

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit at The Alexandra Nursing Home was undertaken on 30, 31 October and 02 November 2018.

The home provides residential and nursing care for up to 112 people. The service has three units one with a separate dementia unit which is purpose built. This building adjoins the main home and provides dedicated care for people with a specified dementia condition. At the time of the inspection visit there were 91 people who lived at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Alexandra is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection in October 2017 we rated the service as 'Requires Improvement'. This was because recommendations were found. These related to care plan records and medication processes. Furthermore, the management team failed to properly assess the quality assurance of the service provided. We made a recommendation to improve quality assurance systems.

During this inspection, we found the management team had made improvements to recommendations from the previous inspection CQC made in terms of medication processes and quality assurance systems. However further improvements were required in recording of people's care documentation in order to make them person centred and accurate. We made recommendations to ensure the safety of people was maintained.

We made a recommendation the provider seeks guidance about care planning.

We spoke with people who lived at The Alexandra and relatives. Comments were positive in relation to care and support provided by the staff team. One person who lived at the home said, "A very good home with excellent staff." A relative said, "Always made welcome and offered a tea or coffee. It is very homely."

We observed staff interacted respectfully with people in ways that demonstrated they knew how best to support them. For example a person who lived at the home said, "I am treated with respect and they know what I need to make me happy."

The service had systems in place to record safeguarding concerns, accidents and incidents and take

necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff had been appropriately recruited, trained and supported. They had skills, knowledge and experience required to support people who lived with dementia and care for people with nursing needs.

We observed staff administered medication with a skilled and secure approach, which the registered manager strengthened through training and competency checks. They had good oversight of relevant procedures through regular auditing to ensure they remained safe.

Care records included an assessment of the level of risk and actions to guide staff to manage people's safety. The registered manager retained an accident record and analysed patterns to assess control measures reduced the risk of incidents.

Those who lived at The Alexandra and their relatives told us staff were skilled and experienced. One person who lived at the home said, "The staff are well trained."

We saw staff supported people with their meals sensitively and respected their dignity. They also checked they had enough to eat and what assistance they desired. Comments were positive and one person said, "Loads of choice and we have very good cooks here, nothing wrong with the food at all."

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

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed.

People who lived at the home told us they enjoyed a variety of activities and regular outside entertainers which were organised for their enjoyment. One person said, "I have a good laugh here. [Staff member] makes life fun. There is always something going on."

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received from staff and the registered manager and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included staff and 'resident' meetings and satisfaction surveys to seek their views about the service provided. In addition, daily 'handover' meetings were held to discuss the day's events and any issues in relation to people who lived at the home. Audits were carried out on a regular basis to ensure the home continually improved.

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 

We found action had been taken to improve the safety of the home.

The management team had made improvements to medication procedures and now had safe systems in place to manage people's medication needs.

There were sufficient nursing, domestic and care staff on duty to meet people's needs and keep all the units clean and hygienic.

The service had procedures in place to protect people from the risks of harm and abuse. Staff had a good knowledge of the procedures to follow.

Records we looked at included information to mitigate risks associated with receiving care.

Is the service effective?

Good 

The service was effective.

The registered manager and senior staff had an understanding of the Mental Capacity Act (2005).

People were provided with choices from a variety of nutritious food.

Records we looked at showed staff received training and regular supervision to underpin their knowledge and skills.

Is the service caring?

Good 

The service was caring.

Staff showed a good awareness of the importance of treating people with respect, dignity and maintain their privacy.

The registered manager and staff supported people to maintain their lawful rights.

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way.

Is the service responsive?

The service was not always responsive.

The management team did not always implement person centred care plans and consistently update records to ensure people received appropriate care.

People participated in a range of activities which the service provided.

People told us they knew their comments and complaints would be listened to and resolved.

We found staff responded to people's needs to improve their lives.

Requires Improvement ●

Is the service well-led?

The service was well-led.

