

The Grange Centre for People with Disabilities

The Grange

Inspection report

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Date of inspection visit:
23 August 2016

Date of publication:
29 September 2016

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 Grange – Gloucester Lodge is a residential care home for accommodating up to 16 adults with learning disabilities, physical disabilities or a brain injury. The home is split into three units. Cedars with five people, Willows with six people and Maples with five people living in the home, which meant there were 16 people living at the home at the time of inspection.

People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language, Makaton (type of sign language) or a few key words to communicate their needs.

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. There was a manager in post, and they were in the process of registering with CQC.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks like personal care, activities and the environment and were updated frequently.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings were evidenced.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Staff were heard to ask peoples consent before they provided care

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis and people were given extra support with portion control if needed.

People were supported to maintain their health and well-being. People had regular access to health and

social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision and all staff had recently received an appraisal.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People and their relatives were involved in planning people's care. People's choices and views were respected by staff. Staff and the manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their living skills to gain more independence.

People told us that the activities on offer had improved and they enjoyed the range of activities.

The home listened to people, staff and relative's views. The management welcomed feedback from people and acted upon this if necessary. There was a complaints procedure in place which was followed effectively.

The home was well led. The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent appropriate notifications.

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.

Risks to people were identified and managed. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered safely and people received their medicines when they should. Medicines were stored and disposed of safely.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred. The home offered a personalised service. Care needs and plans were assessed regularly.

There was a range of activities on offer for people. People told us that opportunities for activities had improved.

People and their relatives told us they felt listened to. Complaints were managed effectively.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable.

The Grange

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 23 August 2016 and was conducted by two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three staff members, the manager, the nominated individual and three relatives.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas.

We reviewed a variety of documents which included three people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty rotas, maintenance records, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

We last inspected the service on 8 May 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe. One person said "I feel safe, staff check to see where we are." One relative said "They are absolutely safe."

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us "there is financial, emotional and physical abuse. I would speak with the manager; call the safe guarding team who are really helpful. Or the police or CQC." Staff told us that they had training in safe guarding and this was confirmed by the training records.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safe guarding team and CQC to contact if required. Safeguarding information was displayed in the staff office as well as on the noticeboards for people. The manager had notified us when safe guarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

There were enough staff to meet people's needs. One person told us "I think that there is enough staff, we don't need anymore." One relative said "There are always staff about." Another said "They are getting there with staff."

The manager told us that they had recently reviewed people's support needs and increased the staffing levels. One staff member told us "There used not to be enough staff, but since the increase of one it was now fine and we have time to do everything we need to do." The manager told us that there are six staff on shift, with one senior carer from 7.30am-10pm, one sleep in and a waking night to support one person. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that people did not wait for care or support when it was required and staff were always available in communal areas.

The manager told us that there were domestic staff in place that clean the home and an activity co-ordinator, which meant that the care staff could focus on supporting people.

There were robust systems in place to ensure that staff employed were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. Staff recruitment records contained information to show us the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep

people safe. We could see from people's plans that people were involved in their risk assessments. Person centred plans contained risk assessments in relation to bathing, preparing meals, attending various activities and travel.

Where needed there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, one person self administered some of their medicine and another for a person who used a specific piece of equipment when bathing. For people who had health conditions that needed staff to monitor their health condition, there was specific and detailed guidance in place for staff, which included a person wearing an alarm to alert staff if required. We saw that this person was wearing it on the day. Risk assessments were reviewed frequently and as required.

The manager had oversight of incidents and accidents. All accidents and incidents were recorded. There was detailed information about the accident, any witnesses, injuries and treatment people received. The form was audited by a senior member of staff to check appropriate processes were followed and correct action taken. Staff knew what to do if someone had an accident, for example a fall. One staff member told us "I would sound the call bell for help, I would pat the person's body to check for injuries and to see if anything hurt. I would call the paramedics."

People would be kept safe in the event of an emergency and their care needs would be met. The manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should go and where people could stay if an emergency occurred. Each person had an emergency sheet which included personal information about them such as their photo, diagnosis, GP, medicines, allergies and the level of support they needed day to day.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency. Staff confirmed to us what they were to do in an emergency.

Medicines were stored and disposed of safely. Medicines were stored securely in people's rooms. People required staff support to enable safe administration of their medicines. We looked at people's medication administration records (MAR) and their blister packs. They were without gaps and correct codes were used when people were away from the home, this confirmed that people were receiving their medicines.

