

Roseberry Care Centres GB Limited

Long Meadow

Inspection report

Bakewell Road
Matlock
Derbyshire
DE4 3BN

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Long Meadow on 31 May 2016. This was an unannounced inspection. The service was registered to accommodate up to 40 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 37 people living in the care home.

At our last inspection on 2 October 2013, we found that where people were unable to make informed choices about important life decisions, their best interests were not always being fully considered. Following that inspection we asked the provider to send us an action plan detailing when they were going to meet this standard. At this inspection we found the necessary improvements had been made and no further concerns were identified.

A registered manager was in post, although not present on the day of the 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.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

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 person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff on how keep people safe and there were sufficient 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.

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

Medicines were managed safely in accordance with current regulations and guidance by staff who had

received appropriate 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 being 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'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.

Quality assurance audits and a formal complaints process were in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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.

People were protected by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met. Medicines were stored and administered safely and accurate records were maintained. Risk assessments relating to people's care were comprehensive and kept up to date.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People's relatives spoke positively about the kindness of the registered manager and care staff. Staff spent time with people, communicated patiently and treated them with dignity and respect. People were involved in making decisions about their care and their choices and individual preferences were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager, they were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. Quality monitoring systems helped drive improvement and ensure the care provided reflected people's needs.

Long Meadow

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor (in dementia care) 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. They had experience of a range of care services.

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 improvements they plan to make. We also looked at other information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people who lived in the home, one relative, one health care professional, three care workers and a regional manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said that they felt safe and very comfortable at Long Meadow. They were happy with the care staff and had no concerns about their safety or with any of the other people living there. One person said, "I like all the staff here. They look after us, keep us safe and I get on very well with them." Another person told us, "Oh yes, I love it here and have no worries." Relatives we spoke with also had no concerns regarding the safety and welfare of their family members.

People and relatives we spoke with thought there was sufficient staff to attend to their needs. They said they had no concerns and staff always came readily when asked for help. We asked people if care staff were always readily available when needed. One person told us, "Oh yes ... no problems there. It's a well-run place." Another person told us, "If you need someone, there's always someone there." We asked one relative whether they felt their family member was safe. They told us, "Oh yes. Actually I would happily come here myself... I really would." Another relative of a person, identified as being at risk of falls, described the care staff as being, "Very alert to this now and I feel confident they know what they are doing." They also spoke very positively about the service itself. They told us, "It's definitely a place I would recommend." Throughout the day we observed friendly, relaxed and good natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required. This demonstrated there was enough staff to meet people's care and support needs in a safe and consistent manner.

The regional manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. On the day of our inspection, there were 12 people on Meadow View, the designated dementia care unit. Two care support workers were on duty in the morning, with a senior care worker, who was working between the two units. Staff told us they often worked a 12 hour shift pattern and confirmed that when necessary additional cover would be provided to meet specific needs. For example, on the day of the inspection, an additional care support worker came on duty for a 2.00pm-9.00pm shift to enable a person to be escorted to a pre-arranged hospital appointment. The regional manager confirmed that during the night four staff were on duty, across the service, this comprised of one senior and three care support workers. They also told us there were management on-call arrangements in place. This was supported by duty rotas that we saw. The care staff on Meadow View explained that each day the care staff were either allocated to Meadow View or to Long Meadow. They told us this was introduced by the registered manager, "So all staff get to know all the residents really well." They said this worked well and enabled cover has to be provided between the teams when there were any staff absences.

People and their relatives were satisfied with the way in which medicines were managed. We saw there were two medicine trolleys, one for each unit. A senior care worker told us that, when not in use, both were kept locked together in a secure room. One relative we spoke with said there had recently been a problem with a particular medicine prescribed by the GP for their family member, who had not responded well to it and "seemed to be going downhill fast." They told us, "I was very impressed by just how quickly the staff responded to sort the problem out, with the GP. And I'm pleased to say [family member] is now much

improved."

The regional manager told us all staff involved in administering medicine had received appropriate training. We spoke with a senior care worker regarding the policies and procedures for the safe storage, administration and recording of medicines. They confirmed that, "Only seniors deal with medication" and said everyone with responsibility for dealing with medicines has received the necessary training and their competency was regularly assessed. This was supported by training records we were shown. During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been accurately completed. This demonstrated that medicines were managed safely and consistently.

People were protected from avoidable harm as staff had received appropriate training. Staff had completed training in safeguarding adults and received regular update training. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

We looked at a range of personal and environmental risk assessments, including communication, falls and health and safety, which were comprehensive and well maintained. We also saw that, in the interests of safety, the staircase leading to Meadow View and certain rooms, including the laundry and storeroom were also only accessible via a key code pad. A member of staff told us that people's bedrooms were left unlocked unless they requested them to be locked, and some people had their own key. One person offered to show us their room and was observed using their own key.

