water temperature, automatic door closure devices, fire alarms and call bells.

Staffing and recruitment

● We looked at staff rotas and saw there was enough staff to support people's needs.
● Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
● We saw that the registered manager analysed safeguarding events with the input of managers from the registered provider's other services. This process enabled sharing of best practice and helped the service mitigate any risk of reoccurrence of past events.
● Not everyone was able to verbally communicate their views so we spoke with relatives of people who told us they felt people were safe living at the service, comments included, ''People here are safe, it's the fact that staff know people so well and how to care for them'' and ''It's a safe environment, I feel its the best possible place for [person].'' A member of staff commented, ''Staff are supported with any change in practices, we work consistently well as a team together to support people.''

Preventing and controlling infection
● We saw staff had access to protective equipment such as gloves and aprons. Regular audits were carried out in relation to infection control measures. During our inspection we observed the service to be clean and well-maintained.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care records showed that assessments of people's needs were identified and care and support was reviewed when required. Care records reflected both the health care needs of the person and their personal preferences. Records also contained detailed guidance for staff on how best to emotionally support and communicate with people. This was particularly important as most of the people living at the service had complex health care needs and were unable to communicate verbally.
- The service had a duty to provide care for people with a learning disability under Registering the Right Support guidance. Wherever possible, St Joseph's ensured people enjoyed values of choice, independence, inclusion and lived a life as ordinary as any citizen. The service demonstrated this by engaging people in activities which they had an interest in both in the local and wider community.
- Staff had supported people to attend pop concerts, football games and theatre shows of their choice. One person had been supported to access a reading group. The service had then arranged for the person to visit a local primary school and read to the children. For another person who had a fascination with trains, the service had arranged a day with Merseyrail, the person enjoyed meeting train drivers and other transport staff. A local model railway village had expressed an interest in in helping the person become involved with its running.
- People went on holidays to places they were interested in, often with members of their own friends and family. This meant a great deal to both the person and their relatives. Activities were analysed by staff to determine if the desired outcome and goal was being met and to see if anything could be done differently to further improve people's experiences.
- One person living at the service was in the process of moving on to a smaller supported living service with support from staff. However, the manager did not believe it was always appropriate for people to move on due to the complexity of their needs. As the service has a duty under Registering the Right Support to promote independence as far as possible, we discussed this with the manager. They confirmed they would actively promote people moving on in any future best interest meetings and reviews.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA (The Mental Capacity Act 2005) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The 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, when they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We looked at people's care records and saw

evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. We found there was an effective process to record any restrictions in the best interests of people living at the home. There was also evidence of best interest decisions being made with input from people's relatives.
● We saw evidence of staff involving people in choices in their everyday life. For example, by getting outfits out of people's wardrobes and asking them what they would like to wear, asking people what activities they wished to participate in and what they would like to eat and drink.

Adapting service, design, decoration to meet people's needs
● The layout of the service was easy for people to navigate around. People were able to decorate and personalise their own rooms how they wished. One relative told us that the service had replicated the design of the person's room they had at home to help them feel settled and reassured at St Joseph's.
● The service offered a sensory hydro pool which included mood lighting and sensory equipment and provided therapeutic and physical benefit. In addition, sensory rooms were located on each area which included light and music stimulation and a heated water bed. Staff told us that many people enjoyed visiting the sensory rooms as they found them relaxing and calming.
● We did note that parts of the service appeared quite formal, each of the three areas of the service had its own office at the entrance which made the environment feel less homely. We discussed this with the manager who confirmed they would make better use of signage and accessories to help make these areas feel less clinical.

Staff working with other agencies to provide consistent, effective, timely care
● We saw that people were referred to external health care professionals appropriately. Referrals had been made to a range of health care professionals when that area of support was required, for example, the dietician. The service had strong links with the GP surgery and pharmacy. The practice nurse visited on a weekly basis. This ensured that people's health needs were met by professionals who knew them well which helped to preserve their overall wellbeing.

Staff support: induction, training, skills, knowledge and experience
● Staff received training which was effective and gave them enough information to carry out their duties safely. The service invested in training its own members of staff rather than outsourcing it to external suppliers. This enabled the service to tailor training to meet the individualised needs of the people living at the service.
● Some staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service. NVQs are work based qualifications which recognises the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.
● The service also promoted staff to become champions of themes such as safeguarding, dignity, palliative care and dementia. The service planned to introduce a champion for positive support behaviour in the near future. These staff members acted as a source of information and education for other staff and helped to promote best practice within the service.

Supporting people to live healthier lives, access healthcare services and support
● Staff told us they provided people with support to attend external healthcare appointments if necessary. Staff also stayed to care for people when they were admitted to hospital. This was important for people who were unable to communicate and interact with healthcare professionals and needed an advocate to speak on their behalf.