The registered manager had a variety of systems to obtain people and their relatives' feedback about the quality of service delivery.

The registered manager and management team now had good oversight of the home's quality assurance.

The registered manager and management team had a good understanding of each person's requirements in terms of health and social care needs.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors, an inspection manager, a specialist advisor (SPA) and an expert by experience. The SPA had clinical experience of supporting people with nursing needs. In addition, the expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people with nursing needs.

Before our unannounced inspection, we checked the information we held about The Alexandra. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at The Alexandra.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Not all of those who lived at The Alexandra were able to communicate fully with us to discuss their experiences of care. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of individuals about this home. They included 12 people who lived at the home, seven relatives, nine care staff, three senior carers and two kitchen staff. We also spoke with the registered manager, deputy manager and two unit managers. We further discussed the service with a visiting healthcare professional and three domestic staff. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of eight people who lived at the home. This process is called pathway tracking and enables us to judge how well the staff and management team understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We also looked at records about staff recruitment, training and support. We further reviewed information related to the management and safety of The Alexandra.

Is the service safe?

Our findings

At The last inspection in August 2017 we made a recommendation information in care plans of people who lived at the home, was recorded and reviewed correctly. We found the management team had addressed these issues and was continuing to improve care plan records for the three units. One of the management team said, "We are not there yet we know that, however we are striving to update all care records and make this a priority." Risk assessments provided instructions for staff members when delivering their support and what nursing input was required. Information was now recorded and audits were identifying short falls when found to ensure information was correct and care given to people was documented correctly. Systems were now being simplified to ensure staff were able to understand clearly what individual care was required for people. One staff member said, "Care plans are much better but still need work." We found the management team were aware of the importance of ensuring care records were accurate and contained the relevant information.

At The last inspection in August 2017 we made a recommendation to improve recording, administration and storage of medicines to make it safe for people. We found at this inspection they had addressed the issues.

Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had improved systems to protect people from unsafe storage and administration of medicines. We looked at the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stocks and other records for people in the units. We observed part of the medicines round in one of the units. Staff completed medicines administration records at the time of administration to each person, helping to ensure their accuracy. Safe procedures were being followed to administer medication. Records were legible, complete and accurate. In addition staff administering medicines were aware people had medicines that should be given at certain times with respect to meals such as, 'before food'. This was completed in line with their care plan. In addition arrangements were always recorded to help ensure this always happened in practice. One person who lived at the home when asked if they received their medication on time said, "I get my medicine every day when I should do, the staff are very good at that." There was evidence the management team were completing medication audits thoroughly this was done weekly any irregularities were identified and action taken to prevent them happening again.

The controlled drugs cupboard in the clinical rooms were locked and secured. Controlled drug records were inspected and no discrepancies found. We checked records and found them to be up to date. Also, correct dosages checked measured up to the documentation kept of individuals on controlled drugs. Medicines, including controlled drugs, were stored in a clean and secure cupboard. Protocols were in place to guide staff, for instance, about homely remedies, when required medicines and application of medicated creams. Staff confirmed only people who had completed medication training or nursing staff gave out medication.

We asked people who lived at the home if they felt safe in the care of staff. Comments included, "Yes very safe, I think that is because there are lots of people coming and going. Even at night there seems a lot of staff around." Another person said, "The staff make me feel safe they are good and always popping in to see if

everything is alright." Also, "I feel safe at the home. Nobody bothers me here. If I need help the girls are always there. I smoke and I am allowed to sit out at the front door and enjoy my ciggies."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered manager or management team. Staff also knew the whistleblowing process should they be required to use it. One staff member said, "I do know what to do and we receive a lot of training on the processes to go through."

We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had also been carried out.

We looked at how accidents and incidents were managed by the service. There had been accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. The fire service had recently visited and found a number of issues. However, the registered manager had followed their action plan to address the issues and were on course to implement all the recommendations within the timescale allocated by the fire service.

