

Croftwood Care UK Limited

Turnpike Court Residential Care Home

Inspection report

Middlewich Road
Elworth
Sandbach
Cheshire
CW11 3EJ

Tel: 01270762150

Website: www.minstercaregroup.co.uk

Date of inspection visit:

23 October 2018

24 October 2018

Date of publication:

27 November 2018

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This inspection was unannounced and took place on 23 and 24 October 2018.

We had previously inspected the home on 26 July 2017, when it was under a different provider. The home was registered under a new provider on 30 October 2017, however the registered manager and other staff remained the same. This was our first inspection since the location had been re-registered with us.

Turnpike Court 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.

Turnpike Court accommodates up to 53 people across two separate units, each of which have separate adapted facilities. One of the units had recently opened following a refurbishment of the home. At the time of the inspection there were 35 people receiving a service.

There was a registered manager in post. 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 unavailable during the inspection. The quality compliance manager was currently supporting the home in the registered manager's absence.

Overall people were positive and complimentary about the service.

We found minor shortfalls in the safe management of medicines. There were some issues relating to the accurate recording of the support people required with medicines. The compliance manager acted promptly to address the issues raised.

There were sufficient staff to meet people's needs. There were some mixed views about the timeliness of staff responses. The management team regularly reviewed staffing levels. Recruitment of new staff was underway and staffing levels were due to be increased. The provider followed safe recruitment practices.

Risk assessments were in place which covered topics such as moving and handling and risk of falls. Action taken to assess and manage risks had not always been clearly recorded.

Staff understood their responsibility to protect people from abuse and harm. The provider had policies in place for safeguarding vulnerable adults and whistleblowing. Staff we spoke with had an understanding of the signs of abuse and knew how to report any safeguarding concerns.

The home was clean and well maintained. We noted some potential environmental health and safety risks which were dealt with immediately during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were suitably trained and supervised.

People's nutritional and healthcare needs had been assessed and were met. People were positive about the food on offer and staff supported people to have sufficient to eat and drink. Staff were responsive to changes in people's physical and mental health needs.

We observed that staff had developed caring relationships and treated people in a kind and compassionate manner. People told us that they were treated with dignity and respect.

People received care that was centred around their individual needs. People spoken with confirmed their choices were respected.

Most aspects of the care plans we viewed were detailed and reflected people's individual likes and preferences. However, we noted occasional gaps in the information contained and some did not contain as much detail as others.

Work was underway to support staff to ensure life plans contained up to date information, including individual consultation with people about their preferences.

People could take part in person-centred activities and were encouraged to maintain hobbies and interests. The activities coordinator provided a variety of activities and entertainment for people.

We found the provider was proactive in monitoring the service and taking action to address any areas for improvements. Most of the issues raised during the inspection had already been identified and action was underway to address these areas.

There was a system in place to gain views from people and relatives on their experience of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were minor short falls relating to medication records.

Actions to assess and mitigate risks was not always fully recorded.

There were sufficient staff to meet the needs of people living at the home.

Systems were in place to safeguard people from abuse.

Is the service effective?

Good 

The service was effective.

People were supported to eat and drink sufficiently and staff acted to address any concerns.

Staff understood the need to seek the person's consent and the service was acting within the principles of the MCA.

People were supported by staff who were suitably trained and supervised.

We found a homely environment with a variety of communal areas for people to access.

Is the service caring?

Good 

The service was caring.

People were positive about the way staff treated them and we observed staff to be kind and caring in their approach.

Where possible people were involved in the planning and decisions around their care.

Staff respected people's privacy and dignity.

Is the service responsive?

The service was responsive.

People received care that was centred around their individual needs.

Care plans were in place, however there were gaps in some information and some were not as detailed as others. The provider was addressing this.

People could take part in person-centred activities and were encouraged to maintain hobbies and interests.

People knew how to make a complaint and felt able to raise any concerns.

Good 

Is the service well-led?

The service was well led.

The quality compliance manager was currently supporting the home in the registered manager's absence.

Staff told us they felt supported and worked as a team.

The provider's quality governance systems had highlighted some areas for improvement.

There was a system in place to gain views from people and relatives on their experience of the care provided.

Good 

Turnpike Court Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 23 and 24 October 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was aware of our visit to conclude the inspection on the second day.

Before the inspection we looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. The registered provider had not received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However, this information was gathered during the inspection

We contacted the local authority and they shared their current knowledge about the home. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. There had been a recent visit on 4 September 2018.

