

# Mr & Mrs A S Benepal

## Shalden Grange

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This comprehensive inspection took place on 18 and 20 February 2015 and was unannounced. One CQC inspector visited the home on both days.

Shalden Grange provides accommodation, care and support for up to 35 people. At the time of the inspection there were 29 people living at Shalden Grange. The home had a 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.'

Although overall the service was safe we found some areas where the safety of the people living there could be compromised. In a corner of the garden there were discarded mobility aids, a mattress, an old toilet and cistern along with an amount of rubble. This would pose a risk to people's health and safety. The registered manager told us the items were scheduled to be collected and removed within a fortnight. An upstairs bathroom had a worn carpet and the bath panel was cracked and broken, some bedroom furniture surfaces were worn and a bedroom wall was damaged exposing

# Summary of findings

fibres which would pose an infection control risk. The registered manager told us there was an on-going maintenance schedule and they would make the required improvements as soon as possible.

We received mixed comments about the activities programme offered by Shalden Grange. A number of people told us they preferred to spend time on their own, however others told us they would like the opportunity to have more regular activities and entertainment provided.

Staff took time with people and were kind and helpful, caring for them with patience and compassion. People were relaxed with members of staff and actively sought their company for support and to talk to.

Medicines were handled appropriately, stored securely and managed safely.

People's needs were assessed and care was planned and delivered to meet their needs. Risk assessments were in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed an assessment of need had been carried out to ensure risks to people's health were managed. People were referred to suitable health care professionals as required.

There was a system in place to ensure staff received their required training courses. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received. Staff demonstrated a basic understanding of The Mental Capacity Act 2005 and were able to give examples concerning 'best interest' decisions that had been made for people.

There were enough qualified, skilled and experienced staff employed to meet people's needs. Staff felt well supported by the management team and received regular supervision sessions and annual appraisals.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People received personal care and support in a personalised way. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

The service was well led, with a clear management structure in place. There were systems in place to drive the improvement of the safety and quality of the service and there was evidence that learning took place from the review and analysis of accident and incidents.

The registered manager kept up to date with current guidance and regulation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Overall the service was safe. However, people who used the service were being put at risk because the safety and suitability of the premises was not always maintained.

Medicines were managed safely, stored securely and records completed accurately.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Requires improvement



### Is the service effective?

The service was effective. Staff received on-going support from senior staff to ensure they carried out their roles effectively. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a variety of choice of good quality food and drink.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

Family members continued to play an important role and people spent time with them.

People could raise a concern and felt confident that these would be addressed promptly.

Good



### Is the service well-led?

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Good



# Summary of findings

Observations and feedback from people and staff showed us the service had a positive open culture.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# Shalden 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 comprehensive inspection took place on 18 and 20 February 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met and spoke briefly with the majority of the people living there and spoke in depth with 8 people and a visiting relative. We also requested written feedback on their views of the care provided at the home from GP's and district nurses who

regularly visited Shalden Grange. We spoke with the owners, the registered manager, the deputy manager, the cook and four members of care staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at three people's care, treatment and support records and 19 people's medication administration records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This was because we brought forward the inspection following information we had received.

# Is the service safe?

## Our findings

People who were able to tell us said they felt at home in Shalden Grange and that they felt safe. People told us, “I’m very happy living here, I’ve just had a wonderful breakfast and they all look after us well”. Another person told us, “This is my home, I like living here”. When asked if they felt safe living at Shalden Grange people replied, “Oh yes, of course”. A relative told us they were very happy with the level of care provided by the home and felt their relative was kept safe.

We observed staff took time with people and did not appear rushed. People spent time chatting and laughing with members of staff and told us the staff were kind and helpful. We observed people were relaxed with members of staff who spent time with people making sure they were reassured and had everything they needed.

We completed a tour of the home and found some areas where the safety of the people living there could be compromised. The garden had been landscaped and provided a level surface for people to safely walk around. However, in one corner of the garden there were discarded mobility aids, a mattress, an old toilet and cistern along with an amount of rubble. This would pose a risk to people’s health and safety and was an area for improvement. The registered manager told us the items were scheduled to be collected and removed within a fortnight.