We found staff had been recruited safely and had checks in place to ensure suitable staff were employed. Staff we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position. Checks had been completed for recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

The registered manager continued to ensure there were sufficient numbers of staff available to meet people's needs in all units, The staffing rota reflected the needs of people who lived at the home and qualified staff were on hand to provide support. On our arrival we found care and support was provided in a relaxed and timely manner. A staff member said, "I feel we have enough staff about the units it's not a problem." Another said, "We have got enough staff. We have a good team."

The Alexandra had a clean, tidy and well-maintained environment in all units. Personal protective equipment stations were available throughout the home, which provided disposable gloves, aprons and hand sanitiser gel. They had an 'infection control' champion'. This was a member of staff who attended regular meetings in the community and collated any guidance and information in relation to infection control. The infection control champion told us they obtained good related guidance and shared this with the staff team at meetings and general discussions. A visitor told us, "The home is lovely and clean."

Is the service effective?

Our findings

People who lived at the home, visitors and external professionals we talked with felt staff were skilled and experienced and knew the needs of people they cared for. For example a relative commented, "The staff know what they are about and know what [relative] needs are." A visiting professional told us they found staff very knowledgeable and well trained.

The training matrix we looked at evidenced staff had completed a range of courses to enhance their skills and knowledge. This covered, for example, movement and handling, dementia awareness, health and safety and medication. Staff told us the management team were supportive of them doing training of interest to them and supported them to achieve professional qualifications. To confirm this one staff member told us they had completed a 'National Vocational Qualification level 3'(NVQ). They now were supporting them to complete level 5 NVQ in management to develop their skills further. Records we looked at showed the management team reviewed staff skills through regular competency-testing and one to one formal supervision. In addition we spoke with the in-house trainer who confirmed staff training was ongoing and completed in different forms such as E learning which is computer based. Also group training in a classroom setting. Staff we spoke with confirmed this.

We found evidence the registered manager referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. For instance, guides for staff covered equipment cleaning schedules, general care and support.

Care records contained information about the multi-disciplinary approach to people's care, support and treatment. This included appropriate referral to other health and social care professionals. Visits were recorded and following instructions from health professionals, care plans were updated. Consent had been agreed by the person or family and documentation was there to confirm this.

We had a walk around the premises in all three units. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which can meet the assessed needs of people with mobility and nursing needs. The Brambles unit was designed for people who lived with dementia and was dementia friendly. For example, they had reminiscence photographs on the walls and also picture format to identify rooms to make it easier for people to recognize. Staff told us they were continuing to make the building more dementia friendly.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen assessed and identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

We arrived at breakfast time on all three days of the visit. We found people were having a variety of breakfast

meals, such as cereals, toast and a cooked breakfast. A staff member said, "They can have what they choose". This was confirmed by people we spoke with who lived at the Alexandra. People were supported to eat their meals where they chose, such as the designated dining rooms in the units. We saw meals were home-cooked and of a good standard, with special diets such as blended meals well-presented. Comments about the quality and quantity of meals were positive and included, "The food is good and the choice has improved." Another person said, "Loads of choice and we have very good cooks here, nothing wrong with the food at all." Also, "The food is lovely. I choose what I want and it is always good. The cook is lovely and very good at her job." Where required we saw staff supported individuals in a caring, quiet and sensitive way.

Care records included assessments to guide staff to minimise the risk of malnutrition, as well as support plans to improve diet and healthy eating. Relevant evidence-based guides were made available for staff to understand medical conditions and equipment, such as support for people with swallowing difficulties. This helped staff effectiveness in assisting them to meet people's nutritional requirements. They also monitored what people ate and fluids they had taken. During our observations in the Brambles unit we observed staff attempting to ask people what they would like for lunch. Some people were not able to verbally respond. We spoke with the registered manager who would look at implementing dementia friendly systems to support people in the Brambles unit with food choices. For example pictorial menus so that people could recognise food and make their own choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 observed during our visit people were not deprived of their liberty or restricted. Staff were knowledgeable about (DoLS) and staff we spoke with confirmed they had received training.