During the inspection we spoke with nine people who lived at the home and received feedback from three relatives/visitors. We spoke with nine members of staff including the compliance manager, regional manager, administrator, care staff and the activities coordinator. We also spoke with a visiting health

professional.

As some people living at Turnpike Court were not able to tell us about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at the care records of five people who lived at the home and inspected other documentation which related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We looked around the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people.

Is the service safe?

Our findings

We asked people whether they felt safe living at Turnpike Court, they told us, "Oh yes I feel safe" and "Yeah, Yeah I feel safe".

We found some minor short falls relating to the safe administration of medicines. There were individual protocols for the administration of medicines prescribed "as required" medicines. These were to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. However, in some cases these weren't sufficiently detailed to guide staff about certain medicines. We also found that some care plans relating to medicines management did not contain all the relevant details. One person had a specific treatment to manage their pain, whilst staff spoken with were clear about this and Medications Administration Records (MARs) provided the correct guidance, there was no information about this aspect of their care in the person's medication care plan. We discussed this with the compliance manager who ensured these records were updated during the inspection.

People with external medicines, such as topical creams, had recording charts for care staff to complete. However, we saw there were occasional gaps in these charts which meant we were unable to confirm whether people always had their creams applied as prescribed. We saw that this had been identified as an area for improvement in the provider's own audits and was currently being addressed.

MARs reviewed were complete and accurate. People had the opportunity to look after their own medication following a risk assessment. We found that medicines were stored safely in line with requirements in locked trolleys and in a medication room with a separate controlled drugs cupboard. However, we noted that thickener used to thicken people's drinks was stored in an unlocked kitchen cupboard. The compliance manager told us staff were aware this needed to be locked away and would remind staff about this in future. Room and fridge temperatures were recorded daily. All storage was neat and tidy. We found no excessive stocks of medication being stored. Staff with responsibility for administering medicines had received the appropriate training and undertook regular medication competency assessments. Medicine audits were carried out on a regular basis to ensure the records were properly completed.

Risk assessments were in place which covered topics such as moving and handling and risk of falls. Staff spoken with could explain action taken to manage any identified risks more safely. For example, one person had recently been reassessed and staff were now supporting them with a hoist for each transfer to reduce the risk of falls. We observed that people had equipment needed such as pressure relieving cushions, call bells and sensor equipment.

In a couple of examples, we found that action taken to assess and manage risks had not always been clearly recorded. In one case staff identified that a person was at increased risk of falls and had sought advice from a physiotherapist. However, whilst staff were following the guidance, this had not been added into the person's risk management plan. There were other areas where risk assessments weren't recorded for example, for the risk of smoking. We raised this with the compliance manager who ensured this was addressed straight away. There was ongoing work, which had already been identified by the management

team to review and ensure care plans were fully reflective of all risks and care needs.

We noted some potential environmental health and safety risks which were dealt with immediately during the inspection. We were concerned about the positioning of a radiator in one of the new bedrooms. The provider informed us after the inspection that arrangements had been made to move this to a safer place. We also noted that a product containing bleach was stored inappropriately in one of the kitchenettes. Again, we brought this to the attention of the manager and prompt action was taken.

We found accidents and incidents had been recorded and managed appropriately. Post-accident or falls observations had been carried out for up to 72 hours, to ensure the person was safe and well. Accidents or incidents were monitored to look for trends and minimise the risks of reoccurrence. Where incidents had occurred, we saw the provider took action to ensure that any lessons were learnt. For example, where there had been a medication error, a learning outcome had been recorded and action taken to try to prevent this in the future.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. A fire risk assessment had been undertaken and work was being completed to address issues identified from the assessment. Regular fire alarm checks had been recorded and people's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Health and safety checks had been undertaken to ensure safe management of utilities, these included amongst others water checks, gas safety checks, electrical appliance testing and maintenance of moving and handling equipment, and the lift.

Overall, we found there were sufficient staff to meet people's needs in a timely way. We asked people whether staff responded to them in a timely manner and the responses were variable. Most people and relatives told us staff were available and responded quickly. However, some comments indicated that people waited at times for support. Comments included, "Like all nursing homes staff are stretched"; "I've only got to ring the bell and they'll come and help me" and "They are coping but an extra one (staff) makes it easier." One person felt that they had to wait at times for their call bell to be answered whilst another person said staff arrived quickly.

During the inspection staff were visible and responded appropriately to people's needs. Staff told us they were busy but felt that there were sufficient staff to meet people's needs in a timely way. One stated, "Some days are hectic but it's manageable."