All areas of the premises were well maintained, very clean and readily accessible throughout. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People and their relatives said they thought the home was clean and well maintained. One person told us, "It's always nice and clean here." Another person said they felt the home was "Clean enough." A relative we spoke with commented on the attention which the carpets in particular were given, to keep them clean and odour free. Another relative told us, "We've never had any concerns about the hygiene or cleanliness here and the carpets are always well cleaned." We spoke with two of the domestic staff who described how supportive the Housekeeper (their Head of Department) was. They said there was an agreed cleaning schedule for daily, weekly and periodic deep cleaning. They told us the weekly schedule included, "Cleaning carpets, the insides of the windows, furniture, skirting boards and the top of wardrobes, periodic deep clean

of carpets. The residents are moved upstairs when this happens. They said the outside of the window were cleaned by a contractor. During the day we observed the domestic staff completed the cleaning schedule and saw their records were comprehensive and up to date.

Throughout Meadow View, we saw handrails in the corridors and within toilet and bathroom areas, to help promote safe mobility. During the inspection we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available to provide any help or reassurance, as required. This helped to ensure the safety and welfare of people at Long Meadow was maintained.

Is the service effective?

Our findings

At our last inspection on 2 October 2013, we found that where people were unable to make informed choices about important life decisions, their best interests were not always being fully considered. During this inspection we saw necessary improvements had been made, with the introduction of consent forms and documentary evidence of best interest meetings.

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). We checked whether the service was working within the principles of the MCA. The regional manager confirmed that, following individual assessments there were two DoLS authorisations in place and we saw the appropriate documentation in place to support this.

The regional manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. During our inspection we observed staff regularly checking people were happy with a particular request or activity, such as their choice of snack or music to listen to, rather than just assuming understanding and consent.

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and were confident in the staff and the support they provided. One person told us, "The staff are marvellous. They know what they're doing – and they do a good job!" A relative we spoke with told us, "I think the staff are wonderful. They pick up on things...they don't wait till someone is ill but act really fast." Another relative described one senior care worker as, "Always on the ball." Another relative told us, "This is a lovely place." This view was shared by another relative who told us, "I think it's absolutely ideal here, it's small and homely and you couldn't wish for nicer staff' ...even the agency staff."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The regional manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported through discussions with staff and by training records we were shown.

One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone. Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Really helpful and supportive" and "Very approachable." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance.

All staff had received dementia training last year which was delivered by an external company on site, and they received a certificate of completion. One member of staff described the training as, "Very good quality. ...made you realise there is a lot more to it and more you can do to help them."

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. The regional manager told us that input from other professionals was provided from the local health and social care services, including GP, District Nurse, Social Worker, Speech and Language Therapist and Dietician. One person told us, "I've seen my GP several times ... he just gives me the tablets to take!" When asked if any health issues were followed up, one person told us, "Oh yes, I went across to the hospital the other week." Another person told us, "Definitely, I can always see a GP quickly if I need to." On the day of the inspection, we observed a person being taken for an x-ray to a local hospital, escorted by a care support worker, with relatives also in attendance. On Meadow View, a relative told us they had organised for an optician to come in to see their family member, which had worked out better for them, as taking them out to an appointment would have been "Too distressing for him."

We observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. A member of staff told us there were usually two choices available, one of which was vegetarian option and special dietary needs were provided for as required, for example higher calorie, diabetic or gluten free meals. They confirmed a dietician could be accessed, if required, via the local health services, based at the nearby hospital. People said they were satisfied with the quality food provided. One person told us, "I really like the food here. We've got a new chef now, who's very good." Another person told us, "The food's very good ... no complaints there at all." We asked people about the choice available. One person told us, "They've started issuing menus again, that's something we needed ... we've just had one today." They went on to say, "There's always an alternative; I get vegetarian meals at lunch time and could have had quiche and vegetables or salad." We spoke to a relative about the standard of the food provided. They told us, "The meals are fine ... brilliant! People are never rushed to eat their meal and they seem to have plenty to eat. My [family member] has actually put weight on while she's been in here."

We observed lunchtime to be a calm, sociable and unhurried occasion, with people sitting quietly or chatting to one another over their meal. We saw people were not rushed to eat their food and were able to go at their own pace, with occasional prompting or discreet assistance provided by staff where necessary. We heard the cook ask one person, "Have you finished with that [name] ... would you like me to take it away? Would you like some pear crumble? This friendly good natured interaction continued and the person said how nice the crumble was and the cook responded with, "I'll get you some more if you like?" He returned with another bowl and fresh spoon and said, "There you are, enjoy." This was a good example of friendly, person centred care.

Care staff told us they actively encouraged people to bring in personal items, which we observed, such as cushions, paintings, flowers, books and photographs of relatives, friends and pets. One person had their

organ in their room which we were told they enjoyed playing from time to time and another person had a large volume of books in their room, which they were proud to show us.