Is the service caring?

Our findings

People and their relatives we spoke with were complimentary towards staff and the management team in the way they were cared for. For example, one person who lived at the home said, "A very good home with excellent staff." Another said, "The staff are very kind." A relative spoken with told us, "Always made welcome and offered a tea or coffee. It is very homely." Another relative said, "The staff are wonderful with [relative]. There is always a bit of something going on. [Staff member] is a very kind and a patient person. No one (staff) gets bad tempered and it can be very difficult with some people." A relative recently wrote in a survey, 'I have found on the Brambles unit the staff to be really caring to [relative] not only to her but to the whole family. My [relative] has dementia but is always clean and well cared for.'

We observed people who lived at The Alexandra were supported to personalise their living space into their own choices. For instance, people had family photographs, ornaments and furniture. A staff member said, "It is up to them it makes people feel like home when they have personal belongings with them." Staff showed a good awareness of the importance of treating people with respect, kindness and maintaining their privacy. For example, they knocked on people's doors before entering and offered them private space when relatives arrived for visits.

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People who lived at the home and relatives told us there was no restrictions on visiting times. People felt this helped them be much happier and relaxed knowing their relatives/friends were welcome to visit them at any time. Comments from relatives were positive and told us they were welcome at any time.

We found by talking with staff and general observations during the three days of the inspection visit staff were smiling and enthusiastic, as they interacted with people and went about their duties. A staff member commented, "We have such a good laugh in all the units. I just love the residents and being around them." We observed staff spoke with people softly and gently when required to also and when they engaged they sat at the same level and made eye contact. When we discussed staff attitude with people relatives told us staff were kind and patient.

The management team and staff supported people to maintain their lawful rights as set out in the Human Rights Act 1998. For example, they assisted those who lived at the Alexandra to retain their 'Freedom of thought, conscience and religion', Article 9 of the act. They achieved this through recording each person's spiritual needs and helping them to access relevant services of the person's choice.

Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences.

We discussed care planning with people who lived at the home and they felt involved in care and support that was provided for them. In addition relatives told us they were involved in the care of their relative. One person said, "They do consult with me and my [relative] and take notice of my choices and support needed." We found evidence consent to care and treatment was sought by the management team. Evidence of signed care plans by relatives and the person at the home was recorded.

Is the service responsive?

Our findings

Records we looked at contained an information sheet and pre-admission documentation. The management team used this information to assess if they could meet the person's needs. They checked, for example, nursing needs, health issues and mental and physical health. However care plans of some we looked at had been written over 12 months previously. In addition they lacked consistency in terms of review. For example care plans were reviewed monthly however one had not been completed since April 2018. This could put people at risk of not receiving appropriate care. Also care records were not consistently person centred. For example more information about people's background in terms of their history and involvement in their choices would be beneficial. This would support staff to develop relationships and know the person individually. We spoke with the management team about the issues and they were aware of the shortfalls in care plans. They had already started to update and change care plan documentation where required in all the units. One of the management team said, "We are aware of the care plans and have instigated updating and changing them for the better."

We recommend the registered manager implements person centred care plans and consistently updates records to ensure people receive appropriate care.

We found staff at The Alexandra had a wide-ranging programme of activities to encourage engagement and occupy people who lived there. These were provided on a one-to-one or group basis. One person who lived at the home said, "I have a good laugh here. [staff member] makes life fun. There is always something going on. I don't always join in but I can if I want to." In addition they employed specialist activity co-ordinators in each unit to support people in their chosen hobbies and interests. Included in the activity programmes were games, physical exercise, yoga, skittles, one-to-one outings, entertainers and film days. Multiple lounges provided space for people to engage in their own activities and contained large televisions in each unit to offer a choice of programming. External large garden areas with seating were available and seating provided. These areas were accessible for wheelchairs.

