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Bagshot Park Care Centre

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 inspection took place on 26 July 2016 and was unannounced. This inspection was to follow up on actions we had asked the provider to take to improve the service people received. Bagshot Park Care Centre provides specialist care and accommodation for a maximum of 22 adults who are diagnosed with acquired brain injury, other neurological conditions such as multiple sclerosis and Parkinson's disease, as well as strokes and complex needs. At the time of our inspection there were 15 people living at the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had resigned their post and the service had been supported by an interim manager. A new manager had recently started at the service and was in the process of submitting their application to register with the Care Quality Commission. Both the interim manager and new manager were present to support us with inspection.

At our last inspection in December 2015 we found breaches of the legal requirements with regard to the safe recruitment of staff and the management of care records. The provider wrote to us to inform us how they planned to take in relation to the above concerns. At this inspection we found that the required improvements had been made and the provider was meeting their legal responsibilities.

There were safe recruitment processes in place to ensure staff employed were suitable to work at the service. Staff were knowledgeable regarding their responsibilities of safeguarding people from the risk of abuse and were confident that any concerns raised would be correctly reported. There were sufficient staff deployed in the service to ensure people's needs were met in a timely manner.

Risks to people's safety and well-being were assessed and control measures implemented to keep people safe. Staff were knowledgeable about the support people required to manage risks safely. Medicines procedures were in place to ensure people received their medicines in line with prescribed guidelines.

Safety checks on the environment and equipment used were completed regularly. Where accidents or incidents occurred these were investigated to ensure any changes to the way people were supported were made and reduce the risk of reoccurrence. The provider had developed a business continuity plan which meant that people's care would not be interrupted should an emergency occur.

People were supported by skilled staff who received induction and training to support them in their role. Clinical staff had access to supervision from a Nero-rehabilitation consultant to ensure that best practice guidance was followed and any concerns or changes in people's health were identified quickly. People's healthcare was supported by an in-house multi-disciplinary team which included nurses, physiotherapists and occupational therapists. In addition, people had access to external healthcare professionals and specialist advice.

People told us that the quality of food was good and a choice was always available. People were supported to maintain a healthy diet. Where people required support to eat this was provided in a dignified and unhurried way. Staff were knowledgeable about people's individual dietary requirements and advice from professionals regarding nutrition was followed.

Staff were knowledgeable about protecting people's rights and spent time with people ensuring they gained consent prior to delivering care. There was a strong emphasis throughout the service on maintaining and developing people's independence and staff worked together to ensure people's needs and abilities were continually assessed.

People were supported with kindness and compassion by staff who knew them well. There was a relaxed atmosphere throughout the service. Staff were aware of people's individual communication needs and supported people to use a variety of communication aids to make their needs and preferences known. People's privacy and dignity was respected and visitors to the service were made to feel welcome.

People's care was provided in line with their needs and preferences. Prior to moving into the service people's needs were assessed and care plans were developed using this information. Staff demonstrated a good understanding about how people preferred their support.
Complaints were taken seriously and responded to in a timely manner. People and their relatives told us they felt comfortable in raising concerns and felt listened to.

The provider had ensured that systems were in place to gain people's views of the service and had taken action to resolve any issues raised. Regular audits were completed to monitor the quality of the service provided.

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.

Sufficient staff were deployed to meet people's needs in a timely way.

Checks were undertaken when new staff were employed to ensure they were suitable to work at the service.

People were protected from the risk of avoidable harm as risk assessments were monitored.

Medicines were administered and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to carry out their roles.

The manager and staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards. Staff routinely gained people's consent before providing care.

People were provided with a choice food and drink which supported them to maintain a healthy diet. Staff were knowledgeable about people's dietary requirements.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff supported people in a caring way and respected their

privacy.

People were involved and choices were respected and staff worked with people to develop their independence.

Visitors to the service were made to feel welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

Activities were offered which people told us they enjoyed and people were supported to maintain hobbies and interests.

Care records were detailed and regularly updated to reflect people's needs. Staff were knowledgeable about how people preferred their support.

People were given information about how to make a complaint and said they would feel comfortable in doing so.

Is the service well-led?

Good

The service was well-led.

The manager ensured accurate records were maintained which were accessible.

Audits were carried out to ensure the quality of the care provided.
People, relatives and staff were given the opportunity to contribute to the development of the service.

Feedback regarding the quality of the service was sought from people and their relatives.

Bagshot Park Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 26 July 2016 and was unannounced. The inspection team consisted of two inspectors, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. The PIR 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.

