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The Gables Nursing Home

Inspection report

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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 took place on 11 December 2017 and was unannounced. The service was previously inspected in October 2016 and at that time, we found the service met all of the legal requirements.

The Gables Nursing Home 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. The Gables Nursing Home is located in a residential area of Pudsey in Leeds, and is close to local amenities. The home provides nursing, residential and dementia care to a maximum of 23 older people.

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

Areas of the home required repair and refurbishment and the provider did not have a plan in place to address these issues. We have made a recommendation about this.

Activities provided at the service did not always suit people's care and support needs. We have made a recommendation about this.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. Staff protected people's privacy and dignity. Staff received one-to-one supervision meetings with their line manager. Staff felt supported and listened to.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments to protect people from harm as much as possible in their daily lives. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how to safeguard people from harm and abuse. There were sufficient numbers of staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Fire prevention processes were in place to keep people safe in the event of a fire on the premises. All servicing of utilities, systems and equipment had been carried out by the appropriate professionals. Some areas of the home required better cleaning. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made before staff started work, including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure people were suitable to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with suitable amounts of food and drink and were happy with the meals they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary. People were able to access health, social and medical care, as required.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to any comments made. Positive feedback was given about the management team and how the service was run.

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 consistently safe.

Cleaning schedules did not cover all required cleaning, We found bathrooms and equipment used to assist people were not always clean.

There were sufficient staff deployed at the home to meet people's needs.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People's nutritional needs were assessed and individual dietary needs were met.

People had involvement from healthcare professionals and staff supported them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they received a good standard of care and that staff were kind.

People's care and support was delivered in line with their care plans.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Is the service responsive?

Good

The service was responsive.

We recommend the provider improves the availability of activities for people.

Where people's needs changed staff ensured they received the correct level of support.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

People and their relatives had opportunities to give their views about the service.

Staff felt well supported by the registered manager.

The provider had implemented effective systems of quality monitoring and auditing.

The provider was aware of their responsibilities to submit notifications about incidents and significant events to the Care Quality Commission.

The Gables Nursing 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 11 December 2017 and was unannounced.

The inspection was carried out by one adult social care inspector, one member of CQC staff and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider submitted a Provider Information Return (PIR). A PIR 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 reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning team prior to visiting the home to gather their feedback about the home.

During the inspection we spoke with three people living at the home and four visiting relatives. We spoke with six members of staff, the deputy manager, the registered managers and the registered provider. We looked at the records of three people which included plans of care, risk assessments and medicine administration records. We also looked at recruitment files of five members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

We asked the provider and registered manager to send us further information following the inspection and they sent this within the time requested.

Requires Improvement

Is the service safe?

Our findings

On our arrival at the home we toured the premises. We found some areas of the home were not clean. These were bathrooms and items of equipment which staff used to assist people. The registered manager told us that domestic staff were employed at the home to carry out domestic duties seven days a week. We reviewed cleaning schedules that were in place to guide staff. We saw there were gaps on the schedules. Staff who worked at the weekend had not signed to say they had completed the required cleaning. The registered manager also told us they had not completed their usual checks to ensure the documents were signed by staff. They said they would ensure this was completed. There were no cleaning schedules in place relating to equipment used by staff to assist people. The registered manager told us that the night staff completed this task and knew what needed to be done. However, they told us they would implement cleaning schedules for equipment immediately.

When we toured the premises we also saw there were areas of the home which required maintenance. These included radiator covers, areas where sealant between walls and floor in bathrooms and toilets had split and also under sink cabinets and bathroom cabinets made of wood, the wood had split. The registered manager told us that they had plans to replace a number of items around the home. However, there was no redecoration/refurbishment plan in place.

We recommend the service addresses the required maintenance of the home via a refurbishment plan.

There were plans to deal with any risks from emergencies. Staff had received regular fire training and knew how to respond in the event of a fire. They took part in regular fire drills and records showed that these included night staff. There was suitable evacuation equipment in place and Personalised Emergency Evacuation Plans (PEEPs) for people were easily accessible in the event of an emergency. Staff knew what to do in response to a medical emergency and received first aid training which included cardio-pulmonary resuscitation. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for a range of different scenarios.

