

Isle of Wight Care Limited

Capri

Inspection report

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Date of inspection visit:
17 January 2019
21 January 2019

Date of publication:
20 February 2019

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

The inspection took place on 17 and 21 January 2019 and was unannounced.

Capri 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.

Capri is registered to provide accommodation for up to nine people and supports older people, some of whom are living with dementia, a physical disability or a mental health need. At the time of our inspection, there were seven people living in the service.

There was a registered manager at the home. 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.

At our last inspection, in January 2018, the service was rated as Requires Improvement overall with breaches of Regulation 12, 17 and 18 of the Health and Social Care Act 2008 and Regular 18 of the Care Quality Commission (Registration) Regulations 2009. We identified concerns relating to the failure to safely manage environmental risks within the home, the failure to ensure staff were suitably qualified and had the skills required to carry out their roles and a lack of effective systems to monitor the quality of the service. We also identified that the provider had failed to notify the CQC of significant events, in line with their registration. At this inspection, we found action had been taken to address these issues, and there were no longer any breaches of regulation.

Individual and environmental risks were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

People felt safe living at Capri. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Thorough staff recruitment checks were carried out when a new staff member started working for the service. There were enough staff available to keep people safe at all times.

There were robust systems in place to ensure the safe management of medicines. People were supported to receive their medicines by staff who had been trained appropriately and medicine administration records were completed accurately.

Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the registered manager.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.

People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutrition and healthy foods.

People were cared for with kindness and compassion. Staff had developed positive relationships with people and knew what mattered most to them.

Staff took action to protect people's dignity and privacy at all times and encouraged people to be independent with all aspects of their daily routines where possible.

People had a clear, detailed and person-centred care plan in place, which guided staff on the most appropriate way to support them.

The service had a clear process in place to deal with complaints to ensure they were dealt with in a timely and effective manner.

There were appropriate auditing systems in place, which ensured that issues were acted upon and ideas for improvement were responded too.

People, their relatives, visitors and staff members commented positively on the leadership of the service and felt that the service was well-led. The provider was engaged with the running of the service and was approachable to people and staff.

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.

Individual and environmental risks to people had been identified and action was taken to reduce the risk of harm.

People felt safe and staff knew how to identify, report and prevent abuse.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

Procedures were in place to protect people from the risk of infection.

People received their medicines safely and as prescribed. Medicines were ordered, stored and disposed of correctly.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

People's rights were protected in line with the Mental Capacity Act 2005. There was a clear process in place to ensure that people were only deprived of their liberty appropriately and where required.

People had access to health care services and professionals where required.

People were supported to eat a variety of nutritious meals.

Is the service caring?

Good ●

The service was caring.

People were supported by a small group of consistent staff who had formed positive relationships with them.

Staff spoke about people with genuine affection and clearly knew how they liked to spend their time and be supported.

Staff ensured that people's dignity and privacy was respected at all times.

People were encouraged by staff to remain independent in their day to day routines.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care and staff respected people's choices.

People's care plans were personalised and contained clear information about how to meet each person's needs.

Staff were responsive to people's needs and took appropriate action to support them.

There was a robust complaints procedure in place to ensure that concerns were investigated and dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

People enjoyed living at Capri and there was an open and homely atmosphere.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

There were auditing processes in place to monitor, assess and improve the quality of the service.

People and staff had confidence in the registered manager, who was supported by the provider.

Capri

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 21 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with four people living at the home and engaged with one other. We spoke with the registered manager and four care staff. We also received feedback from a visiting professional. We looked at care plans and associated records for three people, records relating to staff recruitment, training and support, records of accidents and incidents, policies and procedures and quality assurance.

The home was last inspected in January 2018 when it was rated as 'Requires Improvement' overall with breaches of Regulation 12, 17 and 18 of the Health and Social Care Act 2008 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Is the service safe?