As part of our inspection we spoke with seven people, four relatives, five staff, the new manager and interim manager. We also reviewed a variety of documents which included the care plans for four people, six staff files, medicines records and a range of other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with the staff who supported them. One person said, "I feel very safe, they take care of me as if we are family." Another person told us, "Staff make me feel safe by talking to me. They watch me take the medication and show me how to use a hoist." One family member said, "Before my (family member) came here I used to ring the hospital day and night to check they were ok. I don't need to do that now, I can sleep knowing they're well looked after."

At our inspection in December 2015 we found that safe recruitment practices were not always followed. At this inspection we found that improvements had been made and robust recruitment procedures were now followed to ensure that only staff suitable to work were employed. A recruitment policy was in place and staff files were audited to ensure that all relevant documentation had been received prior to staff starting work. Staff were required to complete an application form and attend a face to face interview and records were kept to evidence this. Staff files contained references from previous employers, proof of identification and a completed Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with adults at risk. One person told us it was important to them to know these checks were being completed. They told us, "The staff are vetted before being appointed, that makes me feel safe."

There were sufficient skilled staff deployed to meet people's needs and people told us they did not need to wait for care. One person said, "There's always staff around. The staff always make sure I am never left wanting anything." The manager told us that they used a dependency tool to assess how many staff were required to meet people's needs. Staffing rotas confirmed that the required staffing levels were consistently met. Staff told us they felt that there were sufficient staff on each shift and that they were able to spend time with people. We observed that staff had time to support people without rushing them. Where agency staff were used they worked alongside more experienced staff members and the manager told us they requested the same agency staff to ensure consistency for people.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments contained within people's care plans were detailed and there were clear links between the risks identified and guidance provided to staff within care plans. Risk assessments viewed included mobility, skin integrity, malnutrition, swallowing problems and moving and handling. There was information and guidance to staff on how to manage and reduce any identified risks to people to help ensure people were as safe as possible. For example, a number of people had been assessed as being at high risk of developing pressure sores. Records showed that people were repositioned at the recommended intervals and pressure areas were checked regularly. One person had been identified as being at risk of harming themselves due to involuntary movements. Detailed guidance was available to staff on how to position the person and offer support to minimise this. Where people had been assessed as requiring support with moving we observed staff used appropriate techniques and equipment and ensured people were safe and comfortable. Staff completed 'Staying Well' checks with people on an hourly basis. This included checking on personal care needs, pain management, alertness, fluid and nutrition, repositioning if required and that people had their call bell within reach.

Staff had the knowledge and confidence to identify safeguarding concerns and were aware of their responsibilities in reporting any concerns. Staff had received training in safeguarding and training records confirmed this. Staff we spoke to were able to tell us what may constitute abuse, signs which may alert them to concerns and reporting procedures. They were confident that any concerns reported would be dealt with appropriately to help ensure that people were safe.
There were whistle blowing procedures for staff to raise concerns and guidance was displayed prominently as a reminder to staff.

There were safe medication administration systems in place and people received their medicines when required. Medicines Administration Records (MAR) were completed for each person and contained a recent photograph, a list of allergies, and GP contact details. Clear instructions of how people took their medicines were recorded and we found MAR charts were fully completed. Staff were confident in supporting people with their medicines although we observed one staff member did not thoroughly check the medicines dispensed against the MAR chart for one person prior to administering their medicines. The manager acknowledged that although the staff member was aware of people's medicines, this process should still be completed. They told us they would discuss this with the staff member concerned. Protocols were in place to guide staff in the administration of 'as required' (PRN) medicines which detailed why the medicines were prescribed, frequency and how staff should determine if the person required the medicines. We observed one person being asked if they required pain relief medicines as detailed within their protocol.

Medicines were stored securely. The medicines trolley was locked at all times between use and medicines were stored at the correct temperature. There was documented evidence of destroyed and returned medicines as well as stock checks undertaken. Staff had a medicine policy providing guidance on the safe administration, handling, storage, dispensing and recording of medicines.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Detailed records were kept of all accidents and incidents which identified possible causes and what actions had been taken to minimise the risk of reoccurrence. One person had experienced a fall whilst alone in their room, risk assessments had been updated to reflect that the person required support in fastening their shoes correctly and for their floor to remain free from clutter.

People were kept safe from the risk of emergencies. The premises were well maintained and all necessary checks were completed in relation to fire safety, risk of legionella and the servicing of equipment within the home. Electrical equipment was regularly checked to ensure that it was safe to use. The provider had developed a business continuity plan to ensure that people's care would continue in the event of an emergency. For example, if the premises were damaged and it was necessary to evacuate people it had been identified that a nearby care home could provide temporary accommodation. Staff were aware of their responsibilities in an emergency and carried walkie talkie devices to ensure that communication could be maintained.

