

Sunrise Senior Living Limited

# Sunrise of Edgbaston

## 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

The comprehensive inspection of this service took place on 1 and 2 February 2018. It was unannounced. At our last inspection of this service in 2015, we found it to be Good in all the key areas.

Sunrise of Edgbaston is a Care home with Nursing and can accommodate up to 98 people, up to five of whom might be living there short term. At the time of our inspection, 68 people were living at the home. Sunrise of Edgbaston 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.

People were protected from potential abuse by staff as they were trained and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks, which staff understood and followed. There were sufficient staff that had been recruited safely to support people when they needed it. People received support to have their medicines as prescribed. There were systems in place to learn from incidents and when things went wrong to avoid this happening again.

People had their needs assessed and were supported to meet them by trained and knowledgeable staff. People had their nutrition and hydration needs met and had an enjoyable mealtime experiences with lots of choice. The building was purpose built and designed to meet people's needs by having many small quiet areas for people to use if they so wished. People were supported to access health professionals to maintain their health and wellbeing. People were supported to have a good level of choice and control of their lives and staff supported them in the least restrictive way possible. There were policies and systems in the service supported this practice.

People had good relationships with staff, were supported in a kind, caring, and compassionate manner. People made choices about their care and support and were involved in decision making. People were supported in a way, which maintained their dignity, and staff were respectful.

People had their preferences met and staff understood people's needs.

There were opportunities for people to follow their interests and take part in a wide range of activities.

People's communication needs were considered and they had support to follow their religious beliefs and cultural practices. People understood how to complain and complaints were responded to in line with the provider's policy. People had good care but limited opportunity to take part in discussions about their preferences for care and support at the end of their life.

A registered manager was in post and people, relatives and staff found they were accessible. People and their relatives had an opportunity to have say in how the home was run. The registered manager had checks in place to assess the quality of the service people received and ensure the management of the service was effective. The provider had a vision for the service and plans in place to make continual improvements.

## 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 safeguarded from potential abuse and risks to their safety were managed well.

People received support from staff that were recruited safely.

People had their medicines as prescribed, and infection control measures were in place.

The registered manager had a process in place to ensure the service learned from things that went wrong.

### Is the service effective?

Good ●

The service was effective.

People had their needs assessed and plans were in place for effective support.

Staff were knowledgeable about care and received training and supervision.

People were supported to maintain a healthy diet and could choose their meals.

People had access to health professionals.

People were supported in line with legislation and guidance for giving consent to their care and support.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and staff were compassionate and caring.

People could make choices and were involved in decisions about their care and support.

People were supported to maintain their independence and had their privacy and dignity maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's preferences were understood and they were involved in their assessments, care plans and reviews.

People were supported to take part in activities and follow their individual interests.

People could be confident their complaint would be listened to and acted on.

People and relatives had limited opportunities for discussions about their wishes for end of life care.

**Is the service well-led?**

**Good** ●

The service was well led.  
People felt able to express their views, and felt listened to.  
Relatives were involved in the service.  
The registered manager understood their role and responsibilities.  
The quality of the care people received was monitored and the registered manager had checks in place to ensure people were supported effectively.  
The coordination between staff and other agencies was effective and people received consistent care.

# Sunrise of Edgbaston

## Detailed findings

### Background to this inspection

regulatory functions. This inspection checked 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 comprehensive inspection took place on 1 and 2 February 2018 and was unannounced.

The inspection team consisted of three inspectors and one 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, in this case dementia care. There was also nurse who had experience of working with people with dementia. As part of planning the inspection, we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan what areas we were going to focus on during our inspection visit. Before the inspection, the provider was asked to complete 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. The PIR was received within the correct timescale and we took this into account when we made the judgements in this report.