Supporting people to eat and drink enough to maintain a balanced diet

● Care records contained information on how staff supported people with their dietary needs, for example, a low fibre diet. Records also demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately.

● For people requiring a soft diet, food was moulded so that it represented food in its original form. The presentation of the food made it more appetising for people in terms of sight, taste and texture. Some foods could be eaten as a finger food. This helped to promote people's independence during mealtimes in addition to making eating a far more enjoyable experience.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and as involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● Most of the people living at the service were unable to verbally communicate with us but our observations showed that people appeared well cared for. Relatives told us they were satisfied with the service and how staff cared for their loved one. One relative told us, ''The staff are dedicated, it's a centre of excellence, staff are kind and loving and deliver quality of care, [relative] is treated like a family member.'' We saw written feedback from a visiting professional who said, ''I have never seen the level of care and compassion as high as this in any other care home.''

● We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. For people who wanted to, staff supported them to attend Church on Sunday. The service promoted an inclusive culture and took time to get to know people's interests and realise their potential. For example, staff supported a person who was wheelchair bound attend horse riding as the person was passionate about horses.

Supporting people to express their views and be involved in making decisions about their care

● The service operated a 'key worker system.' Staff were matched with people they supported based on their personalities, shared characteristics and interests. This helped staff to build good relationships with the people they supported and helped to ensure people received personalised care and support dependent upon their preferences. Comments from relatives included, ''[Person] has two key workers so there is always staff around who know their routine, the continuity of staff is brilliant,'' ''[Staff] really invest in [person], they treat them as a family member.''

● Each of the people living at the service had a 'Making It Happen' portfolio. This was pivotal in enriching the lives of people and in the deliverance of person-centred care. This type of care focused on interaction between staff and people based on their preferences, routines and activities they were interested in.

● People's support plans contained information and guidance for staff on how best to communicate with people. Staff used alternative methods to communicate with people who did not use words to express themselves. For example, one person used a 'communication board.' This was a mixture of letters and images so the person could make their needs known, such as when they wanted a bath and a cup of tea and images of coins so the person could manage going to the shop to purchase things. The person accessed the community independently as they carried a call bell and could call for assistance when needed. This helped to promote the person's independence and sense of freedom.

● Makaton (a system which uses signs and symbols to help people communicate) and PECS (picture exchange communication system) cards were as methods of communicating with people. Staff also supported people with the use of phones, computers and iPads.

● For people who had no family or friends to speak on their behalf, they used an independent advocacy

service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

● We observed staff support people in a way that maintained their privacy, dignity and independence and took care to adhere to people's routines and personal preferences. One member of staff told us, ''We treat the person how we would want to be treated and as an individual, we treat them as family members and with the utmost dignity.'' Staff encouraged people to be as independent as possible. For example, people were prompted to do things for themselves and provided with staff support where necessary.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care records contained one-page profiles which provided key information about the person such as the name they liked to be called, how to emotionally support them, how best to communicate with them and what activities they liked to do. The care plan was used to get to know the person rather than just an assessment of their needs. These documents helped staff get to know the people they cared for and provide care based on people's individual likes and dislikes. It was evident from care records that people's relatives had been involved in providing this information. One relative explained how they had initially worked alongside staff to teach them the person's medication and feeding regime, ''Staff are exceptional, they keep to [relative's] strict routine, I don't have to worry.''

● Many staff had been with the service for a long time. Staff knew how best to communicate with people and used their knowledge about people when giving choices, such as by reading people's body language and facial expressions. One relative told us, ''My [relative] doesn't speak, staff use [relative's] facial expressions to communicate with them, staff adhere to their preferences and enhance [relative's] life by doing so.'' Another said, ''Staff know [relative's] body movements, every facial expression and know what they want and what they need.''

● The service employed a sensory co-ordinator. This involved the use of specialised equipment and technology such as virtual reality headsets and audio vibration equipment. This provided people with visual and audio stimulation, people could also 'feel' sound and not just hear it. For example, underwater, music and sea life sensory experiences. Some people gained great comfort from being 'transported' to the streets they grew up in via the headsets using google earth. Sensory experiences also helped orientate people to the time of day, such as being exposed to birdsong in the morning. Staff told us they saw a visible difference in people after they had undergone sensory therapy in that people were calm, relaxed and much more communicative. One relative had watched their loved one undergoing this therapy and described the experience as ''magical.''

● The service had good links with the local community and attended as many external events as possible. This helped people to feel a sense of being a part of the community. For example, people were supported by staff to attend local coffee shops, cafes and parks. Some people attended reading groups and enjoyed trips to the local swimming pool.

Improving care quality in response to complaints or concerns

● The registered manager maintained a record of any complaints received and the actions taken to resolve them. We noted that the service worked collaboratively to address any complaints made by family members. For example, by inviting the family member to staff meetings so they could see first-hand the action taken to address their complaint and reach a resolution they were satisfied with. This also helped staff to understand the reasons for any complaint made in the first place and so was both an effective learning exercise and tool to drive improvement in both quality and service. At the time of our inspection the

service had not received any complaints.