Medicines were administered safely. We observed medicines being given to one person; it was done in a dignified way with the person's consent. The person asked for some paracetamol for a headache. The staff member gave them the tablets and told me they would record this in the health notes in the office to help ensure staff did not give additional paracetamol without knowing. We checked the health notes and this had been recorded.

There were guidelines in place for 'as required' (PRN) medicines such as some pain relief, which enabled staff to know how and what signs the staff should look out for as to when to administer the medicine.

When a medicine error had occurred, for example one person had one missed medicine, immediate action had been taken to contact the GP and to review the staff member's competencies and offer extra training if required.

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, a person needed continuous supervision to ensure all their care needs were met. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

The manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "We allow people to make choices, they may not be good decisions, but I tell them the pros and cons of making the decision. I give people different options and offer them choice."

Consent to care had been sought from people. This was done in pictorial format and signed by the person. One person had a monitor in their room for safety in relation to their epilepsy. They had given consent to this before this had been installed. We saw staff throughout the day asking people's consent before supporting them with needs.

People received care from staff that had the skills and knowledge to care and support them effectively. Staff told us that the training was good and that they got training in certain health conditions that affected people such as epilepsy. Staff received mandatory training in areas such as moving and handling, mental capacity and makaton (a type of sign language). There is role specific training which included learning disabilities and dementia. One staff member told us that they had asked the manager for training to improve their knowledge in a certain health condition so they could understand and support the person better. The manager had organised this.

The manager supported staff to undertake the appropriate induction and training in their personal and professional development needs. The induction consisted of the Care Certificate (an induction programme that sets out standards for all health and social care workers), with one or two weeks of shadowing other staff to observe the care and support given to people prior to them starting work. The manager had recently implemented a new induction checklist which we saw. This outlined to the new member of staff what they needed to know about each person living at the home. This was then signed off by the manager.

One person is involved in the delivery of the Makaton training to staff. The person chooses a Makaton sign of the week and teaches the sign to staff and people for people to practise. One staff member said "If I don't know a sign I will just go and ask [the name of the person]."

The manager ensured that staff had regular supervision which looked at their individual training and development needs. The manager told us that all staff had completed an appraisal recently. This was confirmed by staff and the records held. One staff member told us "I have had supervision training. We discuss how they are working, what is working well and areas they can improve on. Everyone has had an appraisal."

People were supported to have a healthy and balanced diet. We observed a meal time in one of the units, one person had cooked lunch for people who were at home. One person laid the table. People were complimentary about the meal cooked, one person said "That was really nice." The meal was calm and sociable, with people and staff chatting about their day. Staff sat at the table eating the same meal as the others. One person required equipment to eat independently, which was available to them. Staff supported people to cut up their meals as requested by them.

People had a choice of cold drinks and fresh fruit for desert. People were encouraged to take their own plates to the dishwasher and clear the table when finished. Staff prompted people to drink plenty of cool drinks as it was a hot day. People's weights were monitored regularly. Where people needed support with reducing their food intake, portion sizes were monitored as was the food intake.

Menus were developed in conjunction with people and pictures were used to display the food for the day. Each unit had a separate menu. People were encouraged to put the pictures themselves on the board, we saw one person doing this. The lunch matched what was on the board.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist and optician. On the day of inspection, one person was accessing their hydrotherapy session in line with their care plan. People were supported to attend annual health checks with their GP. People had hospital passports in place, this identifies people's health needs and which health professional is supporting them.

Is the service caring?

Our findings

One person said "I like living here, the staff are kind." Another said "The staff are the best thing." A relative said "She is very happy and content there, its very homely." Another relative said "The Grange's greatest asset is their staff."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. One person told us that "Staff are lovely and wonderful." We saw staff using humour and touch when engaging with people. There was a family atmosphere, with people and staff chatting. One staff member asked a person about how their morning was going and then said "I like your top, where did you get it from?"

It was one person's birthday; staff were preparing a special afternoon tea party for them and invited all their friends. Staff had decorated the place with balloons and banners. The person told us that they had opened up all their presents that morning and were looking forward to their party that afternoon.

Staff were attentive and supportive towards people. One relative said "Staff are very compassionate and caring. They have so much patience." Staff were seen to promote people's independence throughout the day. We saw staff prompt people to clean and tidy up after the meal, people were encouraged to do as much as they could. One person said "I am independent, I cook my own meals." Another said "We all chip in and do the bins, or sweep the floors."