We spoke with eight people, three relatives and one health care professional. During the inspection, we spoke with the registered manager and deputy manager and eight staff who worked at Sunrise of Edgbaston. We used the Short Observational Framework for Inspection (SOFI), SOFI is a way of observing care to help us understand the experience of people who could not talk with us, and we also made informal observations throughout the days of the inspection. We looked at four care records, including pathway tracking four people. We spent time reviewing records, which included rotas, training and supervision lists, staff recruitment files, and audits.

# Is the service safe?

## Our findings

People and relatives told us they felt safe. One person said, "I do feel safe here very much so." Another person said, "Overall I do feel safe and I think the care is safe." Relatives told us, "I do feel that [my relative] is safe here and have never had any serious cause for concern." Staff we spoke with told us they understood safeguarding, a staff member told us, "We have had our safeguarding training."

Systems and processes were in place to safeguard people. The provider had a safeguarding policy in place, which gave information about the different types of abuse and staff members' roles and responsibilities when identifying and reporting suspected abuse. We found that all the staff we spoke with were very clear about how to report any abuse or suspected abuse. The staff team also demonstrated a good understanding of the whistle blowing procedure and clearly knew whom to contact if they felt concerns were not being addressed appropriately at Sunrise of Edgbaston.

The service had received a number of safeguarding concerns since the last inspection. We discussed these concerns in detail with the Registered Manager, and found that appropriate action had been taken in all cases. The provider had appropriately notified CQC of all safeguarding matters and had always provided further information about the concerns, their investigation and the outcome of their findings. This included lessons learnt to reduce the likelihood of adverse events happening again in the future.

Risks to people were managed well and people were kept safe. Care plans provided detailed information on people's identified risks associated with their health, care and medical needs. This included clear guidance to staff on how these risks affected people and the steps to take to monitor and support people in order to reduce or mitigate any risks identified. For example how to safely move people from their bed to a chair. One relative told us, "They handle [my relative] with care when they hoist him which is reassuring." Risk assessments were reviewed regularly or sooner where a change in a person's condition was identified.

We saw fire safety checks were carried out and weekly tests were conducted. We found people had individual personal evacuation plans and staff could describe these to us. These documents helped staff to know what to do in event of a fire. There were checks in place on equipment and the environment to maintain safety. For example, the call bell system, airflow mattresses, and window locks. There were also records of checks on hoists, lifts and wheelchairs. Electricity, gas and water checks were also in place and the registered manager audited these regularly. This ensured the environment was safe and suitable for people to live in.

Throughout both days of the inspection, we observed there was sufficient numbers of care staff available around the home to support people well. One person said, "If I call for them on my buzzer they come very quickly and there always seem to be enough staff, even at night." Another person told us, "There are enough staff if you need anything." Care staff did not seem rushed and were able to attend to people's need in a timely manner. The registered manager told us that staff numbers changed depending on the needs of people and that nurses were always available, as well as First Aid trained staff. We saw that staff had some time to spend with people socially and were not purely task focussed in their work.

The provider had safe recruitment processes in place that ensured staff that were recruited and employed were safe to work with vulnerable adults. A number of checks and assurances were required including criminal record checks (DBS), written references, and proof of identity and confirmation of nurses Nursing and Midwifery Council (NMC) registration and validation. The provider had ensured that the checks in relation to criminal records and registration with the NMC were renewed every year. We saw that sufficient

checks were in place and that staff were recruited safely.

We found that medicines administration was well managed. The process used for ordering people's monthly medicines to ensure that these were received on time and making sure people had their medicines when they needed them were clear and understood by all staff involved with this process. We looked at a sample of Medicine Administration Records (MAR) of people who used the service. There were appropriate arrangements in place for recording the administration of medicines. These records were clear and completed well. We saw that where there were gaps in the MAR recording these issues had been dealt with appropriately by the registered manager, and people had been kept safe. Sufficient stock levels of medicines required within the home were held securely and where medicines needed to be disposed of, there were procedures in place to ensure this was done safely and appropriately.