Essential servicing of equipment had been undertaken at the appropriate intervals by the relevant professionals to make sure the premises were safe. This included; all fire alarm and equipment servicing, equipment such as hoists and bath chairs, the electrical installation, gas supplies and electrical portable appliance test.

All the people and relatives we spoke to told us people were safe at the home. Comments made by people living at the home included, "I have never felt unsafe, never thought about not being safe" and "I feel safe here because of some of the people here but would like to get rid of some of them, always shouting a lot" and "I'm safe here, I never think about it". One person's relative told us, "I am very confident about my relative being here because of the staff. They are very, very caring and know all of them (people) well with their quirks etc. They know the relatives too, we are really welcome to come any time." Another relative told us, "There are fall mats beside the bed, there are call bells beside their chairs in dining room and beside their bed." Another relative told us, "Staff respond to situations quickly, so people are protected. The staff are like

extended family."

We received mixed feedback from people and their relatives in relation to the staffing levels at the home. Two people we spoke to told us there was not always enough staff on duty especially at night and on weekends. All the relatives we spoke to told us there were enough staff available to provide care for people during the day but that staff seemed stretched at weekends and night time. Comments included, "There are always carers about but they are busy, especially at weekends."

People told us staff did chat to them but did not have a lot of time to do so. One person we spoke to told us, "They [staff] don't have a chance to sit down and talk but have a little chat. I don't see much of the staff." Another person told us, "Sometimes we could do with extra staff because they seem to be run off their feet. It does not affect me a lot but sometimes I am expecting someone and there is no one there and I have to wait to go to the loo."

Staff we spoke with told us there were enough staff to meet people's needs. They said that the home was busy at times but not beyond what would be expected in a nursing home. They told us they found the registered manager supported staff and often worked alongside them to provide any support they required. This included administration of medicines, delivering personal care and assisting at mealtimes. We discussed the comments made about staffing levels with the registered manager. They said that as a registered nurse, they often included themselves in numbers to support staff and monitor the standards of care delivered to people living at the home. They said they used this time to also monitor the response times to people who required assistance.

We observed the care provided on each floor of the home throughout our inspection. We saw there were enough staff on duty to support people's needs throughout the inspection. We observed people were not waiting for long periods before being attended to. The registered provider monitored the staffing levels and skill mix of staff closely to ensure that appropriate levels of staff were working in the home to meet people's care and support needs and to maintain their safety.

The provider followed robust recruitment procedures. Recruitment records demonstrated staff had completed a thorough recruitment process. Checks into potential staff's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any criminal convictions and cautions, and also indicate if potential staff have been entered onto a barred list to prevent them from working with vulnerable adults and children. DBS checks help employers, make safer recruitment decisions and prevent unsuitable people from working with particular groups of people.

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. One staff member told us, "I would report anything of concern to the manager. He would not ignore any concerns we have." The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. We reviewed the safeguarding records and saw that one referral had been made to the local authority since our last inspection.

Risks to people's health and safety had been identified. People's care plans included a range of risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary

restrictions were placed upon them to maintain people's independence. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, so lessons could be learned.

People received their medicines safely. There were detailed care plans in place for each person which identified how each person liked to take their medicine and we observed staff followed the directions carefully. Some people were prescribed medicines to be given 'when required' for example for pain relief. There was clear information available in people's care plans about these medicines. This provided staff with guidance as to the circumstances in which a dose would need to be given. Separate records were kept related to the application of topical medicines which are creams and ointments applied externally to people's bodies