The upstairs bathroom was carpeted, The carpet was worn and the bath panel was broken and cracked, which posed an infection control risk. A number of bedroom furniture items such as wardrobes and chests of drawers that had been provided by the service were chipped and the surfaces worn. One bedroom wall had been damaged by the bed knocking into it resulting in the plaster coming away leaving the inner wall fibres exposed. This posed an infection control risk to people. These were all areas for improvement. We highlighted these concerns with the registered manager who told us there was an on-going maintenance schedule and they would make the required improvements as soon as possible.

Staff spoke knowledgeably about spotting the signs of abuse and knew how to report possible abuse to the registered manager or local social services. Staff told us they had completed training in protecting people from

abuse and were aware of the provider’s policy for safeguarding people. We reviewed the provider’s safeguarding policy, which was reviewed annually and gave information regarding the signs of different type of abuse and how staff could report abuse. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

The deputy manager showed us the system the service operated for administration of medicines. This was a new system that they had been operating for a few months and meant all medicines were delivered to the home already packaged and ready to administer to individual people. Staff told us they found this system to be very helpful stating not only did it save a lot of time but there was very little room for error which meant people received their medicines in a safe manner.

Medicines were stored safely and disposed of appropriately. On the day of our inspection visit nobody in the home was being prescribed controlled drugs or having their medicine administered covertly. We checked the controlled drugs register against the stock and confirmed controlled drugs were not being held in the home. Staff demonstrated a good level of knowledge around the administration of medicines. Records showed staff had received training and had been assessed for their competency in administering medicines. There was one person who had PRN (as needed) medicine to manage their pain. This person was able to ask staff for their PRN medicine and staff were knowledgeable about when and how often this person may require their PRN medicine.

We observed staff supporting people to take their medicine. Staff were knowledgeable about how people liked to take their medicine and clearly explained what the medicines were for before giving them to people. Staff waited patiently while people took their medicines and did not rush them.

We reviewed 19 medication administration records (MAR) and found all medicines given had been signed for which meant people were having their medicines as prescribed. Where people had allergies, these were clearly recorded. There was a system of body maps in people’s bedrooms to ensure people had prescribed creams applied at the correct frequency.

## Is the service safe?

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of three people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had risk assessments in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. We saw records that showed an assessment of need had been carried out to ensure risks to their health were managed. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, dietician or GP.

There were enough staff employed to meet people's needs. The registered manager showed us the staff rotas for a three week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Shalden Grange. Records showed there were more staff on the morning shift, than on the afternoon shift which meant people did not have to

wait for lengthy periods to get up or to have their breakfast. Staff told us this system worked well. The registered manager told us they constantly reviewed the needs of people to ensure the correct levels of staff were available on each shift. During our inspection visit we observed call bells were answered promptly and people who required assistance were attended to quickly and safely.

The registered manager told us they used an independent recruitment agency for recruiting their staff. We reviewed four staff recruitment records and spoke with two members of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at Shalden Grange well before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Shalden Grange.

# Is the service effective?

## Our findings

People told us they felt very well cared for by the staff at Shalden Grange. One person said, “The staff are fabulous, I don’t want for anything”. People said, “The staff here are lovely, so kind and always checking on me”.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed supporting. A member of staff explained how they reassured people on a daily basis, for example discussing past historical events with people and talking about their relatives and previous occupations to reduce their anxiety levels. Staff demonstrated a good knowledge of people and told us how they preferred their care needs to be met. For example, one person regularly became agitated and anxious so the member of staff explained how they spent time with the person, brushing their hair and calmly talking with them about their family and ensuring they made their own choices about what they would wear each day as that was particularly important to the person.