Controlled drugs were stored and managed appropriately. Staff who administered medication had access to information about 'As required' or PRN medicines. This information told staff when and how it should be given safely. A number of people received medicines, which were disguised in food or crushed. This is known as covert medication. When medicines had been administered covertly to people, we saw there were the appropriate agreements in place.

Records showed that all staff who administered medicines had completed medicines management training and that medicines competency assessments had been completed on an annual basis or before if there had been any concerns relating to the work performance of the staff member.

When we saw a medication round being undertaken, we noted that some staff left the medicines unattended for short periods. This was not safe practice. We also saw that they reused disposable plastic pots for several people's medicines without washing the pot in between uses. We brought these concerns to the attention of the registered manager who immediately ensured that the correct procedures were followed to keep people safe and to reduce the likelihood of cross contamination.

We found that people were protected from the spread of infections, and staff ensured that the home was clean and hygienic at all times. One person said, "I have to say that the laundry and cleaning of the home is excellent." All areas of the home were very clean and smelt fresh. We saw that a team of cleaning staff working discretely throughout the home during the day, and that they interacted well with people and formed part of the staff team. We saw that cleaning schedules were in place with a list of cleaning duties to be completed. We saw that chemicals and cleaning materials were kept safely locked away and did not present a danger to people. There was good hand washing facilities in resident's rooms, and communal areas with each room having an individual soap and paper towel dispenser. We observed that food hygiene standards were good and did not present any visible concerns. Sunrise of Edgbaston had been reassessed by Food Standards Agency in November 2017 and were awarded the highest rating of 5 stars.

There was also evidence that the equipment people used to assist them move such as slings, were for one persons' use only, and therefore reduced the risk of any cross infections. The registered manager carried out audits of infection control and we saw these were effective in keeping the home clean. People could therefore be confident that practices were in that place would reduce the risk of infection.

Senior staff told us the registered manager held discussions and undertook analysis when things went wrong. We looked at an example of how they undertook a detailed analysis after one person might have been admitted to hospital when this could have been avoided. This analysis resulted in changes that meant that people were safer in the future, and we saw that lessons had been shared throughout the home.

We noted that the provider recorded all accidents and incidents. All information relating to an accident or incident was recorded on an electronic system with details of the person, details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons that were learnt. The registered manager reviewed all accidents and incidents and these were shared with the provider. The reports were used to review all accidents and incidents for trends and patterns in order to implement improvements to prevent re-occurrences where possible. This system was replicated for other areas of learning such as falls, infections, and safeguarding concerns. These examples showed that the registered manager had processes in place to make improvements based on learning from when things went wrong.

# Is the service effective?

## Our findings

People and relatives were complimentary of the care staff, and felt that they were skilled and trained to carry out their role well. One person told us, "The staff appear to be trained enough for the care I need."

The service carried out comprehensive pre-admission assessments to ensure that they understood and were able to meet people's health, care and medical needs. We found that the assessments for people were person centred and holistic, looking at the person as a whole and considering all aspects of their lives. Assessments were completed with the person and in partnership with involved relatives and health care professionals. Where people were assessed to have specific health care needs which required the use of specialist equipment, the service ensured that the equipment was ready and available in time for the person's admission.

All newly recruited care staff attended an induction programme, and Care staff were then required to attend training in core areas. Records confirmed that all staff received training in these core areas, as well as additional topics such as dementia care, and first aid. Care staff told us that the level of training enabled them to do their job well, and we saw that the learning the staff had was put into practice within the home. Care staff told us and records confirmed that they received regular supervision and an annual appraisal. Sunrise of Edgbaston utilised the skills of 18 volunteers at the time of our inspection. We saw that all the volunteers had checks including a DBS or police check that made sure they were safe to volunteer at the home. We noted that the volunteers also had access to some training including fire procedures, and how the home ran.