Medicines were stored securely. Temperatures were monitored daily in the refrigerators for medicines which required cold-storage to ensure they remained safe for use. Medicines were disposed of safely and clear records were kept of medicines received and disposed of, so medicines could be easily audited and checked. Regular medicines audits had been completed. All staff who administered medicines had received appropriate training and in addition to this, competency checks were also carried out.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they believed they were skilled to meet their needs. We reviewed records of staff training which were held by the registered manager in the form of a matrix. This showed all of the training staff had attended and where updates were required we saw that dates were booked for refresher training. The training staff had completed included food safety and hygiene, first aid, equality and diversity, movement and handling, communication skills and the principles of dementia care. When we discussed the availability of training with staff, they confirmed the provider supported them with a range of courses. One staff member told us, "I think the training provided is good and what we need to make sure we can do our job properly." Another staff member told us, "The manager makes sure we are up to date. It's not something I would want to get behind with, I enjoy the training and like to keep up to date."

New staff were provided with an induction when they commenced their role and undertook the Care Certificate training. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It provides staff with the skills and knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us, "I had an induction when I started and I shadowed another member of staff for two weeks. The induction included all the mandatory training. I felt ready to start and confident after completing all of that."

Staff received monthly supervisions. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Supervision also included feedback from colleagues and people who lived at the home. Appraisals were also held annually and focussed on staff development and any areas of improvement to work towards for the next 12 months. This system was used by the provider to monitor and support staff to provide effective care.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation. Pre-admission assessments had been undertaken from which person centred care plans had been written. Personal information about the person was included. For example, their life stories, likes and dislikes. Staff worked with other professionals involved with the care, support and treatment for people. For example, healthcare professionals and community psychiatric nurses. This meant people's care was delivered in line with best practice.

People had access to all healthcare professionals that supported them to live healthier lives. Records confirmed people had access to a GP, dentist and opticians and had attended appointments when required. The registered manager told us that the GP visited promptly whenever they called them. People and their relatives told us that healthcare professionals visited the home and saw them (people) when they needed to. This meant that staff at the home worked with all services to deliver effective care to people.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the Mental Capacity Act (2005). Staff had received training in the MCA to help them to develop the skills and knowledge to promote people's rights under the legislation. Staff we spoke with had a good understanding of the MCA and they were aware of the procedures to follow when a person lacked capacity. Records we reviewed contained evidence of decision-specific mental capacity assessments in situations where people were unable to make decisions. People who were able had signed consent forms that were maintained in their care files.

People were supported to ensure they had enough to eat and drink to keep them healthy. The registered manager told us that people's likes, dislikes and dietary requirements were recorded and a copy of these was provided to the kitchen staff. We found this to be the case. People's dietary needs and preferences were documented and known by all staff. People told us that they were happy with the food and that it was always freshly cooked. Comments included; "The food is very good, I can't grumble at all about the food. If I wanted a snack I think I would get one. You can have sandwiches and stuff for supper," "The food is nice, I enjoy it. You don't get a lot to eat at teatime only sandwiches. You get as much water or whatever you want to drink as you like. You get yoghurt, sandwiches and a drink for supper" and "Food is nice, it's good. Snacks are tea, coffee and biscuits." Relatives also gave positive comments about the food including, "Before my relative came in here they would not eat, now they eat everything;" "My relative never shuts up about the food, looks forward to the next meal;" "The food is always lovely, they have tea/coffee morning and afternoon and Horlicks and biscuits for supper. They always have plenty of juice, they have juice dispensers" and, "The food is good, my relative enjoys it." The home provided a four week menu that included choices for meal times. Lunch time was a relaxed, unhurried experience for people with sufficient staff available to offer support as and when required. People who preferred to have their lunch in the lounge were supported by staff to do this.

We looked at people's bedrooms with their permission and saw they were personalised to the tastes of the individual. One person told us they liked their room and were happy with the way it was decorated. Rooms contained personal possessions such as family photographs and religious objects. This was in line with information about the person's spiritual needs contained within their care plan. The registered manager told us, "Each person is able to have their room how they want it, it's an individual choice. If they want to bring their own furniture that is ok, it is their home." We saw that the home was spacious and people's rooms were wheelchair accessible. The deputy manager told us, "There's storage for everything. Everyone has their own room; there are a number of communal areas where people can choose to spend their time." This meant that people's individual needs were being met by the adaptation, design and decoration of the service.