Good

Is the service effective?

Our findings

People and relatives told us that staff were skilled in meeting people's care and support needs effectively. One person told us, "The nursing staff are very good, they follow what the therapists say." One relative told us, "The staff are well trained, the nurses have regular training, particularly around medical needs."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff received training before they started working with people and were given the opportunity to shadow more experienced staff before working on their own. Staff training included nutrition, moving and handling, health and safety, first aid and basic life support. The manager maintained a training matrix to monitor the training needs of staff and ensured that refresher training was completed when required. Clinical staff received regular training updates which included training around tracheotomy care and PEG feeding (where people receive nutrition and medicines through a tube inserted into their stomach).

Staff received regular supervision to support them in their role. Records showed that all staff had received supervision within the last two months to review their practice and development. Staff we spoke with were aware of who was responsible for conducting their supervision and who to go to should they require further support. Clinical staff received on-going supervision from a Neuro-rehabilitation specialist who was contracted to work two days each week in the service. In addition to one to one and group supervisions, observational supervisions were also completed. One staff member from the clinical team told us, "It enables us to work together to look at problem solving and reflective practice clinically. We discuss best practice and how referrals to other agencies can be made."

People had access to a range of healthcare professionals based within the service and in the community. Nurses and physiotherapists were employed on a full-time basis and occupational and speech and language therapy were available one day each week. Each person had a detailed programme of their involvement with the relevant professionals and any changes to their care were clearly recorded and shared with care staff during handover meetings. People confirmed that there was good communication between care staff and the clinical team. One person told us, "'The staff get me what the therapist tells me is safe for me, then I can eat without difficulty." The manager told us that clinical review meetings were held weekly to discuss any developments or changes in people's clinical needs. One staff member told us, "It's important for people's care that we all act as one team. Information is always shared with care staff during handover, joint meetings and training sessions."

The service worked collaboratively with external healthcare professionals and specialists. One person told us, "If I'm unwell or worried I tell the nurse, they tell the GP and they will come and see me." A local GP practice visited the service three times each week. All GP consultations were recorded with the reason for the visit, recommended treatment, outcome and follow-up required. Care records contained details of involvement with healthcare specialists and people and relatives told us that there was good communication between the service and external healthcare specialists. One person told us, "Staff always support me to attend appointments, they take care of everything." One relative told us, "They communicate

really well. We're hopeful (family member's) PEG can be removed soon so (family member) can start eating again. They have been in touch with the specialist several times to work towards it. They're really on the ball. Someone always comes with us to appointments."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, 'There is a good variety and quality of food. I get choice and plenty." Another person told us they needed to lose weight and staff were supporting them with this. We observed that people were given a choice of food and drink at lunchtime and were able to decide where they would prefer to eat their meal. Where people required support to eat this was provided discreetly and where appropriate people had access to adapted cutlery and crockery to enable them to eat independently. People had access to drinks and snack throughout the day. One person told us, "There are biscuits and juice available, and cups of tea."

Where people required specialist diets staff ensured their nutritional needs were met. The chef was knowledgeable about people's dietary needs and kept records of people's individual preferences. One person told us, "The cook checks regularly and arranges non-standard items for me, gluten free food and gluten free ingredients." There was detailed guidance in place for nursing staff to support people who received nutrition through a PEG tube and relatives told us staff were knowledgeable and sensitive in their approach. One relative told us, "They know what they're doing, we haven't had any problems. They will put his favourite drink on his lips so he can still get the taste." Records showed that people were weighed regularly. The manager told us that any significant changes would be reported to assess the next step to be taken.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People's records contained MCA assessments and best interest records regarding specific decisions around their care and wellbeing. This included the use of lap belts on wheelchairs, bedrails and decisions regarding their clinical treatment. Where appropriate DoLS applications had been submitted to the local authority in a timely manner and gave detailed information regarding the decision and how it had been reached.

Staff had received training on the MCA and were aware that if a person was deprived of their liberty this was due to the need to keep them safe. We observed staff took time to gain consent from people and explain what was happening before supporting them. One person was feeling unwell, staff asked them if they were feeling well enough to take part in their therapy session or if they would rather do something different. Records showed that where people had refused to be weighed staff had respected this but had returned the following day to ask again.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and took time to listen to them. One person said, "The staff look after me when they see something is wrong" and "The staff ask us about the therapy plans they have for us and ask us our problems. I do share my problems and they listen." One relative told us, "The same continuous staff get to know our (family member). From their general manner we know the staff are caring."