Staff knew people's individual communication skills, abilities and preferences. One staff member told us one person liked to cook and to go out for meals. We saw from their daily records that this person was supported regularly to cook meals and to go out for meals at a place for their choice. People told us that they felt they got the right support; one person said "They [staff] help me have a shower in the evening; I tell staff what I need."

Staff offered people choice. Throughout the day, we heard people being offered choices of drinks and what activities they would like to do. For example, one person wanted to spend the morning sun bathing prior to attending activities on site. Staff regularly came out to offer them drinks and to support them with sun cream.

People's privacy and dignity was respected. At lunch time, a staff member noticed that one person needed support to use the toilet. The staff member discreetly prompted and supported the person with this.

We observed staff knocking on people's bedroom doors before entering. One staff member said, "If the person needs the toilet, I would stand outside their bathroom and would wait for them to call for my support."

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. We saw staff talk to people using their preferred names.

People were dressed appropriately and in clean, well presented clothes.

People told us that they were involved in their care. Peoples care plans had been signed by people where they could.

There were no restrictions on when people could visit their relatives. People told us that they often went to their families' home for weekends.

Is the service responsive?

Our findings

People received a personalised service that met their needs. One person said, "I like doing textiles best and also when I help out in the main kitchen each Wednesday to cook the meal. I really enjoy that."

People had personalised and detailed person centred care plans in place. They gave staff information on people such as 'Things I don't like, things I want and support I need'. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. The manager and staff confirmed they knew what people's likes and dislikes were and how they liked to receive their support.

Support plans were designed to promote people's independence. They detailed what tasks people were able to do and what tasks people required support for. People had goals and objectives in place, or 'dreams and wishes', such as cooking an evening meal once a week. The manager told us that she had recently implemented a monitoring sheet for staff to review and report each time the person was supported with their goal. We saw a copy of these records and could see that staff were supporting people towards achieving their goals.

The manager told us of a new tool that was currently being introduced and would be offered to everyone once all staff have had their training. The 'life star' is a pictorial tool that measures people's journey towards achieving their goals and wishes. It enables people to see what success they are having, put also asks the questions, what is not working so well and how can we change it. This is due to be implemented Autumn / Winter 2016.

There was a record of people's histories. People had a life story book in place. These detailed people's lives from birth and contained information such as where they went to school, their first memory, and who their friends were, it also contained photographs.

Daily records were kept for each person. One staff member asked people "what would you like me to record in your logs today." The staff member went around each person and asked questions about whether they were happy, or had a good session and this was then recorded in the person's log. A handover occurred daily where people's support needs were discussed and any changes to them handover to the next shift of staff.

People's needs were assessed prior to admission and there was on going assessment of people's needs. People's care was reviewed as required. Relatives and health professionals were involved. This was evidenced in people's care plans.

People's views about their care and support preferences were sought. There was a keyworker system in place, which supported them when planning activities and to access the community and updating their care plans. One person told us that they were happy with their keyworker. One relative told us their loved one had an "Absolutely super keyworker, who sends me 'photo's for what [name of person] has done." They

went on to say "I have had a very good relationship with them."

People were supported for a three and a half hour period throughout the week with their allocated staff. The manager told us that this was for time to spend with how the person wanted, for example shopping, cleaning or day trips out. One person told us "I have been out on a day trip to Portsmouth and I am going to Chessington, my keyworker is organising that."

The manager told us that they were about to introduce a new monthly keyworker session, where items such as food and activities are discussed with people. The keyworker would also be responsible for reviewing the person's accidents and incidents, contact with health professionals and family. The manager told us that this was to ensure that the person was receiving the right level of care and support and that their plans were updated regularly.

The home is responsive to people's changing needs. The manager told us that they had put in extra staffing to support a person who was having a difficult time at a certain part of the day. They had worked with the person's social worker and family to ensure that the staffing could be permanent to support this person. The relative confirmed that there was a good plan in place for their loved one and it was "fantastic in the way the home had responded."

People had health passports in place and they were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

People told us that activities had improved; one person said "It's better now. Some [people] used to be bored, but due to the increase in staff there is more going on. Particularly at the weekends." One relative told us that their loved one did not like horticulture and the session was quickly changed to something that they enjoyed more. We saw from people's daily records that people were frequently participating in activities on and off the site.

There were a variety of activities available on site for people to join in such as horticulture, catering and arts and crafts. The manager told us that there is an activities co-ordinator who is who works during the week, who organises evening outings and trips out. People told us that they liked participating in the cooking and arts and crafts session. The person, whose birthday it was, told us that they had been to Windsor to celebrate their birthday.