Good

Is the service caring?

Our findings

During the inspection we observed many examples of friendly and good natured interaction between staff and people living at the home. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying. We saw people were clean, tidy and presentable. They were dressed appropriately and clothing was clean and un-creased. Hair was combed, nails trimmed and clean and the men shaved and well groomed. This indicated that staff had taken the time to support people with their appearance.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of their care; for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and we saw they were checked at regular intervals to identify if they needed any support. People who were supported to move around the home in wheelchairs chose where they wished to sit in the communal areas so that they were able to see the television or look into the dining area or garden.

We observed that staff had good relationships with people. Staff demonstrated empathy and an understanding of people's support needs and challenges. Where people required specialist equipment to move, staff reassured the person and talked them through the procedure. Throughout the intervention, staff provided the person with constant reassurance.

Feedback from people and their relatives was mostly positive in relation to staff approach. Comments included; "The staff are nice, you can talk to them," "Very friendly staff, they treat me well" and, "Staff are alright, rushed off their feet a lot but they are all okay." Relatives also gave positive feedback in relation to staff who worked at the home. Comments included; "Staff are fantastic, friendly and caring," "They are considerate to the residents and to you, you cannot fault any of them," "Staff are helpful, very kind and loving towards the residents, they get lots of hugs and kisses," "The staff are wonderful, very friendly and welcoming. I went for six months to another home to visit my relative and they never knew who I was. I come here and it's like meeting friends. It's like my relative is a person again. They treat my relative like a gentleman."

People were treated with dignity and respect and their privacy was maintained. One person said, "The staff support me in my room, never in the main areas. They cover me up when helping me with personal care." Another person said, "My appearance is important to me and the staff know this. They always ask me what I want to wear." Staff were able to give examples of how they supported people to maintain their privacy. Staff told us they ensured doors and curtains were closed and people remained covered whilst having personal care. One staff member said, "We take people to their rooms when we are supporting them with personal care. We also make sure that we always ask the person what their preferences are as much as we can. That includes what they would like to wear and how they are going to spend their day." Staff told us

when visitors came to see their relatives they were encouraged to have time in private if they wanted to. We saw staff were respectful in how they spoke to and about people. Staff were discreet when asking people if they needed help and we saw discussions about people's needs were done in private.

We found care plans were written in a respectful way and provided staff with clear guidance on how to deliver care in the way the person wanted. For example, with their continence needs. Care plans gave specific information to staff about how to communicate with people to enable them to participate as fully as possible in their personal care. This showed people were treated with dignity and their right to privacy was upheld.

Good

Is the service responsive?

Our findings

We received mixed feedback about the availability of activities within the home. The majority of people we spoke with told us they felt there were opportunities to get involved in activities. However, two people we spoke with told us they did not have anything to do during the day. Relatives we spoke with told us they observed activities being facilitated at the home. They also told us that their relatives were encouraged to continue with hobbies they had previously enjoyed, this included knitting. There was an activity coordinator in post however, they were new to the post. They had previously been employed as a care worker at the home and felt that their relationships with people helped them to develop a range of activities based on people's interests.

During the inspection, we saw staff engaging people in one to one activities. They were supporting people to read the newspaper and having discussions about current affairs. The home had a lot of resources available such as books, board games and craft materials to engage people. We saw there were a number of planned activities already taking place at the home. These included regular entertainers visiting the home and a planned visit from the children of a local school to sing carols.

We recommend that the provider takes action to improve the availability of activities and opportunities for all people to engage in them.

People received personalised care from staff who were responsive to their individual care and support needs. People were able to give us examples of how they had choice in their daily routines. One person told us, ''I get up when I want and I go to bed when I want. The staff will bring me a cuppa in the morning and when I'm ready to get up I just call for them.'' Another person told us, "I prefer to have my meals in my room as I like to watch my TV. The staff always make sure I get back to my room in time and if I need any help I only have to say."