Our findings

At our previous inspection, in January 2018, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to identify and manage risks to people using the service from the environment of the home. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

Individual and environmental risks to people were managed safely. Appropriate and effective risk assessments had been completed where required, which identified possible risks to people and actions staff needed to take to reduce and mitigate risks. For example, where people were at risk of falling, a clear risk assessment was in place which informed staff of how this risk could be minimised. The registered manager had considered risks appropriately when supporting people to be as independent as possible. For example, one person had a risk assessment in place for when they accessed the community alone. This identified environmental risks that the person may experience and detailed control measures to minimise the risk, such as ensuring the person carried a card which provided details of the service. Other risks were monitored and managed and risk assessments in place included moving and positioning, skin integrity, medicines management and smoking.

Environmental risk assessments had been completed appropriately to ensure each risk identified was managed effectively. Gas and electrical appliances were serviced routinely and there were plans in place to deal with foreseeable emergencies. Fire safety systems were checked and audited regularly and staff received training in fire awareness. Each person had a personal emergency evacuation plan (PEEP), detailing the individual support they would need if the building had to be evacuated.

People told us they felt safe at Capri. One person commented, "I can rely on them [staff], I feel safe here." Another person said, "Yes, definitely" when asked if they felt safe at the service.

Procedures and policies were in place to protect people from potential abuse. Staff had completed training in safeguarding as part of their induction and received annual updates in this area. Staff understood their responsibilities to identify and report potential abuse and were aware of how to get in touch with external contacts such as the local authority safeguarding team, if required. Records confirmed appropriate action had been taken when a safeguarding concern had been identified.

The provider had a safe and effective recruitment process in place to help ensure that staff recruited were suitable to work with the people they supported. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff files included application forms, references and health declarations.

There were sufficient staff to meet people's needs and to ensure they were safe. A person commented, "There is enough staff" and another said, "I would say so, yes." We observed staffing levels over the two days of our inspection and found that there were enough staff to meet people's needs. Staff were able to respond

quickly to people and spent time with them when they needed it. Staff agreed that there were enough staff to meet people's needs. One staff member said, "There is enough. We have time to sit with people too." Staffing levels were assessed on people's needs and the registered manager described how staff were flexible to pick up extra shifts if needed.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training and confirmed that they had access to personal protective equipment (PPE). People commented on the cleanliness of the home, one person said, "They [staff] are always cleaning, it's very good" and another said, "They come in and clean [my bedroom]. It's all very tidy." Staff followed clear procedures to ensure the risk of cross contamination was minimised where possible. For example, a staff member described how they processed soiled linen using special bags that could be put straight into the washing machine. Cleaning schedules were in place to help ensure cleaning was done consistently, using appropriate products. Systems and checks were in place to ensure people were protected from the risks associated with water borne infections, such as Legionella. The registered manager was able to describe the actions they would take should there be an infectious outbreak at the home and infection control audits were undertaken at regular intervals as part of an overall quality monitoring process.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely and correctly. We saw that people were administered their medicines safely by staff members who had received appropriate training and had their competency to administer medicines checked regularly, to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person's MAR chart contained detailed guidance for staff to ensure each person received personalised support when receiving their medicines. For example, one person's medicines profile stated, 'I take my medicines straight from the medicine pot with a glass of water.' There were robust auditing systems in place to ensure that all medicines were given as prescribed and managed safely. For example, a daily check of MAR charts was completed by the staff member responsible to ensure records were completed appropriately and correctly. We saw these worked well and there had not been any medicines errors in the previous 12 months before the inspection.

Accidents and incidents were recorded, reported and investigated appropriately, including the use of body maps. The registered manager used a clear system to provide a summary of accidents and incidents that had occurred each month, to monitor any patterns or trends and learn from mistakes.

Is the service effective?

Our findings

At our previous inspection, in January 2018, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff were suitably qualified and had the appropriate skills to meet people's needs. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People received effective care from staff that were skilled, competent and suitably trained. A person said, "I like it here, the staff are good at what they do." Staff received an appropriate induction that included the core training courses they needed to provide effective care. This included food hygiene, dementia awareness, health and safety, safe medicines management, moving and handling, infection control and the principles of the Mental Capacity Act 2005. As part of the induction process, new staff also completed shadow shifts (working alongside experienced members of staff) before they could work independently. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development.