Sunrise of Edgbaston continued to offer good mealtime experiences for people. Comments from people included, "The staff and the food are brilliant here." and "I always have a drink they provide and if I want one all you have to do is ask." On both days of the inspection we observed people had received their meals in a timely manner and care staff were available to support people with their meals where required. The nutritional aspect of the menus was organised by the company and ensured that meal choices were nutritious and balanced.

There was a good variety of food for people to choose. People were able to choose their meal of choice and preference from the menus that were available on the tables. We saw that where people, did not want the meal that they had chosen, this was taken away and alternative options were offered. We saw that meals looked appetising and overall people seemed to enjoy the meal that they were offered. Pureed meals were presented in an appetising way, and staff were aware of the types of food that various people could or could not eat safely. People's cultural preferences had been met and the registered manager told us of various people who had lived at the home in the past who were offered certain specific foods of their choice such as vegetarian food and dishes from their country of origin. Throughout the home, we saw snacks and drinks were available for people to access as they wished.

We saw the systems that were in place to provide consistent support to people. For example, we attended two meetings during the inspection. These meetings were attended by staff and managers who knew people well, and spoke of them respectfully and kindly. Actions from the meetings were recorded in order to be reviewed later. When people moved between services, the Registered manager ensured that immediate information and useful items went with them. We saw that there was a 'hospital bag' that contained the person's hospital password and personal toiletries in case admissions took place quickly. This helped to ensure that information and essential items went with people to keep them safe and comfortable.



Care plans were reviewed on a regular basis or more often if required. This ensured that they were current and reflective of the person's needs. People staff and relatives all told us that people were seen promptly by healthcare services. Staff knew how to refer people to a variety of health care services where specific needs or concerns had been identified. One person said, "If I need to see a GP then they will arrange that promptly for me." We saw these referrals included those to dietitians, speech and language therapists, physiotherapists, continence services and opticians. Records seen confirmed that referrals were made in a timely manner and people were seen by the appropriate professional where required.

Appropriate decoration and signage had been used around the home to support people living with dementia in order to meet their needs and promote their independence. The building had been designed to create more areas for people to meet and relax in and was decorated and furnished to a high standard. We saw that people had their own front doors to which they had keys if appropriate and safe to do so. Doors had numbers and name plaques and memory boxes outside for people to fill if they wished. We found that the home was calm and people were relaxed and looked at ease. All areas of the home were accessible by people including an outside patio area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

When people who lived at the home were considered to lack capacity, we saw evidence that a mental capacity assessment had been completed and a Deprivation of Liberty Safeguard authorisation had been made to the local authority. Where authorisations had been granted, this was documented within the care plan including details of any conditions that had been set. The registered manager held an overview of each person who had been granted an authorisation and the date it was due to expire so that re-authorisation could be requested. Care staff we spoke with were able to demonstrate a basic understanding of the MCA and DoLS and how these affected the care and support that they provided to people. The registered manager told us that where a person lacked capacity to make a specific decision, a multi-disciplinary approach, including family and friends, had been taken in order to reach a decision, which was in the person's best interest.

People and relatives confirmed that care staff always sought consent before undertaking any support task. Staff understood the need for obtaining consent from the person that they supported and throughout the inspection we observed care staff asking people's consent and offering them choices and options at all times.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. Comments included, "Largely the care is compassionate with loving concern." and "The staff are lovely." and "The staff are very pleasant."

We saw that people and relatives had good relationships with all the staff and managers at Sunrise of Edgbaston. While we noted that, the interactions were kind we did have a small number of comments from people that staff could not spend as much time with them as they would like. These comments included, "I am very aware that [the staff] have too much to do and they have no time to come and have a chat with me." and "The staff are very good but they have to go and do things all the while." We saw staff were caring in their approach. All the staff we spoke with were kind and caring in how they spoke about people with us. We saw examples of kindness throughout our inspection, such as one staff member kindly and slowly helping someone who was distressed. This meant people were treated with kindness and care by staff. Staff understood people's needs and preferences and knew information about their life histories. Staff recognised the importance of knowing people well and could share details about people with us. The records we saw supported what we were told. For example, one person had worked as a matron and we saw that they enjoyed telling staff what to do. Staff knew and understood the person's history and responded appropriately. We saw that another member of staff clearly knew what type of drink a person wanted before they asked for it. Records showed that staff and managers also supported people in line with their cultural and religious preferences. We saw that people had access to religious leaders of their choice and aspects of people's culture were promoted if they wanted that. For example, the registered manager told us that one person wanted to listen to an Asian radio station in their bedroom, which they did. We found that staff knew what mattered to people, and where possible made it happen.