A dependency tool was used to work out the number of staff required to meet the needs of the people living at the home and this was regularly reviewed. Rotas reviewed, showed the required number of staff had been maintained. Staff were able to cover shifts if there were any shortages and occasionally agency staff had been used. Several new staff had recently been employed and further recruitment was underway, as staffing levels were due to be increased, because of the increasing occupancy at the home.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

We found that systems were in place to safeguard people from abuse. Staff had completed safeguarding training and understood the provider's safeguarding policy. Staff told us they felt able to report any

concerns which would be acted upon by the management team. One staff member provided an example where it had been necessary to report a safeguarding concern and had felt well supported by the management team. Safeguarding issues were regularly discussed with the staff team during meetings and supervision sessions. Where necessary safeguarding concerns had been identified and reported to the local authority and to CQC. The management team maintained a safeguarding folder which included local procedures and demonstrated that appropriate referrals had been made and action taken in response.

All areas of the service were clean and tidy and infection control procedures were followed to keep people safe. Staff were provided with personal protective equipment (PPE) gloves and aprons, which we observed being worn.

Is the service effective?

Our findings

People and their relatives told us staff provided effective care. They commented, "They put on a very good meal"; "I like living here" and "The staff will respect my choices."

People were supported to eat and drink sufficiently and staff acted to address any concerns. Overall people were satisfied with the food on offer. People's views about the menus were sought through residents' meetings and the compliance manager told us work was underway to adapt and improve the menu. There were no actual menus on display but people had a choice of meals and alternatives were available as required. We observed lunch time in one of the dining rooms which was unrushed and people were supported by staff in a sensitive manner. The food was served from a hot trolley and looked appetizing. People could choose whether they would like to eat in the dining room or in the privacy of their own.

Staff were knowledgeable about people's dietary needs and preferences and had systems in place to ensure these were catered for. Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets or thickened drinks to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed. During the inspection staff had noticed that one person was not eating their meal, they offered encouragement and an alternative option. The compliance manager was introducing a new system to record and analyse people's weights on a weekly or monthly basis.

Staff understood the importance in seeking people's consent. During the inspection we heard staff asking for consent before they provided support. In one example we saw staff ask a person if they would like to see the GP and where they would like to be seen. Within people's care plans there was the opportunity for people to sign to say they had consented to their care. In some cases, these had been signed but this was inconsistent. We raised this with the compliance manager who assured that care plans were discussed with people and would ensure in future that people were offered the opportunity to sign their consent.

Staff had received training about the Mental Capacity Act 2005 (MCA). 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 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. Care plans considered people's capacity to consent to their care and treatment. Mental capacity assessment and best interest decisions were recorded as required. DoLS applications had been submitted

appropriately to the supervisory body (local authority). We checked that any conditions on authorisations to deprive a person of their liberty were being met, however there were no current authorisations in place.

People's needs were assessed before they moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Records showed that staff monitored people's physical and mental health needs. They sought advice from the doctor and made requests for specialist input when this was needed. We saw that people had timely access to the GP, district nurses and other specialists such as dietitians and physiotherapists.

We spoke with a visiting GP, who along with colleagues from their practice, visited the home on at least a weekly basis. This ensured that people's health and medication needs were regularly reviewed. They spoke positively about the home and knowledge staff had about the people living there. They told us staff contacted them appropriately and followed any advice given.

The environment was suitable for the needs of the people living there. We found a homely environment with a variety of communal areas for people to access. The home was accessible for wheelchair users and people with additional mobility needs. A recent refurbishment had been undertaken, with existing buildings being renovated to create a new unit. The refurbishment was almost complete, however further work was due to be undertaken to create a reception area. People were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and had access to an outside seating area.

Staff were trained and supported to carry out their roles effectively. Records demonstrated that new staff completed induction training and were working towards the Care Certificate. The Care Certificate is a national set of standards that care staff are expected to meet. This helped ensure that staff had the knowledge and skills necessary to carry out their role effectively.

Training was either face to face or via E-learning. The provider had an electronic portal which recorded the training staff had undertaken. We reviewed these records and saw that staff were in the main up to date with training which covered topics including, moving and handling, safeguarding, infection control, MCA/DoLS and health and safety, amongst others. Other specific training had also been undertaken including diabetes care and falls prevention.