On one of the days of the inspection visit, staff and a number of people who lived at the home were dressed to celebrate Halloween. Staff had made efforts to put a number of events on during the day and night. We received positive comments from people who lived at the home, relatives and staff. One staff member said, "We always make an effort to enjoy special days like this and Christmas time." A relative said, "They are wonderful and make such an effort to entertain the residents."

Staff we spoke with told us the registered manager encouraged them to spend time socialising and were encouraged to sit and interact with people. One staff member said, "The [registered manager] always insists we sit and chat with people as that is the main part of the job." Theme days had been organised and were a regular occurrence at The Alexandra. For example, they had birthday parties for people who lived at the home and cakes were made to celebrate the occasion.

The registered manager provided information in documentation to inform people about how to make a complaint if they chose to. In addition, the complaints process was available in the premises should

relatives/friends require guidance. The policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. One relative said, "I would raise any complaint and know how to do so but the place and staff are so good I never need to." We found two formal complaints received were investigated through their process and in a timely way.

People's end of life wishes had been recorded in their support plan so staff were aware of these. The registered manager informed us staff had been trained in end of life care and staff we spoke with confirmed this. This confirmed the registered manager understood the importance of providing end of life support and how this should be delivered and people cared for.

We received positive comments from a relative who recently experienced how staff supported them through end of life care, they said, "Thank you to all of you who have looked after [relative] with such care especially in their last few days. You have made a difficult time much easier to bear."

Is the service well-led?

Our findings

The management team now had a range of audits in place to continually monitor and improve the standard of the home. They had improved their auditing systems to encompass a range of audits. These covered, for example, medication, the environment, care files, training, staffing levels in all units and infection control. Audits included dates of when completed, any identified issues, actions to be undertaken, due date for completion and signed off when achieved. This demonstrated the registered manager and management team had good systems to maintain everyone's welfare. An example of how improvements were made through their auditing system was a medication audit found discrepancies in recording of people's medication. This was in terms of missing staff signatures. Following discussion with staff additional weekly/monthly more in-depth audit checks were put in place to reduce the risk and improve systems.

We observed during the three days of the inspection visit the registered manager and management team were visible within the home and had a 'hands on' approach to caring for all the people who lived at the Alexandra. Staff told us the leadership was very good and they felt supported in their roles and duties. One staff member said, "If you need support when you have a problem [registered manager] is always there." Also, another staff member said, "The management approach is firm but very good and you can approach anyone."

People who lived at The Alexandra told us they felt the home was managed well and was well led. Comments included, "It has taken a while to get used to the changes but they are for the better. The home is managed very well." Also, "Never looked back since coming here we have a very good management team." Staff also said, "[Registered manager] will do anything to help she is always around and extremely supportive."

The home had clear lines of responsibility and accountability with a structured management team in place. The manager and deputy manager had vast experience of managing care homes. They were knowledgeable and familiar with the needs of people they supported. We found new management structures were evident in all three units. Comments were positive and included from a staff member, "We work together as a team and can ask the unit manager for anything."

Relatives and people who lived at the home were encouraged to complete annual surveys to give their opinions on how the service was run. We looked at completed surveys from June 2018. Opinions were requested in areas such as bedrooms, standard of care, meals and activities. Ratings for each area was good. 94% of responses rated the service good in all areas. Some comments included, 'I would highly recommend this home to anyone'. The registered manager told us any negative response would be analysed by the management team and action taken to resolve any issues.

Staff and 'residents' meetings were held to discuss the running of the home and any suggestions to improve the service for the people who lived at The Alexandra. Minutes of 'residents'/staff meetings were kept. We confirmed meetings were held by talking with people, one person who lived at the home said, "We have regular meetings when we want them." People confirmed meetings were held and they found them useful.

One person who lived at the home said, "I do like chatting about things together, the main topic is food." Meetings discussed topics such as menu planning, staff training and people's satisfaction with the social activities programme.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and social workers. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.