Staff told us they felt well supported by their colleagues and the management team. We saw records that showed staff received regular supervision sessions with their manager, which were positively written and contained information and advice concerning further training and development needs. Records showed staff received annual appraisals which allowed staff the opportunity to comment on their own development and what future training they may require. Staff told us they completed the core training modules, for example, moving and handling, infection control, safeguarding adults and fire safety. Staff told us the majority of training courses were completed via on line training; however some training courses such as manual handling were completed on a practical one to one basis. Staff said their induction training had been effective and had equipped them well for their future roles. They confirmed they had completed a period of shadowing with an experienced member of staff ensuring they knew their job role and people’s care needs well before attending and supporting people on their own.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no

other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the registered manager. The registered manager told us they had one completed DoLS application, however they were in the process of completing a further five DoLS applications and would be submitting them to the local authority shortly. They stated they would then be submitting DoLS application in batches of five, once they had gained further legal advice around the completion of the applications.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people’s care were carried out in their best interest where people lacked the ability to give their consent. People had best interest decisions recorded in their care plans. The registered manager showed us a ‘best interest’ decision that had been completed for a person; this showed the persons relatives had been consulted in the decision. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent, however they stated if they needed further guidance they would refer to the deputy manager or registered manager.

We observed staff gave people choices concerning many areas of their daily lives. For example, people were asked where they wished to sit, whether they would like to sit with other people for company or if they preferred to sit on their own. Staff asked what food and drink people preferred to have as well as checking if they would like a blanket or if they would like to join in a game of bingo. Staff told us they always encouraged people’s independence; however they were fully aware if people did not wish to do something that was their choice. Staff told us, “We treat everyone as individuals and give them the best care we can”.

We spoke to the cook who demonstrated a thorough knowledge of what people living in the home preferred to eat. They explained the varied menu they prepared each week and told us they used good quality fresh produce that was delivered by a variety of independent caterers. They said they felt fully involved in ensuring the people living at the home received good nutritious food that they liked and enjoyed. People’s dietary needs were assessed and the cook was actively involved in compiling varied and nutritious meals for people, taking into account any



## Is the service effective?

medical needs such as soft or fortified dietary requirements. The cook told us they made low sugar cakes and scones for those people living with diabetes, this ensured they were given food they enjoyed but it was managed in a manner that ensured their health was maintained. The cook said they regularly went around the home and chatted to people to make sure they were able to offer food that people wanted or fancied for a change. Snacks, sandwiches and fruit were available throughout the day and we observed staff constantly offering people hot or cold drinks and a variety of fruit juices.

People who needed specific assistance to eat were settled in the dining room a little while before other people came in for their dinner. This meant people who needed extra help and support were given assistance in a calm and unrushed manner that allowed them to enjoy their meal at their own pace. We observed the main meal at lunchtime in the dining room which was well presented and appetising. The atmosphere at lunchtime was very good, with people chatting to each other about what they were eating, the weather and the flowers that were in the garden. There was soft background music playing which people told us they enjoyed.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people were assisted to sit where they wished and people's care needs were prompted in a timely manner. For example, one person liked to get up and have a little walk between courses and staff were on hand to assist this person promptly. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away. We observed some people were asked if they would like some sherry with their dinner, which they replied they would. Staff asked one person if they would like an apron to wear, the person replied they would just prefer a napkin

and their wishes were respected and a napkin was given to them. There was a choice of meal and desert for people, which included a desert choice of yoghurt, tiramisu, ice cream or cheese and biscuits.

People who were at risk of malnutrition had their food and fluid intake and weight monitored. This was to make sure they had enough to eat and drink and their weight was maintained or increased. However, the records in people's bedrooms showed what people had eaten but the daily total of fluid consumed had not been recorded on any day. This meant staff could not easily identify if that person had received enough fluid to prevent them becoming dehydrated. The records also did not have a target amount of fluid needed on a daily basis for each person, this meant staff would not be able to identify how much fluid people would need per day to prevent them becoming dehydrated. The deputy manager acknowledged this was an area for improvement and they would amend the system accordingly. They said the computerised record system totalled the food and fluid amounts but the paper records kept in people's bedrooms would require amending.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, chiropodists and GP's.

People's care plans showed they had access to a range of health care professionals and specialist health teams including, dieticians, speech and language therapy. The care plan system was computerised and was reviewed on a monthly basis by the senior carers and deputy manager. Records showed people who were at risk of developing pressure sores were regularly repositioned throughout the day and were cared for on air mattresses and pressure cushions. Staff confirmed they had enough specialist equipment available to care for people correctly.