People were able to express their views and be involved in making decisions about their care and support. We saw that people and their relatives were involved in the planning and reviews of their care plans that we looked at. The home operated a key worker system, which meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. This system helped to ensure that the person and their relatives were at the centre of their care.

People told us how they were able to decide what to do and where to spend their time. Staff told us they enabled people to choose things for themselves. One person said, "I try to do what I can to manage my needs for myself which they support me with." We observed staff asking people to make choices such as where to sit and what they wanted to eat. People were invited to monthly residents meetings; there were also relative's forums. The home had appointed a person who was an Ambassador for the home. This person wore a staff badge and told us that they felt very valued and that their opinions were listened to. They said, "I have been involved in staff recruitment and it makes me feel valued." The role of the Ambassador was also to be someone other people could speak with if they had any concerns or issues; these were then told to the management team. The person said, "I have been taken seriously and my opinion matters, in the meeting I am treated as the boss." We found that people were supported to express their views and were involved in decisions relating to their care and their home.

Information for people was in an accessible format for people to understand, for example, the activities schedule for the week was printed in large print with pictures and words describing the events and where they would take place. We saw other information in large print and other information that was accessible

such as signage around the home. We saw that the homes monthly newsletter contained many photographs and people told us that was because people wanted more images and fewer words. This helped to ensure people had information in a way they understood to help inform the choices they made. People were treated with dignity and respect and their privacy was maintained. One person said, "I am treated with incredible respect. You are never dismissed. " Another person said, "They are respectful and we have a good laugh." During our inspection, we observed that all staff behaved and spoke in a consistently respectful manner. We saw that medication, care and support were given discreetly and we saw discussions about people's needs were done in private. We found care plans were written in a respectful way and gave staff information about maintaining people's dignity.

Staff could describe how they supported people to maintain their privacy. They told us they ensured doors and curtains were closed and people remained covered whilst having personal care. People had access to the entire home and could retire to their own apartment if they so wished. One person said, "I can have a lie in if I want to and go to bed whenever I choose." We found people had privacy when they wanted it, and staff maintained people's privacy during care tasks.

People had their independence maintained, for example, some people had keys to their bedrooms and we saw that 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. One person said, "I get all the help that I need and they do encourage me to be independent where I can too." Staff told us there was equipment used to help people with independent eating and drinking and we saw this was in use during the inspection. Aids and equipment were available to help maintain people's independence such as grab handrails, raised toilet seats and hoists to assist with moving and bathing. The registered manager told us about how people have access to homely laundry facilities, which some people had used to help maintain their independence.

## Is the service responsive?

### Our findings

People received personalised care and support. Staff could describe people's religious needs and preferences, and this was documented in people's care records. We saw people had been supported to practice their chosen religion, for example on the day of inspection a Priest attended the home to see a specific person. Care was personalised and people were supported to maintain their relationships and visitors all told us they were made to feel welcome.

Sunrise of Edgbaston had a range of activities happening throughout the week, we saw the weekly newsletter that detailed them. People and their relatives told us there were plenty of opportunities to take part in activities. One person said, "I enjoy the quizzes and the baking. We have fun and a good laugh." Around the home, there were several activities for people to use if they wished, such as computers and office spaces, an interactive table and books. We also saw a beauty salon, spa, chessboard, jigsaws, and an abundance of board games, a piano, and a selection of current newspapers. We noted that staff invited people to various activities, including people who chose to stay in their bedrooms.