The staff told us they received the training and supervision needed to carry out their roles effectively and felt supported. Records evidenced that staff had received one to one supervision sessions with their line managers but the frequency of these sessions was inconsistent and not always in line with the provider's policy. The compliance manager had commenced a new supervision log to record all sessions undertaken and identify when they were next due. She told us there had been a renewed focus on supervisions and mentoring staff with their learning needs. Several staff were undertaking national vocational qualifications (NVQ) in health and social care.

Is the service caring?

Our findings

People who lived at Turnpike Court were positive about the way they were treated. They commented, "Staff are very good, we get on so well"; "They treat us well" and "Staff are very good, they explain things." Relatives told us, "It's homely, it doesn't feel like an old folks' home" and "Staff are very nice."

We observed staff interactions with people and saw staff were kind and caring in their approach. The atmosphere was friendly and people living at Turnpike Court looked comfortable and content in their surroundings. We observed numerous examples of positive interactions between people and staff. During the inspection we saw staff had the opportunity to sit and talk with people in the lounges. One person explained how the staff had been supportive during a difficult period. The activity coordinator ensured that people's birthdays were celebrated with individual cards and presents.

We found that staff were knowledgeable about people's needs, likes and preferences. They used a care plan called "My past experience" to help them to get to know each person, especially regarding their past and what was important to them. The service had received several thank you cards and compliments about the care provided. One card received from a relative read, "The care and compassion given to (name) couldn't have been better."

Where possible people were involved in the planning and decisions around their care. Staff told us they supported each person with as much choice as possible, such as when they would like to get up and go to bed. People confirmed they were included in decisions about their care and support. However, one person who was seated in the lounge within the new unit, expressed concern that they previously liked to spend time in the other unit, where they were more familiar and felt able to talk with people. We raised this with the compliance manager who told us the person had recently been readmitted to the new unit and would discuss these concerns with them immediately to make any necessary adjustments.

We observed staff interactions with people and saw they were good at respecting people's privacy and dignity. People confirmed they were treated with dignity and respect. We saw that one person was under the weather and lay on the settee in the lounge, staff checked on them and ensured they were covered up. Equality and Diversity was part of the provider's mandatory training requirements to ensure people were cared for without discrimination and in a way that respected their differences. The service considered people's spiritual needs and arranged for the local vicar to visit on a monthly basis. Links were also being made with other religious denominations to ensure people's diverse needs were met.

People were supported to maintain relationships which were important to them. There were numerous visitors during the inspection and people were able to visit without restriction. One relative was positive about how the whole family had visited and were able to spend the afternoon together without interruption. There were several lounges available where people could meet privately with their visitors if they wished.

People were supported to maintain their independence as far as possible. Staff were aware of encouraging

people's independence and life plans reflected this. For example, we saw how one person enjoyed being able to do some washing up. Another person wished only to accept support with certain aspects of their care and staff respected this choice.

Information held about people who used the service was locked in a secure place when not in use. Staff had undertaken training regarding new legislation relating to the protection of information. We saw how staff took care of care files, making sure they were never left around and locking them up securely to protect people's privacy.

Is the service responsive?

Our findings

People and their relatives indicated that the service was responsive to their needs, Comments included, "If I have a complaint I would ask to see the manager"; "I can get up when I want as I see to myself, I just ring my bell when I am ready for breakfast" and "I get up when I want and I wash myself and I can go to bed when I like."

People received care that was centred around their individual needs. During our discussions with staff we found they were aware of people's individual preferences and the importance of this. Where people preferred to spend time in their bedrooms or away from other people, this was respected. Some people were supported to get up later in the morning because they preferred a lie in, whilst others were supported to get up early. People spoken with confirmed their choices were respected.

People looked clean and well-dressed indicating their personal care needs were met by the service. One person told us how they liked to have a bath and that staff supported them in the specific way that they preferred.

We reviewed a sample of people's care records and found each person had numerous "Life plans" in place which covered areas including, mobility, communication, health needs, nutrition, personal care, medication and sleeping choices. Most aspects of the records viewed were detailed and reflected people's individual likes and preferences, including information about their past experiences. This ensured that staff knew what was important to people. However, we noted occasional gaps in the information contained and some life plans did not contain as much detail as others. In some examples details related to the medicines support, changes to moving and handling needs or actions taken to mitigate certain risks had not been included. When we spoke with staff they were knowledgeable and had sufficient guidance about meeting people's individual needs. They told us any changes or updates were shared with them through a daily handover meeting. Any omissions noted during the inspection were rectified immediately by the compliance manager.