# Is the service caring?

## Our findings

People told us they found the staff kind and caring and enjoyed living at Shalden Grange. A visiting relative told us they were really pleased with the care provided by the staff and stated, "I'm so relieved Mum managed to get a place here, everyone is so helpful, friendly and kind, I am very happy with the care that's provided". Staff told us, "I treat everyone as an individual, and spend time getting to know them; I treat everyone as I would like to be treated myself". Over dinner one person asked a member of staff if they were happy in their work, the member of staff replied "Of course, I love my job".

We observed good interactions between staff and people. Staff treated people with patience and respect and were attentive and knowledgeable about their specific care needs. Staff spoke to people in a friendly manner and we observed people sought staff out to have a chat and appeared relaxed and comfortable with them.

Staff spoke knowledgeably and fondly about people and gave us detailed information about people's backgrounds, what their occupation had been and how they preferred to spend their day, what drinks and food they liked and how they preferred their care to be given. This showed staff knew the people well and provided support and care in an individualised manner.

People and their relatives were involved in planning their care. A visiting relative told us, communication in the home was, "Excellent". They said they were always kept fully up to date with any changes with their relative and felt fully involved in their care and welfare. They said, "I can't fault anything, they have been excellent".

The deputy manager told us they were in the process of completing specific information sheets for each person titled 'this is me'. The document would be on display in each person's bedroom and would give a summary of the person stating what they had done in their life, how they liked to spend their day, their likes and dislikes and would provide useful personalised information for staff to ensure they could give individualised care. Although this information was in people's care plans, these plans were computerised and it had been discussed a summary sheet in people's bedrooms would provide a useful prompt for newer staff to get to know people well.

People's privacy and dignity were respected. Staff explained how they ensured blankets and towels were always in place whilst they were administering personal care to people to ensure their dignity was protected at all times. We observed that people's bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times. When asked if staff respected people's privacy and dignity one person replied, "Oh yes, they are very kind and caring".

During our inspection visit we observed people's personal records were kept secure and no personal information was left on display.

People's relatives and friends were free to visit them throughout the day. We spoke with a visiting relative who told us they were always made to feel very welcome and often popped in at all times of the day.

# Is the service responsive?

## Our findings

People and relatives we spoke with told us they felt the staff treated everyone as individuals and responded well to people's particular health needs. People told us, "I'm looked after well; I don't have to wait for long if I need anything". Another person told us, "I'm surprisingly cheerful today, the staff help me so much and look after me all the time".

Call bell alarms were available in all bedrooms and people told us they knew how to use them and that staff usually came quite quickly. Generally people felt the call bells were answered quickly but sometimes there was a delay if the staff were particularly busy. During our inspection visit call bell alarms were answered promptly and were not left ringing for lengthy periods.

People's needs were assessed and care and treatment was planned and recorded in people's care plans. Risk assessments were completed for a range of areas including, mobility, nutrition, skin integrity and foot care. We looked at three people's care plans in depth and saw all care plans were reviewed on a monthly basis or when their needs changed. For example, one person's diabetes had become unstable and records showed staff had contacted the person's GP who had advised staff to test the person on a daily basis to check their glucose levels. Records showed this was being done and staff spoke knowledgeably about this person and were able to explain what they would do in the event this person's experienced a hyper or hypoglycaemic episode.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required.

People did not always receive regular meaningful activities. We received mixed comments about the activities programme offered by Shalden Grange. One person told us, "There are not many things to do really, I think that's an area they could do better". Another person told us, "Sometimes they run bingo, but I prefer not to join in anyway". One person we spoke to was being cared for in

bed and they told us they had relatives that visited them most days which provided them with an activity most afternoons. Staff told us if people were being cared for in bed they tried to spend time with them in the afternoon, spending time chatting to them on a one to one basis.

Staff were able to give good examples of how they supported people living with dementia to relax and become less anxious. They did this by sharing knowledge of their past occupations, family members and discussing hobbies they had enjoyed taking part in.

There was an activities schedule on the lounge door which detailed activities such as Bingo, watching DVD's, gentle keep fit and ball games. Staff told us they spent time with people in the afternoon on a one to one basis, chatting and talking with them and told us they ran bingo sessions and showed some films. They said they were able to do more with people during the warmer months because they could make use of the garden and they held barbeques outside.