We saw people's care records included detailed information about their life histories, which included their family, where they lived, what they did for a living and what hobbies they enjoyed. There was personalised information and guidance for staff such as people's likes and dislikes for food and activities.

People and their relatives told us they knew how to make a complaint or raise a concern. One person said, "I'd feel very comfortable raising concerns." People and relatives we spoke with felt that their concerns would be dealt with appropriately. We saw there was information available for people and visitors, which showed how to make a complaint. We found there was a complaints policy in place and where a complaint had been received an investigation had been undertaken and an appropriate response given. We could see action was taken to learn from complaints. We saw from records that over a four month period there had been 8 complaints and 33 compliments received by Sunrise of Edgbaston. We found that people's concerns were listened to and responded to well.

During our inspection we looked at how people were being supported who were living at Sunrise of Edgbaston and being cared for near the end of their life. The registered manager showed us the processes that were put in place if that level of support was required. We found that healthcare professionals were involved as required, and records relating to medical care were accurate and timely. Nursing staff we spoke with were aware of their medical responsibilities. However, people's preferences and decisions about their end of life care had not been sufficiently considered by staff and management. We found that staff could not explain how to care for each person's emotional and spiritual wellbeing that was line with that persons stated wishes.

## Is the service well-led?

### Our findings

All the people and relatives we spoke with during the inspection visit told us they felt the home was well run. One person said, "To be honest I am very happy here and the whole place is lovely." Another person said, "My room is lovely and this place is very good. I have nice food and my room overlooks the lovely garden." We saw that the registered manager and deputy were accessible, and clearly knew the residents. We saw that people felt able to approach them about any issues or concerns, and that they interacted warmly and kindly with people who lived at Sunrise of Edgbaston.

At the time of our inspection, there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law, and understood their responsibilities. We saw the rating from the last inspection was on display for people and visitors to see, this was also on the providers website. Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. Comments included, "It is brilliant here, everybody works really hard and we all pull together, the managers are fine."

The registered manager shared their vision of Sunrise with us and could give details about the plans they had in place for the service and its continued development. These had been informed by feedback from the people who use the service and the role of the Ambassador. We found that communication within the home and across the various teams was effective and timely. We found that staff understood their roles, responsibilities, and these had been communicated well across the whole staff team. Staff told us they felt acknowledged and appreciated for their work and commitment. The registered manager showed us the various methods of acknowledging staff's work which included supervision, learning and training and a recognition of staff's input and loyalty by offering various rewards to staff such as vouchers and team meals. We also saw that when a member of staff had a birthday, a small cake was bought for them and the staff team and people all sang happy birthday and wished them well in the communal living room. The recognition of the staff members' birthday was inclusive and therefore shared by the whole sunrise community.

The registered manager and senior staff conducted regular audits and checks to ensure effective governance of the service. We found that the registered manager had a very comprehensive system of quality audits in place. These included management audits carried out to ensure the environment was safe and the policies and procedures were understood and followed. For example, we saw an audit of infection control was carried out regularly. There were also checks on water temperatures within the building, fire procedures and drills and servicing done on equipment such as lifts and hoists. We saw the process that was used to improve the service if any audits showed this needed to be done. All these audits showed that the registered manager had checked that work had been carried out to a good standard and we noted that they were up to date.

Other monitoring took place including accidents and incidents, DoLS authorisations, falls people might have, complaints, medication and safeguarding issues. Information was then collated and reviewed so that any patterns and trends could be identified. The information was also uploaded to a central electronic system for further examination by the provider. We saw that action had been taken where areas for improvement were identified.

The registered manager was supported by senior managers and worked in partnership with other managers within the providers group to better meet the needs of people living at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated and been very helpful throughout. At the end of our site visit, we provided feedback on what we had found and areas the registered manager might want to reconsider. The feedback we gave was received positively.