● The service used innovative ways to gather feedback from people using the service and their relatives. Questionnaires for people living at the service were individually formatted in such a way to help them understand the questions easier. The development of surveys was outsourced to an independent local organisation. This entailed people with learning disabilities visiting the home and spending time with people to gage their views, opinions and aspirations. This meant that quality assurance systems were as effective as possible in gaining the real opinion of the people living at the service. This gave people a voice and allowed them to have a say in the running of the service.

● The service held quarterly meetings with family members over a buffet lunch where the director of the service attended. This provided an opportunity for family members to provide feedback on behalf of their loved one. We saw that some relatives had requested more community access for their loved ones. The service had responded by training more staff to drive the service's mini buses. This had increased the amount of outings people enjoyed. People also accessed the community via public transport and in their wheelchairs either independently or with staff support.

End of life care and support

● The service supported people who were on an end of life pathway. The majority of staff had received training in end of life care. Staff worked in conjunction with the advice of palliative healthcare professionals to ensure people had a dignified death and one in line with their wishes. A relative told us, ''It's a great comfort that [loved one] was able to remain at St Joseph's until the end, its helped us come to terms with their parting.''

● The service had a prayer centre on site, for people who wished, their service was held at the centre. Staff told us about how people's services had been personalised to them, for example, by having their favourite music played and preferred foods included as part of the buffet.

● The service was part of a government led initiative which researched mortality rates of people with learning disabilities. The initiative had found that nationally, people with learning disabilities, died prematurely compared with the rest of the population. By participating in this research, the service was positively contributing to help tackle inequalities in healthcare. It also helped to alleviate some of the contributing factors such as poor diet and lack of exercise. The service helped support people with healthy eating and an active lifestyle.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was not always consistent in relation to supporting the principles of Registering the Right Support.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● At our last inspection, we found that audits were not always effective as they did not always identify areas where improvements were required. For example, medication audits had not identified our concerns in relation to the management of medication.

● During this inspection we checked to see if improvements had been made and found that they had. We saw that the number of incidents around medication management had reduced since a new audit system had commenced. One staff member told us, ''It's an open culture here, knowing we have daily medication audits makes us more conscientious and accountable.''

● At this inspection, we found that the service did not always adhere to its obligations under Registering the Right Support guidance. This is because it did not always take action to place people in smaller supported living settings within the community. The guidance promotes that community based care for people living with a learning disability and/or autism enables greater independence, inclusion and choice. The service did not always consider whether community based care was the best option for people. We spoke to the registered manager about this. They recognised current practices were not always consistent with the new service model for people with a learning disability and/or autism and in line with best practice guidelines.

● We made a recommendation that the registered provider and registered manager consider current guidance on supporting people to move into community based care settings and take action to update their practice accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff had regular team meetings. We looked at a selection of minutes of meetings. It was evident that best practice was promoted during these meetings and staff were encouraged to develop the service further, for example, by learning lessons from things that had gone wrong in the past.

● Staff were directly involved in the review of some of the services Standard Operating Procedures. This helped give staff a voice and encouraged the sharing of best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● The registered manager was aware of their obligations under Registering the Right Support and advised that going forward they would actively support people living in supported settings in the community wherever possible. The registered manager also managed a supported living service so had first hand knowledge of supporting people in this environment.

● Staff spoke positively about the registered manager and felt they were supportive, one told us, ''[Manager] is very supportive, although a lot of changes have been made, they have fully supported us all throughout the process.'' The registered manager told us they encouraged an open-door policy for people, their relatives and staff. Staff we spoke with were keen to tell us that the ethos and culture of the service was implemented through the care being provided and that compassion and dignity were the cornerstones of St Joseph's philosophy.
● The registered manager encouraged an ethos of transparency and candour within the service. Any incidents which had occurred were discussed and treated as opportunities to learn. This helped to embed good practices and improve quality of care.
● During the course of our inspection, the registered manager assisted us with the inspection process by providing us with the information we needed and was receptive and responsive to our feedback.
● The registered manager had notified CQC of any events that had occurred within the service in accordance with our registration requirements. This meant that CQC were able to monitor information and risks regarding the service.
● Ratings from the last inspection were displayed within the service as required.

Continuous learning and improving care
● The service continually strove to improve practice. For example, the use of audits had shown that records needed to be clearer when recording the use of thickening agent in people's fluids. A new chart had then been introduced. One staff member told us, ''It helps me to feel more responsible for my own actions and the care I give.''

Working in partnership with others
● The service had good relationships with their supplying pharmacist and received on-site training from their pharmacist. This meant that training on medication management could be made more bespoke to the specific needs of the service.