People were supported with kindness and compassion. One relative told us, "I watch the carers sometimes and it's just like watching my (family member) with their friends, they all laugh together. The nurses treat him as though they have an extra son, nothing is ever too much, they just understand." They went on to say that they liked to help their son to bed each evening and staff supported them to do this. We observed staff interacting easily with people, sitting or kneeling next to people when talking to them. One person told staff they wanted to have their hair done for a party. Staff took time to talk to them about which hairdresser they would like to go to and the different prices before booking the appointment for them.

Staff were knowledgeable about how people communicated and supported them in developing their communication. People used a variety of communication aids, one person had a tablet device where they were able to write what they wanted to communicate, another person used a communication board. One person showed us their communication folder which staff had developed with them. The folder included pictures of things which were important to the person including possessions, emotions, health, clothes and food. They indicated that staff helped them go through the book regularly and that it enabled them to make their needs known to staff. Pictures were continually added to support the person in extending their ability to communicate with others.

There was a strong emphasis on people maintaining and developing their independence. People told us that staff supported them to develop their skills and find ways to do things independently. Comments included, "The physiotherapist teaches me how to do my personal hygiene", "I am always encouraged to do things on my own" and "I can be independent here. I deal with my finances here." We observed that staff encouraged people to do things for themselves and aids and adaptions were available to support this. One person showed us that by using a sensor pressure mat with their head they were able to ring the call bell, change the channels on the television and make phone calls.

People's dignity and privacy were respected by staff. When entering people's rooms staff knocked on doors, waited for a response and greeted the person as they entered. Doors were closed when supporting people with personal care. People we spoke to confirmed that this was common practice. One person told us, "My privacy is respected because staff knock at the door before they are coming in." People had a choice regarding the gender of staff supporting them with their personal care and their preferences were recorded within their care records. One person told us, "There are male and female carers. So I can ask for a female carer."

Visitors to the service were made to feel welcome and there were no restrictions on the times people could

receive visitors. One relative told us, "We're here every day and stay as long as we like. At the weekend seventeen of my (family members) friends visited and were all made to feel welcome." During the inspection we observed people meeting with visitors in their rooms, communal areas and in the garden. Staff greeted people warmly and offered people's visitors refreshments.

Good

Is the service responsive?

Our findings

At our previous inspection in December 2015 we found that care plans were not personalised and lacked detail regarding people's life histories and interests. Care plan information was stored in different place making it difficult to access information. At this inspection we found that care plans had been reviewed and contained the information staff required to meet people's needs in a personalise way. Records were consistent and files were in people's rooms which enabled staff to have easy access to the information they needed when supporting them.

People received care in line with their needs and preferences. Prior to moving into the service people's needs were assessed to ensure the service was able to support them effectively. Where possible people were involved in the assessment process and assessments included information from professionals regarding people's clinical needs. Family members told us they had the opportunity to contribute to the assessment process by highlighting people's interests and preferences. There were clear links between the information obtained during assessments and people's care plans. Clear information was available to staff both electronically and within people's rooms which detailed people's needs and preferences. Where people required regular repositioning, staff were provided with pictorial guidance as to how to make the person comfortable and charts were in place to monitor this was happening. Care plans were reviewed regularly to reflect any changes in people's needs. One person told us, "My care plan is discussed and every 4 to 6 weeks in a formal meeting with nurses and physio, the staff is set up and make any changes."

People were supported by staff who knew them well and were able to respond to their needs. Care plans contained details about people's life histories, interests and observations showed that staff were aware of these. Staff were able to describe people's needs and preferences in detail. They were able to tell us who preferred to have a drink in bed before getting up and those who preferred breakfast before receiving personal care. Staff told us how they would support one person with their anxiety and what they would talk about with them to help them become calmer. This information was reflected in the person's care plan and daily recording completed by staff.

The provider had made improvements to the way people were supported with activities and a range of activities were now available for people to be involved in. A designated activity co-ordinator had been employed and people, relatives and staff told us this had led to significant improvements. One person told us, "The activities coordinator is enthusiastic and gets you involved." One relative said, "Activities have improved a lot. Even when they're not here they leave things out for people to do." A staff member told us, "The activities co-ordinator has brightened up the place and encouraged care staff to do more with people."

People were provided with a range of activities and people were supported to maintain their individual hobbies and interests. Throughout the day we observed people being involved in group and individual activities including exercises, puzzles, playing the organ and reading. There was a positive and relaxed atmosphere with people chatting to each other and staff. The activities co-ordinator told us they had arranged a number of activities including a weekly lunch club where people and families were invited to try different foods from around the world whilst discussing the culture of the relevant country. Visiting

entertainers were arranged twice each month and care staff were going out more to support people with shopping. A church service was held at the service each month and one person who wished to attend church more regularly was supported to do so.