We saw that life plans were evaluated on a monthly basis to ensure they reflected people's current needs. However, we found they did not clearly demonstrate how people and their relatives were included in the reviews of their care. Relatives told us however, that they were kept informed of any changes to their family members care plan. We saw from quality assurance audits and discussions with the management team, that they had identified the need to make some improvements to the life plans. Work was underway to support staff to ensure life plans were person centred and contained up to date information, including individual consultation with people about their preferences.

We looked at what the service was doing to meet the Accessible Information Standard. The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and care plans put in place to help staff meet their needs. A member of staff explained how

they communicated with one person who found it difficult to understand spoken language, but responded well when staff demonstrated tasks to them. We also heard a staff member highlighting to the GP that a person would benefit from a hearing aid assessment.

People could take part in person-centred activities and were encouraged to maintain hobbies and interests. The home had an activity coordinator who arranged activities during the day and worked 20 hours per week. People were complimentary about the activities on offer. One person told us "She's lovely (Coordinator), she brought a quiz in to me yesterday, she's very good."

On the day of the inspection there was armchair Zumba, a visit from a therapy dog and painting to make poppies. The activity coordinator also offered manicures and hand massages on an individual basis. Other activities on offer included, arts and crafts, quizzes, games and entertainment. A weekly booklet was produced which shared news items and information about the activity programme. Since the new unit had been opened, the activities coordinator was finding it more difficult to support both units in the time available. People were encouraged to move between the two units to take part in the entertainment and activities, but this was not always possible. We recommend that the provider reviews the staffing hours required to support interests and activities in view of the new unit and future increase in occupancy

There were also links with the local community and the activities coordinator arranged for people to come into the home. During the inspection, children from a local nursery were visiting and spent time with people, who we saw were enjoying the children's company.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. People told us they felt able to raise any concerns with the staff or manager. We looked at the complaints log and found there had been no formal complaints so far during 2018. Where people had raised general concerns, we saw that the management team were proactive in listening to these concerns and taking action to make improvements. For, example one person raised an issue during the inspection and we saw that the compliance manager was already taking action to address the issue.

The home was not currently supporting anyone with end of life care. However, people's care records showed they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. People also had 'End of life plans' in place and where appropriate their relatives had been included in planning their care in the event of their deterioration.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a quality compliance manager and regional manager. People told us that the management team were available within the home and were generally complimentary about the management of the service.

The registered manager was unavailable during the inspection. The quality compliance manager was supporting the home in the registered manager's absence. We found her to be knowledgeable about the service and she had implemented a number of changes to promote some improvements. The compliance manager engaged well with the inspection process and took prompt action to address any issues raised. We also met with the regional manager who had a clear vision for the service and kept this under review.

Staff were motivated and generally positive about the management team. They told us they felt supported, worked as a team and were able to raise any concerns. We received feedback to indicate there had been some recent changes and staff appreciated the support of the compliance manager. Staff meetings were held and the minutes showed that staff were given information and guidance about the provider's expectations and responsibilities of their roles. Policies and procedures were also in place to support staff in their role.

The provider's quality governance systems had highlighted some areas for improvement. Regular audits were undertaken by the registered manager and compliance manager. These audits included, health and safety, mealtimes, care plans, medication and infection control. Night spot checks were undertaken every six months by the management team. We saw that the compliance manager also carried out a regular inspection of the home. The inspection monitoring had effectively identified some areas for improvement, such as where audits had identified actions but did not indicate the timescales required or whether these had actually been completed.

We found the provider was proactive in monitoring the service and taking action to address any areas for improvements. Most of the issues raised during the inspection had already been identified and action was underway to address these areas. For example, issues around the frequency of staff supervisions and improvements to life plan records was being implemented.

There was a system in place to gain views from people and relatives on their experience of the care provided. The registered provider sought people's feedback through a yearly survey, which had recently been carried out, with the results due to be analysed. The previous survey undertaken in 2017 was mainly positive about the support provided and an action plan had been devised to address any issues highlighted.

Residents' meetings were held on a regular basis. The minutes indicated that subjects such as staffing, meals and activities were discussed. People and relatives told us they knew who the registered manager was and felt able to discuss any concerns with her.

The service worked in partnership with other organisation to promote the care provided to people. They

worked closely with the local authority and clinical commissioning groups, attending training and workshops when available. Other examples included working with the local pharmacy to learn from audits and improve medicines management.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. This is called a notification. We checked our records and found that the registered manager had made the appropriate notifications to CQC as required.