Staff were supported in their role by the registered manager and the provider. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Supervision sessions included a review of the training and development needs of each staff member. A member of staff told us, "I feel supported. If I need anything or any training, I can get it."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions. Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications had been appropriately made to the local authority. Where DoLS had been approved by the local authority, there was a system in place to ensure any individual conditions were known, recorded in people's care plans and complied with. There was also a process to ensure DoLS were reapplied for when necessary.

Staff understood the importance of obtaining consent before assisting people with aspects of their care. Throughout the inspection, we saw that staff gained verbal consent from people before providing them with care and support. Staff used simple questions and gave people time to respond. People confirmed their

consent was sought and staff were aware of people's rights to refuse care and were able to explain the action they would take if care was declined.

Where people had specific needs in relation to their health, there were systems in place to ensure they received the necessary care they required. Should a person require hospital treatment in an emergency, a system was in place to provide key individual information about their needs, to ensure hospital staff understood how these should be met. This also helped to ensure consistency of care and treatment was provided.

People's general health was monitored appropriately and they were referred to doctors and other healthcare specialists when required. Records confirmed that people were seen regularly by doctors, specialist nurses, opticians and chiropodists. Staff enjoyed positive working relations with health and social care professionals. A visiting professional commented, "People in the home appear to be happy and well cared for. If issues are raised about care, or welfare or the resident's environment, these are dealt with immediately by the manager."

People were satisfied with the quality and variety of meals. One person said, "I'm happy with the food here, it's lamb today, my favourite" and when asked if they had a choice over their meals, they commented, "Oh yes, you can always have something else." On another occasion, we over heard two residents talking about their evening meal from the previous night, they said, "It was the best!" People had access to drinks and snacks throughout the day and night and were prompted to drink fluids regularly.

Each person had a nutritional assessment, which detailed their likes, dislikes and any special dietary requirements. Staff were aware of people's preferences and nutritional needs. Most people were able to eat and drink without any support from staff, however we saw some people were provided with special cups, plates and cutlery, which helped them to eat independently.

Is the service caring?

Our findings

People were supported by kind and caring staff. People's comments included, "The [staff] are lovely", "They are always kind" and "The staff are very friendly." During the inspection, we observed supportive and friendly interactions between staff and people living at Capri. For example, where people accessed the community by themselves, they were greeted warmly by staff on their arrival back at the service and offered a hot drink.

People benefitted from being supported by a small group of consistent staff members. This enabled staff to form positive relationships with people and know what was important to them in their daily routines. One staff member told us, "We know each resident so well and we know their needs. [One person] loves documentaries, he will talk and talk about them. [Another person] likes to go for an early morning walk and a lot of the others enjoy watching TV." The staff member further told us about how much they knew a person liked animals and they often brought their pet dog into the service when they were not working, as they knew people enjoyed this.

Staff spoke about people with genuine affection and clearly knew how they liked to spend their time and be supported. For example, we heard two staff members' talking about a resident, who had recently been low in their mood, enjoying an interaction of reminiscence, they commented, "I've just been talking to [person] about an old holiday. It was so lovely to hear, she's on cloud nine up there." The service had implemented a key worker system to further enhance people's experience of consistent and supportive care. A key worker is a member of staff who takes a focus and interest on one person within the service. They are responsible for various tasks such as; supporting the person to go to the shops, ensuring their laundry is put away properly and making sure they have enough personal items, such as toiletries.

Staff provided compassionate care and created a homely and supportive atmosphere. For example, during lunch time, staff sat with people and chatted about day to day topics, whilst eating their own meal. We saw people appreciated this interaction with staff and the registered manager. On another occasion, we overheard a staff member discussing with a person about their pet budgie, which they kept in their bedroom. The staff member said to the person, "I have something I'd like to show you, I did some research online about something you'd like for your budgie." We saw this clearly meant a lot to the person and they later spoke to us cheerfully about what the staff member had found.

A number of people living at the service had a mental health diagnosis, which had an impact upon their physical and emotional needs. We observed interactions which clearly demonstrated that staff had a sound knowledge of how to interact and speak with people living with a mental health condition, in a caring and empathetic manner. People's care plans contained a section on their 'emotional and spiritual' needs, which guided staff on how their condition may affect their emotions and the best way to support them.

