

Buckland Rest Homes Limited

Greenbanks Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenbanks Care Home is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. Greenbanks Care Home can accommodate up to 30 people in one adapted building. The home provides accommodation over two floors and there is a lift available to access the first floor.

People's experience of using this service and what we found

Most staff were trained to a good standard, however not all care staff had attended catheter care training. We made a recommendation about this.

Peoples care and support plans contained some minor incidents of conflicting information. This was corrected following the inspection and did not impact on people. Medicines were managed safely.

Most people told us there were enough staff to meet their needs and documents demonstrated this. There was good planning and provision of meaningful activities for people.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy living at Greenbanks Care Home and told us they felt safe. They were positive about the food and were supported to access health care professionals to maintain their health and wellbeing.

The provider had effective governance systems in place to identify concerns in the service and drive improvement.

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

The provider was responsive to our feedback and took immediate action to make improvements in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Greenbanks Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and one Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greenbanks Care 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to five people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the home manager, care workers, an activities coordinator, a chef, the head of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three professionals who regularly visit the service. We reviewed a range of records. This included the care and medicine records for 16 people. We also looked at three staff recruitment records, six staff supervision records and records relating to the quality and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies as well as additional documentation provided to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider failed to ensure that satisfactory safety checks were completed on staff prior to commencing employment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked however, not all staff had written the month of their employment, this meant that the registered manager may not be aware of some gaps. We discussed this with the registered manager who took immediate steps to resolve it.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- Two people told us there were enough staff and one told us there is, "Not enough staff." Relatives felt staff levels were short at the weekends. We reviewed the rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.
- Regular agency staff were used on a regular basis and people told us they were part of the team.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives consistently told us they felt safe. One person told us, "Yes I feel safe here, they watch me like a hawk so that I don't fall" and a relative told us, "I feel [person] is safe here, it's so homely, they have bed rails and they are always checking them. I wouldn't have them anywhere else."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. The registered manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated that this occurred.
- Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to. One staff member told us, "I would go straight to head of care first then to my manager. They would investigate and report to CQC and safeguarding authorities."
- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans

contained basic explanations of the control measures for staff to follow to keep people safe.

- People's records were checked to monitor the information was up to date and accurate however, we identified some care plans and risk assessments contained some confusing and contradictory information. We talked to the Registered manager about this and they took immediate action to rectify this. They told us they were in the process of reviewing all care plans. We found no evidence that people's safety had been impacted.
- The provider had quality assurance procedures in place to check the safety and effectiveness of the service. A range of audits were undertaken such as, fire safety, medicines management, kitchen and care plans. These enabled the registered manager and provider to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- Following the inspection, we were contacted by a professional who told us on their recent visit they noticed scissors had been left on a desk in the lounge and they had observed a wire hanging down from the ceiling in the new lounge. We spoke to the registered manager about this who told us that the activity coordinator had been supporting people with craft work when another person required support. The activity coordinator had put the scissors down to support this person. The registered manager has dealt with this situation, no harm came to anyone and this will be monitored more closely in future. The registered manager told us work men had left a wire hanging for the ceiling during building works the day before the professional visited however, this was out of reach of people and they have spoken to the workmen who have secured this wire to the ceiling to reduce any risk to people.

Using medicines safely

- People and their relatives told us that they received their medicines as prescribed. One person said, "I get my tablets at the same time every day."
- Staff told us, and documents demonstrated they received medicines training and had their competency checked to ensure their practice was safe. A staff member told us about some recent comprehensive medicines training they has received. This training included; how medicines should be administered, the completion of medicine administration records (MAR) and actions to take if a medication error occurred.
- During the inspection, we observed staff supporting 16 people with their medicines in a safe and unhurried manner. They wore a red tabard to highlight they should not be disturbed during the medication round. We observed good practice and staff demonstrated they had good knowledge of people needs.
- Procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely. There was a medicines champion for the service and they were committed to ensuring best practice guidance was followed and MARs were accurate.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The service was as clean and tidy as it could be, with current building works taking place. It was odour free, the registered manager had effective systems for prevention and control of infection in place.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The registered manager told us, "I investigate, ensure that people are safe, communicate to all who need to be involved, holding hands up sometimes learning from experience. I review and analyse for trends. When we see trends alarm bells ring." They told us they make further investigations to try and reduce levels of incidents.
- The registered manager told us they were a great believer in reflective practice. They said, "We explore any examples of changes made because of complaints/incidents/feedback. We share CQC reflective practice notes, asking what we could have done better, getting together as a group. Sharing skills. We also discuss in staff meetings and sometimes informally at handover."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received four supervisions a year in line with their policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time.
- Staff received a variety of training including, falls prevention, fire safety and safeguarding. Some staff had received dementia training, however only four people had received catheter training. There were people living at the home who required support with a catheter.