The activities co-ordinator told us that they had spent time with people and their families to find out about their interests and ensure a personalised activity programme was in place. One person told us, "I do colouring in, word searches and jigsaw puzzles, drawing and painting, and jewellery making. All the things I enjoy." A relative told us that her family member enjoyed a particular series of books, the activity co-ordinator spent time reading to their family member and placed a note on a bookmark so staff could continue this. A baking session had been added to the activities programme as one person had said they enjoyed this. The activity co-ordinator told us they felt the changes made in the activity programme had made a positive difference to people. They said, "People are coming out of their rooms more and joining in things, everyone has commented that they have noticed a difference. I have the best job, I'm paid to motivate and encourage people, make them smile and laugh."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they felt confident in sharing any concerns and felt that these would be taken seriously. One person told us, "Recently I complained about my carpet and it was immediately arranged. The floor surface was changed making the floor more safe." The person confirmed that they had received a written response to their concerns and had met with the manager to agree the complaint had been resolved to their satisfaction. Complaints were reviewed by the manager to monitor any trends and minimise the risk of reoccurrence.

Good

Is the service well-led?

Our findings

People, relatives and staff told us they had confidence in the management team and felt the service was well-led. One person told us, "We are like a family and the staff take us out as one of their own. I can speak to the manager when I want to." One relative told us, "Management of such a place is difficult, but it is managed well. They listen and involve us." A staff member told us, "They will take it seriously if you raise a concern. I have no concerns with being honest, if there's something wrong they will do something about it."

Staff were confident that there was effective leadership and management oversight within the service. The manager was new in post and was in the process of registering with the CQC. Staff were positive about working with them and appreciative of the support they had received from the interim manager during the period of transition. One staff member told us, "(Interim manager) is amazing, always there to guide us and spends more time out of the office helping us. From what I have seen so far the new manager is the same. They work so hard." People and relatives also told us that they had no concerns regarding the transition between managers. One person told us, "The transition between management has been smooth. The new manager seems very personable. We've no concerns."

Regular audits were completed to monitor the quality of the service provided. Audits included the monitoring of daily 'walk around' to check for any concerns, health and safety, medicines, rotas, equipment checks and care plans. Where possible any concerns identified were addressed during the audit or passed to relevant staff members as actions to be completed. Actions required were monitored and signed when completed. For example, one care plan audit identified that a person oral hygiene care plan required updating; this had been passed to the nurse to update and had been completed. The medicines audit identified that one staff member's signature was missing from the staff signature list. We saw that this had been rectified in line with the action plan.

People and their relatives were given the opportunity to comment on the quality of the service provided and to influence future developments. People told us they felt listened to and were given the opportunity to discuss developments in the service. One person told us, "The manager asked in the Resident's Meeting if there was anything I wanted. I said that everything is fine but it makes you feel better that you're asked." Regular resident and relatives meetings were held at the service and a relative had been appointed to act as liaison for any relatives who wished to put forward suggestions and to support relatives should they find it difficult to raise concerns. Relatives told us that the management team were open to suggestions made and acted upon them. One relative told us, "We didn't like how the lounge looked, especially as there are so many young people here. They arranged for us to meet with the interior designer for the company to get our views and speak to people who live here. They've ordered new furniture and I'm sure it will look much more homely." Minutes of the meeting showed that people's comments were listened to and action taken to meet people's requests.

Satisfaction surveys were distributed to people, families and visiting professionals to gain their views on the service. Surveys were distributed to 10% of people using the service each month to ensure on-going feedback was received. Comments made were all positive, ranging from very good to good on the scale

provided. In addition to this a suggestions box was available in the communal entrance which provided people with the opportunity of making suggestions or raising concerns anonymously.

There were systems in place for staff to contribute to the running of the service and comment on the support provided. In addition to one to one supervision, regular staff meetings were held to discuss developments and any concerns. Staff told us they felt able to contribute in the meetings and minutes produced confirmed this. One staff member told us, "We work as team, it's the only way things will work here. If we need some support we can ask the care staff or the manager, they are always willing." They went onto describe that a suggestion for managing information passed on during handover could be managed more effectively. The process had been implemented and they felt things were working well.

The manager was aware of the need to inform CQC of any notifiable incidents effecting individuals or the running of the service. Although new to the post they were able to confirm when notifications should be submitted. It was found that a number of DoLS had recently been approved although the service had not informed CQC. The manager ensured the notifications were completed during the inspection.