People were encouraged to maintain relationships with their family and friends. Visitors were welcomed to the service at any time and were able to share a meal or a refreshment with their family member if they wished. Some people used their own technology to keep in contact with their families; for example, one person used a mobile phone to speak with their family member and another person used their computer to

keep in contact with their relative most days. The registered manager was aware of how to contact and support people to use advocacy services when required. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They spend time getting to know the people they are supporting to help make decisions that they believe the person would want.

People confirmed their privacy was always protected when they were supported with personal care. During the inspection, we observed staff knocking on doors and asking people's permission before entering their bedrooms. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. For example, one staff member said, "I explain every step of what I am doing. If they don't have anything on their bottom half, I cover them with a towel and make sure the curtains are closed." Confidential information, such as care records, were kept in lockable cabinets and only accessed by staff authorised to view them.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. One staff member told us, "I always ask people what they want to do for themselves. I pass them a flannel and we chat away." People's care plans highlighted to staff what people could do for themselves and when support may be needed.

People's cultural and diversity needs were explored during pre-admission assessments and were further developed in people's care plans over time. The registered manager was supportive of people, where they expressed a preference in how to maintain their faith. For example, people had access to local church services if they wished to attend.

Is the service responsive?

Our findings

Staff had a good awareness of understanding people's needs and were responsive to these. People received care and support that was individual and personalised. One person said, "They [staff] know me and what I like. They are good to me."

The importance of ensuring people had choice and control over their daily routines was embedded within the culture of the service. For example, we saw record in people's care plans to remind staff of people's right to make their own choices; one person's care plan said, "I like to wear trousers and I can choose what I wear." Throughout the inspection we saw that people were offered choice, such as what they wanted to wear, where they wished to spend their time and what they wanted to eat and drink. Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. A staff member commented, "We have a duty of care. We cannot take people's choices away from them, we guide people and encourage them to make their own choice."

Assessments were completed before people moved into the service and the information was used to develop a care plan in consultation with people and their relatives where appropriate. As part of the assessment process, consideration was given to understanding people's backgrounds, which ensured staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their abilities and independence levels.

Care plans were clear, detailed, organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. They took account of people's medical history, their preferred daily routine and how they wished to receive care and support. A system was in place to review people's care plans monthly, or sooner if people's needs changed. Staff told us they reviewed people's care plans regularly and used the information to further build positive relationships with people and establish their care and support preferences. A staff member said, "The care plans are good, but I think what's written in black and white isn't everything. We make sure we talk to people and find out how they want support as well."

Staff were responsive to people's changing needs. During the inspection, we saw that staff were aware of how to recognise changes in people's specific health conditions and acted promptly. Care plans also contained detailed information for staff about how to recognise symptoms and behaviours that people may present with if they are experiencing a deterioration in their health and what actions to take to escalate this appropriately. People were confident that staff would respond appropriately in an emergency or if they felt unwell; one person said, "If I need a doctor, they get it straight away, no problems" and another said, "If I don't feel well, I can stay in my room and they keep an eye on me." Records confirmed that when people's health deteriorated, the service referred people to appropriate health care professionals.

The service had considered people's individual communication needs to ensure they received information in a way that they understood. People had a communication section within their care plan to guide staff on the best way to speak with people or present them with information. For example, one person's

communication care plan explained how to engage with a person when they were showing signs of being in a low mood. This information would help staff to empathise with the person and support them appropriately.

People were supported to access activities that they were interested in. During the inspection, we saw people were free to spend their time where they wished and follow their own interests such as crafts, reading and watching television. One person told us, "I'm quite happy here, I can do what I want. I do crochet, jigsaws, crosswords, watch TV. Sometimes one of the carer's takes me out shopping, I love it." Some people went out independently in the local town to shops, cafes and on walks. The registered manager also told us about group activities they held throughout the year such as coffee mornings, which a number of people living at the service enjoyed attending.