Records we reviewed showed that each person's needs were assessed prior to moving into the service. The assessment aimed to include as much information as possible about the person's needs and life so that the service could be sure they could meet the person's needs and preferences. Care records contained a variety of information and a range of assessments and care plans about people's individual health care needs and their preferences.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were discussed each day and staff supported people to make their choices. Staff were seen sitting with people talking about meals to help people to make a choice.

The service was responsive to people's individual care and support needs. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately. Staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified

preferences. Each care plan we looked at had been developed from the assessment of the person's identified needs. The people we spoke to told us they were not sure if they were involved in reviewing their care. However, all of the relatives we spoke with told us they had been involved in the development and review of their relatives care plans.

People and their relatives told us they knew how to make a complaint. One person said, "I have no complaints but if I did I would speak to the registered manager." A relative told us, "I have never needed to make a formal complaint. I have spoken to staff on one occasion when clothing went missing and they got it sorted straight away. They are all pretty good at sorting things out." We saw there was information available to people and visitors which showed how to make a complaint. The registered manager told us they were always available to people and would discuss any concerns they had. We saw there was a complaints policy in place and where a complaint had been received an investigation had been undertaken and a response given. We could see action was taken to learn from complaints. This showed the registered manager had a system in place to respond to and learn from complaints.

There were systems in place to support people at the end of their life. Records we reviewed showed that people had opportunities to discuss their preferences if they so wished. We could see people had discussions with staff and their wishes were documented in their care plans. The registered manager told us there was one person currently receiving end of life care. We discussed the person's plan of care for their end of life. Both the registered manager and staff were knowledgeable about the persons preferences and wishes. Staff told us they understood the importance of discussing people's preferences and said where someone was at the end of their life a plan would be put in place. This ensured people were supported with dignity and in the way they wanted.

Good

Is the service well-led?

Our findings

There were two registered managers in post at the time of our inspection, one of whom was not directly involved in the day to day management of the home. However, they were still responsible legally for the service meeting the fundamental standards of care but they had a focus on the governance of the service. The second registered manager was a registered nurse. They described to us that their role was to manage the day to day running of the service. This included staff management and ensuring that high standards of care were maintained.

People and their relatives were mostly positive about the registered manager who was directly involved with the day to day operation of the service and said they liked the way the service was run. They told us the service was well run, the culture was open and honest and most knew who the managers and provider were. They told us the provider was friendly and approachable. Relatives we spoke to were also complimentary about staff who worked at the home. We received a number of positive comments about the deputy manager. Comments included, "(Name of deputy manager) is very keen if my relative is under the weather, she talks and explains everything," "(Name of deputy manager) takes time to explain every detail, any problems you can go to her, she will take you to the office and talk to you." One person and all of the relatives we spoke with told us they felt they were involved in the running of the home.

The provider sent out annual satisfaction surveys to relatives and friends of people living at the home. Feedback from the May 2017 survey was positive. Comments included, "Everyone is really friendly and all of the service users are very well cared for" and "Overall quality of care is really good, staff have quality relationships with mum and provide care that usually meets her needs and keeps her smiling."

Staff we spoke with described there being an open culture within the service, and said they would not hesitate to report any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and were able to contribute towards the development of the service. They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil, such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Records were stored confidentially. We saw care plans and staff personnel files were stored in locked cabinets with only the registered managers and deputy manager having access to the keys. This meant people's information was being held securely.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered managers were supported by a deputy manager and a team of motivated staff. Staff understood their responsibilities and each day a daily allocation sheet was used to clearly identify which staff member was in charge of the shift and who was responsible for supporting each person.

The registered manager and the deputy manager carried out auditing checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicine records and health and safety. Any concerns with the quality checks were recorded and included how they had made improvements and any actions taken for future learning.

The registered provider worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

The registered manager had appropriately notified the Care Quality Commission of any incidents and significant events as they are legally required to do. They had notified other relevant agencies of incidents and events when required. They were also aware of their responsibilities, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.