We recommend the provider ensure that all staff received reputable training to support each person's specific needs.

- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. People and their relatives told us staff were well trained. One person told us, "They are well trained, and they are given training in a room here. If they don't know they will always ask a senior person who can help. When they put me to bed, they know exactly how to support my back."

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

- People's dietary needs were met. People were provided with a nutritious and balanced diet. People were provided with a choice of meals and drink. Additionally, a range of snacks and drinks were available for people to help themselves to in the lounge, throughout the day.
- People were positive about the food on offer. One person told us, "Lovely food and we do have a choice. Even if you come down late you get a lovely breakfast. We can have snacks and drinks anytime." A relative said, "My [relative] is not keen on eating at all at the moment. The staff are very good at trying all sorts of different foods."
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of where to eat. At mealtimes there was a 'happy hour' where people could choose from a small selection of alcoholic beverages and mocktails.
- The catering manager was aware of people's SaLT guidelines which were described on charts kept in the kitchen and were in place for every person. These charts included any professional guidance, people's likes and dislikes as well as any medical requirements. For example, one person required a gluten free diet. Their food was kept separate and a toaster had been purchased specifically for making gluten free toast. Food ingredients were broken down every day, so the kitchen staff could ensure people's allergies were catered

for.

- While we did not note any concerns during our inspection in relation to eating and drinking, we were contacted by a professional following the inspection who told us they had witnessed a staff member attempting to feed a person with food that was not suitable for them. We spoke to the registered manager about this who told us that this person does not have a current Speech and Language Therapy (SaLT) plan in place and has never had a choking incident however they were offering a pureed or minced and moist diet to this person on days when they were unable to maintain a good posture like the day of the professional's visit. The registered manager told us they had spoken to the staff member who was offering a mushroom to this person and this has now been resolved. They also told us the SaLT team had been in contact in response to a referral the registered manager had made six weeks prior to this incident. The SaLT team advised to offer a pureed diet or minced and moist diet. The registered manager has sent us a copy of the SaLT report.

Adapting service, design, decoration to meet people's needs

- Although the service needed redecoration and modernisation in places, it was warm and welcoming. The provider had a modernisation plan in place and building works were taking place at Greenbanks Care Home. People and staff told us they would be glad when the building work was completed however, could see the improvements that were taking place and understood the need for it.
- People and relatives were kept updated about the building work, we saw an addition of a new cinema room where people could meet their family privately or people could meet to watch a film. Some bathrooms had been newly renovated and there had been an addition of two more bedrooms.
- Most areas of the service were homely however, we observed a staff station including desk and computer positioned in the lounge, posters for staff were on the wall by this and in some other areas of the home.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.
- Efforts had been made to make the home dementia friendly. However, we found this could be further developed in line with best practice guidance. Some use of contrasting colours, for example brightly coloured bedroom doors were in place with door knockers and people had a picture next to their doors depicting things they enjoy and items of interest to the person. This could further be developed to include coloured toilet seats, coloured crockery and light switches. There were some reminiscence and comfort items around the home. The registered manager told us they would look at guidance and best practice and would consider additions to ensure the environment was suitable for people who lived with dementia.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access services to maintain and improve their health. During the inspection process, we observed that joint work between the service and an external healthcare team provided positive results for people.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary. The registered manager provided the GP with a comprehensive handover and list of people who needed to be seen listed in order of priority including EOL care and any recent falls.
- Healthcare professionals including the GP and community nursing team who visited on the day of the inspection were positive about the way the service worked with them to provide effective care for people. Their comments included, "Communication between them, the GP and the surgery are very much improved, they are motivated to make things better," and, "They are safe, certainly more than they were before, there has been an improvement in the amount of staff here."
- Staff told us they worked well as a team and the registered manager felt that team work was improving. Staff took part in daily handovers and communicated well with each other to ensure good outcomes for

people.

- The registered manager told us they work with other agencies, "Openly and transparently." They told us communication is key and being friendly and accepting criticism helped them learn and reflect on areas for improvement."