A process was in place to deal with complaints. People told us that they felt able to raise a complaint and the registered manager were approachable to discuss concerns. One person said, "If I had any concerns, [the registered manager] would sort it, or any of them [staff] really."

Information about how to raise a complaint was clearly displayed in the main communal area of the service, along with contact numbers for the local authority complaints team and the CQC. Staff supported people to talk about any concerns they had, in order to resolve them effectively. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy.

At the time of the inspection no one living at Capri was receiving end of life care. However, the registered manager provided us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and an appropriate end of life care policy was in place to help ensure staff were aware of how to support people at the end of their lives. Basic information about people's end of life wishes and preferences had been recorded within care records. This should help to ensure that people's wishes were known and acted upon.

Is the service well-led?

Our findings

At our previous inspection, in January 2018, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff were suitably qualified and had the appropriate skills to meet people's needs. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to notify the CQC, without delay, of allegations of abuse and a deprivation of liberty safeguards (DoLS) authorisation. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

People told us they enjoyed living at Capri and felt that the service was well-led. A person said, "It's better than any other place I've been, it's much more friendly here" and another person said, "I think it runs smoothly here."

We observed an open and honest culture where the registered manager and staff supported people respectfully. The registered manager was aware of their responsibilities to notify the CQC of any significant events and were fully engaged with the day to day running of the service. The provider's performance rating from their last inspection was displayed in the entrance area of the service. Providers are required to act under a duty of candour, which sets out specific requirements they must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support and an apology. A duty of candour policy had been developed and was being followed appropriately. Following a food hygiene inspection, the service had received a rating where improvements were required. The new rating was displayed prominently and action had been taken swiftly to rectify the deficits.

Staff worked together for the benefit of people living at the service and staff told us they enjoyed their roles. Staff comments included, "It's so homely here, everyone gets on so well", "I enjoy [working at Capri] I wouldn't be there otherwise" and, "[The service] is small, homely and there aren't very many people living there, so no one ever gets forgotten."

Staff kept up to date with any important changes to the way they supported people to ensure they provided consistent care and support. A verbal handover was given at the start of each shift, where staff were updated on each person living at the service and notified of any significant information or changes. A staff member said, "We are such a close home, our handover doesn't take long, but we still go through each person and if there is something we need to know, it's covered." In addition, staff meetings were held regularly and provided an opportunity for staff to keep up to date with any changes in the day to day running of the service. We viewed records of staff meetings, which demonstrated that important information as disseminated to staff appropriately, such as updates from community nurses.

People living at Capri had confidence in the registered manager and how she supported them. One person said, "She's great, she'll do anything for you" and another commented, "She is very nice, she is true to her word and she helps me." The registered manager was in day to day charge of the running of the service and it was evident from observations of interactions with people and visitors that the registered manager

understood people's needs and preferences. An on-call rota was in place to enable staff to access management advice out of hours. Staff were complimentary of the registered manager and described her as 'approachable'. One staff member said, "She's is a good manager. She is pretty easy going, if ever I need help, she is there." A visiting professional described their confident in the registered manager; they commented, "She gets the job done and ensures that her residents are well cared for."

The registered manager was supported by the provider, who visited the service regularly and had oversight of the general running of the service. The registered manager commented, "[The provider] comes down from time to time. We speak on the phone and stay in touch."

A robust system of quality assurance processes was in place to assess, monitor and improve areas of the service. These included a range of audits at different intervals to monitor areas such as medicines, infection control and environmental hazards. We reviewed auditing records and identified that action was taken to rectify any issues in a prompt manner. The registered manager also completed out of hours 'spot checks' to ensure that staff delivered care and support to a high standard and carried out best practice. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

Feedback was sought about the service from people, staff and health and social care professionals, by sending out an annual survey. The registered manager analysed the results by collating people's responses and identify any areas for improvement. Informal resident meetings were also held periodically throughout the year to gain people's views of the service and any upcoming events and plans, such as Summer and Christmas.

The registered manager kept up to date with safety alerts relevant to the care sector, such as drug safety and staying safe in extreme hot and cold weather. They also informed us of regular care forums and meetings which they attended alongside other care service providers and registered managers, as an opportunity to share and learn from best practice.