People were involved in the running of their home. Residents meetings occurred bi-monthly for each unit. Minutes indicated items such as activities, keyworkers and menus were discussed. The meetings were well attended by people. People had mentioned in one of the units, that the curtains were too long, this had been rectified.

The Grange also runs an 'us group', which is a group, for people who can attend from the residential, day or supported living services. One person had requested that a patio could be laid outside at the back for them to make the most out of the garden and the path widened. The manager told us that funds were currently raised for the patio and the path had already been widened.

Relatives told us that they felt comfortable in making a complaint and felt that they would be heard and responded to. One relative said "I can pick up the 'phone and talk to people, they are very active and very responsive." People's complaints were welcomed, responded to and used to improve people's experience of living at the home. Complaints from people were responded to in line with the provider's complaints policy.

All complaints had been resolved and closed. An action plan from a general audit highlighted the need to have complaints information in Makaton format in each unit. We saw that this had been done.

Is the service well-led?

Our findings

There was an open and positive culture which focused on people. One relative said "The management are fantastic; they have worked wonders with [name of person]." Another relatives said "It's a fantastic place, a home for her, she is happy there. It's a professionally run organisation."

The management team interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. The manager had an open door policy; we saw people and staff regularly go to the office and chat. We saw the manager walk around the home at certain parts of the day to talk with people and staff.

Staff told us that they felt supported by the management of the home and that they were approachable. One staff member said "The manager knows her stuff, any questions; she will point us in the right direction." Another said "I feel involved and able to speak up."

The manager told us that they had organised a staff away day earlier this year. This was to discuss staff's roles, responsibilities, values and to improve team working. The manager said "the vision is for people to take full ownership with us supporting them." Staff were clear about the values of the organisation. The manager and staff told us that team work had improved. One staff member told us "It's a close knit team, we help each other and we can ask people to come and give us a hand and they will, no problem."

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues and training. Staff were clear about their roles and responsibilities. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

There were robust systems in place to ensure that quality care was provided and improved where identified. There were various audits including health and safety, infection control and a general audit which reviewed peoples care and support. These audits were carried out regularly by the Quality Assurance Manager and the manager. From the audits the manager had complied an action plan, which detailed what needed to be completed, who was responsible, date action to be completed which was signed off by the manager. All actions had been completed.

The manager had an action plan in place for the home which has identified areas for improvement, such as improving internal monitoring and reviewing the induction for new staff. The plan had a target date and people who were responsible for the improvement. The manager had ensured that progress had been reviewed and this was recorded on the form.

The manager completed quarterly reports to the social care committee, which has the Nominated Individual as a member and some board members. Items such as safe guarding, complaints, staffing and improvement plans were reported on.

The Nominated Individual told us that they have signed up to the 'driving up quality code'. The organisation had completed a self-assessment, which focused on improving the quality of care for people. An action plan is in place, with actions that are time limited and with named staff who are responsible. This is reviewed by the senior management team.

To ensure that the home recruited staff that shared the value of the organisation, the provider had recently implemented an 'employee behaviour framework'. Values included friendly, caring and integrity. This also supported existing staff with identifying areas of development and for staff to take responsibility for their own learning.

The quality advisor had oversight of all incidents and accidents in the service, the manager told us that they audited incidents and accidents every six months to see where improvements could be made.

People and relatives were able to feedback to the service and to the manager. The Nominated Individual also told us that there is a family carers and trustees consultative forum meets quarterly. Minutes of the meetings discussed recent changes to staffing structures, opportunities for people to work and building plans.

An annual satisfaction survey was completed in 2015, with a number of actions to be completed. People were saying that they wanted more activities at evening and weekends, the provider has employed an activities co-ordinator, as highlighted in responsive. Overall the comments were positive.

The manager kept a compliments record, compliments reviewed in the past six months from relatives, one stated "Friendly atmosphere and excellent leadership." Another stated "Staff are very friendly."

The Nominated Individual told us that they will be implementing a new IT system which will enable greater and easier oversight of incidents and accidents. The new tool will be available for staff to input people's support plans and risk assessments. It will also monitor training and supervision. This system is being introduced in stages towards the end of 2016.

The manager had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required. All care records were managed correctly and kept securely throughout the home. The manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day and matched the action plan that was in place.

All the policies that we saw were appropriate for the type of home, reviewed annually, were up to date with legislation and fully accessible to staff.