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

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

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. 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.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- DoLS authorisations were in place or had been applied for when people required them. No one had any conditions associated with their DoLS authorisations.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. Staff knew who had a DoLS authorisation in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Records demonstrated, and the registered manager confirmed that people were initially involved in the implementation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One relative told us, "I have been to meetings about their care" and another relative told us they were always being invited to reviews.
- People told us they had choice and control over their care and daily lives. We observed people being given choices throughout the inspection. A relative told us, "I think everyone is lovely and always looking out for my mother. Everyone treats her like she was their mum."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were always treated with kindness and were positive about the staff's caring attitude. One person told us, "The staff are all very kind" and a relative told us, "I think the staff are wonderful. [Person] is always spotlessly clean. They are marvellous."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The registered manager and staff told us that they aimed to ensure people's equality, diversity and human rights needs were supported and respected. They did not always ask questions about all protected characteristics during the assessment stage however, they told us they ensured they looked at specific needs during care planning. The registered manager sent us an updated assessment document following the inspection which covered people's protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One person told us, "The staff always ask before they care for you and they always knock at the door."
- Staff respected and promoted people's independence. For example, we observed a staff member offering verbal support and encouragement to a person who was walking using a frame. Some people requested female only carers, and this was respected.
- Staff had a good understanding and were enthusiastic in supporting people to maintain their dignity and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were reviewed monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Most care plans were detailed however, some care plans had conflicting information. Despite this staff were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. We spoke to the registered manager about this and following the inspection these were corrected.
- Staff used an electronic care planning system, a care worker showed us handheld devices which relayed important current information to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, some information was available in large print and photographs were used a lot in the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a range of activities, both within the home and externally. Activities available to people included social events, arts and crafts, puzzles, guitar and singing. One person told us, "I like most of the activities. I enjoyed the outing to the garden centre. I sometimes go to the church service." The activity coordinator told us, "I make sure I visit everyone in their rooms when they don't come down." There was also a flautist playing during the inspection who visited people in their rooms.
- Relatives and friends were actively welcomed at any time and were always made to feel welcome.

Improving care quality in response to complaints or concerns

- Most people told us they did not have cause to complain. Only one person we spoke to had made a complaint and they told us it was put right. Relatives told us the management team were always accessible and they would raise any issues with them. They were confident it would be taken seriously and acted on. One relative told us, "I did have a problem once, it was dealt with immediately. I was satisfied with the outcome."

- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. Documents demonstrated that complaints were managed in line with the provider's policy and resolved in a timely and satisfactory manner. Records showed that when concerns were raised verbally they were investigated and addressed for people.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training. One relative of a former resident contacted us and told us, "The respectful death he was given was wonderful, they explained the whole death process and we weren't frightened because we knew what to expect."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The previous performance rating was not displayed in the home. We spoke to the registered manager about this, they told us, "It was in place on the front door, we have someone who removes paperwork sometimes." The registered manager printed another copy of the ratings and replaced them on the door in a prominent position. Ratings were displayed prominently on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider and registered manager had failed to notify CQC about a few incidents in line with their responsibilities under the regulations. A notification is information about important events which the provider is required to tell us about by law. Failing to send these notifications was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection documents demonstrated that notifications were now being sent for all important events and was no longer a breach.

- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they received personalised care and were happy with the service. One person told us, "I know the manager; I think the home is well managed" and another person said, "The manager is around a lot." A relative told us, "I can't praise the manager and her team enough; the door is always open." The culture of the home was positive.
- Staff said they enjoyed working at Greenbanks Care Home and felt supported by the home manager and the registered manager. Comments included, "The management are passionate about the home, about the

staff and about the residents, that is what this job is about, you have to be passionate", "I feel supported, I am very lucky actually" and, "It is a lovely place to work, I am more comfortable here than at my last place."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, 73% of people who completed the providers quality assurance questionnaires felt they were encouraged to make suggestions. To help improve this figure the home implemented a suggestions box.
- People and their relatives attended meetings, and this helped to keep them informed about the service.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported, the policies covered the subject of gender, religion and personal and sexual relationships.
- We observed that people and staff were treated fairly and individually respected. People and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, this was confirmed by visiting professionals we spoke to during the inspection.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by reading briefing minutes, notice boards, training, newsletters, CQC website and sharing information across group homes to ensure people received positive outcomes.
- The registered manager responded and acted during and after our inspection to rectify some of the shortfalls found and following the previous inspection had worked to meet the regulations that they were not previously meeting.
- There was a clear action plan is put in place to address concerns found in audits and from feedback and this evidenced continuous improvement.