The registered manager told us they would be looking into arranging independent entertainers to visit the home on a regular basis, such as musicians and reminiscence entertainers. The lack of regular meaningful activities was an area for improvement for people living at Shalden Grange. People that were cared for in their bedroom were not always able to take part in leisure activities that were meaningful to them.

People knew how to make a complaint and information about the complaints procedure was displayed within the home and included in the information booklet in people's bedrooms. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. One person said, "I wouldn't hesitate to raise a complaint if I had to". We reviewed the provider's complaint policy which gave clear advice on how to complain and the steps that would be followed. The registered manager confirmed the service had not received a formal complaint since the last inspection that was completed in February 2014. If people had general concerns, for example regarding the laundry process or the menu's these were discussed on a day to day basis with any resulting changes in procedure being covered at staff and relative meetings.

# Is the service well-led?

## Our findings

People told us they did not have any concerns about the leadership of the home and knew who the registered manager was. People spoke positively about the management team and with affection for the care staff, stating, “The manager is often around, I would speak to them if I needed anything, although I normally speak to the deputy manager, they’re always here and are so helpful”.

Staff spoke of the homely and person centred culture of the home. People told us they enjoyed living at Shalden Grange and said they felt “at home” living there. There was a registered manager in post who was present throughout the inspection as were the owners of Shalden Grange. They told us they encouraged an open and family orientated culture and said they were always available to speak to anyone and promoted an ‘open door’ atmosphere within the home. Staff told us they felt comfortable to approach the management team and felt their views and ideas would be listened to.

People told us they were kept fully informed and felt involved with the running of the home. Records showed resident and relatives meetings were held. These meetings allowed a forum for people and relatives to put forward any ideas or suggestions they may have as well as being kept informed about future events planned for the home.

The registered manager sent an annual quality assurance questionnaire to people and their relatives to review what people thought of the service and care they received at Shalden Grange. We reviewed a large selection of questionnaires which had been positively completed. Topics covered in the questionnaires included; catering and food, premises, personal care and support, management and daily living. Comments received included; ‘Nothing seems to be too much trouble for them’ and ‘We find the staff caring and very professional, happy and willing to help’. The questionnaires were analysed and summarised and available for people to view.

Staff told us they felt well supported and confident if they had concerns or issues they would be listened to and treated fairly. Staff told us they felt valued by the management team and they really enjoyed providing good, person centred care for the people at Shalden Grange. Staff said they received regular supervision sessions and had annual appraisals. We saw records that showed these had

been completed for all staff. Staff told us they attended regular staff meetings which they found useful, we saw minutes of staff meetings which showed the meetings were positively run and commenced with thanking the staff for all their hard work. A range of topics were covered at the meetings including; staff rotas, mobile phone use, training and timekeeping.

Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing. The registered manager showed us the systems that were in place to monitor the quality and safety of the service that was provided. There were a variety of monthly audits including; housekeeping, electrical inspection, care plans, infection control, medication and premises. We saw action plans were put in place where there were weaknesses found and corrective action scheduled and taken such as additional staff training and discussion at staff meetings.

We were shown the providers range of policies and procedures which were detailed, annually reviewed and covered a wide range of areas including; staff recruitment, mental capacity, safeguarding, discipline and grievance and whistleblowing.

The registered manager had a system in place for reviewing and monitoring accidents and incidents. Staff told us how they had learnt from the recording of incidents and accidents and gave us an example of when an individual had liked to get up from bed during the night and had started to fall over. The increasing amount of falls that had been recorded for this person, raised concerns and highlighted there was a problem. The staff discussed the problem and arranged for a pressure alarm mat to be placed beside the person’s bed. This meant staff were then alerted when the person got up and they were able to get to the person to assist them to walk around safely without falling.

We saw there was a regular schedule of maintenance checks for all areas of the premises and we saw recent certificates for electrical and gas safety checks. The registered manager told us all water systems were checked by an independent contractor and they had recently undertaken a refurbishment of the water system including replacing storage tanks and pumps.

## Is the service well-led?

The registered manager told us they kept themselves up to date with current guidance and regulation by attending regular workshop, seminars and training events run by independent health and social care groups and the Care Quality Commission.