We observed many thoughtful examples of dementia friendly initiatives. These included plain walls with contrasting handrails and skirting boards; plain carpets which provided a contrast from the wall colour; no slippery or reflective floor surfaces; good lighting; Contrasting colour surround for light switches in residents rooms, large clocks in both the lounge and dining room areas. On the day of the inspection, there was ongoing maintenance and decorating taking place. This work included fixing new bedroom door signs, which a space for the person's name, the word 'bedroom' in large print and a picture of a bed. Memory boxes were in the process of being fixed in place outside each person's bedroom door containing personal items, such as paper flowers, photographs of relatives and animals and religious symbols. This demonstrated the service was committed to providing dementia friendly care, in line with best practice.

Is the service caring?

Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the registered manager and staff. People spoke enthusiastically about the care they received and said staff were kind and caring. One person told us, "The staff can't do enough for us. They're very kind and they all do their best." Another person told us, "Oh yes, the care's very good, no bother. All the staff know us and they're very good to me." We asked one person to give us an example of why they thought staff were kind. They told us, "We had a resident here recently who was a bit unruly and the staff couldn't have been kinder and they treated them so well ... I wouldn't have the same patience."

A relative described how the staff had taken the time to get to know their family member well and told us, "The staff are lovely, so kind and caring. They treat everyone here with such friendliness." Another relative told us, "The staff are very patient and caring and just so considerate. They treat all the residents as individuals, which is so important."

During our inspection we observed staff were visible throughout the day, spending time with people, watching out for them, assisting them when necessary and calmly and cheerfully responding to their needs. We saw care staff discreetly supporting people with personal care, including accompanying individuals to the toilet and washroom. We observed staff were engaged in friendly and good natured interaction with people

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the home.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited.

People had their dignity promoted and the provider and staff demonstrated a strong commitment to providing respectful, compassionate care. People we spoke with felt their privacy and dignity were respected by the care staff. One person told us, "Oh yes, they always knock on my door here ... no one ever just marches in." A senior member of staff told us, "Residents are treated as individuals here, with dignity and respect. For instance, we would never discuss a resident's care needs in front of anyone else This helped

ensure that people had their privacy and dignity respected.

Is the service responsive?

Our findings

People received personalised care and support that reflected their wishes and met their needs. People we spoke with said they were supported to make choices about their day to day lives and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "Oh yes, they [the staff] all know us and know what we like."

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. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

One member of staff explained that people's individual care and support needs would always be assessed before they moved into establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. 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 and consistently to meet those needs.

The staff we spoke with knew people well, their likes and dislikes and personal preferences for how they wished they care to be delivered. People and their relatives told us they were involved in the discussions and planning of their care and support. Three of the care plans we saw were signed by people or their relatives, to confirm their involvement and agreement with the support which was provided and how their individual care was delivered.

Individual care plans, including risk assessments, had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines, this included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

We were told by the regional manager that there were two part-time activity coordinators covering six days per week, between them, including Saturdays. They said Monday was normally the day not covered and when an activity co-ordinator wasn't working, care staff were allocated to provide activities in the

afternoons. On the day of the inspection, there was no activity coordinator on duty in Meadow View and we observed care staff initiate a singing activity with several people in the morning. A poster displayed on a 'Welcome to Meadow View' noticeboard entitled 'Residents Activities,' showed an activity plan for a five day period- Monday to Friday - with morning sessions scheduled 10.00am-12.00noon and afternoon sessions scheduled 1.30pm-3.30pm. Activities shown on the programme included ball games, crafts, art/drawing, coffee morning, jigsaws, bingo and a 'sing along afternoon', chair exercises and a regular visit from children from a local school. People we spoke with said they enjoyed the singing and another said they enjoyed going out for lunch with their relative. Relatives we spoke with said the coffee morning was popular with residents and relatives, and felt the link with the local school was very positive. We also saw that a popular gardening project had recently been introduced by the new registered manager, who people and relatives described as being, "Very positive" and "Full of new ideas."

People and their relatives were aware of the complaints procedure and felt confident that any concerns or issues raised would be listened to and acted upon. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. This demonstrated the service was responsive to people's identified care and support needs.

Is the service well-led?

Our findings

There was an effective management structure in place and staff were aware of their roles and responsibilities. A relative told us, "The new manager is like a breath of fresh air." Another relative described the new registered manager as, "Very good at his job and takes time with people'...he had even got people cake making...'everyone likes [registered manager]." Another relative we spoke with told us, "The home is run fantastic ... but the manager has been absent for a while ... he was brill!"

Care staff spoke positively about management and the culture within the service. People and their relatives spoke positively about the registered manager and said they liked the way the home was run. Staff we spoke with said they felt supported and were able to approach the registered manager about any concerns or issues they had. They also said they were aware of the whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

The regional manager explained the importance of ensuring staff were actively involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Staff we spoke with had confidence in the way the service was managed and described the registered manager as "approachable" and "very supportive." We saw documentary evidence of staff receiving regular formal supervision and annual appraisals. Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. They were aware of their roles and responsibilities to the people they supported and said they would have no hesitation in reporting any concerns. They were also confident any issues or concerns raised would be listened to, and acted on appropriately.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, 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 took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits had been drawn up in areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the management team was able to compare what is actually done against best practice guidelines and policies and procedures. This helped to drive improvements in service

provision.