Care Quality Commission

Anchor Trust

Landemere Residential Care Home

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

This inspection visit took place on 7 June 2016 and was unannounced. We last inspected this service on 3 December 2013 and found that the service lacked consistency in establishing people's capacity to make decisions. We followed this up with a desk based review in February 2014 and found that the service had made improvements and met their legal requirements.

Landemere Residential Care Home provides accommodation for up to 41 people who need personal care and support. The service provides care for older people and people living with dementia. Accommodation is provided on two floors arranged into separate units. The service has single bedrooms with toilets. There were 38 people living at the service at the time of our inspection, with one person in hospital.

The registered manager of the service had been in post since January 2016. 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.

People using the service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

There were robust recruitment processes in place. Staff completed thorough checks before starting work at the service.

People's medicines were managed in a way that kept them safe. People received the medicines they needed when they needed them. The arrangements for the storing and recording of medicines was good and this meant that people were protected from possible errors.

There were enough staff to provide safe and effective care. Staff understood the specific needs of people using the service and how to respond when people were agitated or confused. We saw that staff provided compassionate support that met people's needs.

The risks to people's safety and well-being had been assessed and minimised. Staff knew what action they needed to take to keep people safe. Staff followed risk assessments and promoted people's safety. This meant that people were protected from risks to their welfare whilst being supported to be as independent as possible.

Staff told us they felt supported in their roles and the registered manager provided staff with clear guidance and leadership. Staff had completed training and qualifications they needed and we saw they used this knowledge to provide people with safe and effective care.

Staff were caring, compassionate and attentive in their approach to meeting people's needs. Everyone we spoke with praised the approach of care staff. Staff knew people well and took time to chat with them and provide assurance. Staff were friendly and helpful and showed warmth and affection towards people.

Throughout our inspection we saw examples of good care that helped make the service a place where people felt included and consulted. People and, where appropriate, their family members were involved in the planning of care. People were treated with dignity and respect.

People could choose how to spend their time. There was support for people to participate in activities and events.

There was a complaints procedure in place and people we spoke with felt confident their concerns would be listened to and acted upon.

People had their health needs assessed and care plans were put in place to meet their needs. Detailed plans were in place to guide staff in meeting people's specific needs to maintain their health and well-being. People's needs were reviewed on a regular basis and we saw that the service was responsive to changes in people's needs.

The registered manager operated an open and inclusive culture in the service, where the opinions of people who lived there, their relatives and staff were valued and respected.

The registered manager assessed and monitored the quality of care consistently. In addition to regular audits, checks and observations of staff, the registered manager consulted people in the service and their relatives to find out their views on the care provided. The provider used feedback to develop action plans which they used to make improvements to the service. This showed that the service was well-led.

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.

Staff we spoke with knew how to keep people safe. They could identify signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The Registered Manager used systems to make sure there were enough staff to care for people safely.

The risks to people's safety and welfare were assessed and managed effectively.

People were supported to take their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills and knowledge to look after them.

People were supported to maintain good health.

Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions and respect their choices.

Is the service caring?

Good

The service was caring.

There was good communication between the people who used the service and staff.

People's dignity and privacy was respected.

Staff had sufficient knowledge about people to provide them with the care they preferred.

Is the service responsive?

Good

The service was responsive.

People's care plans were regularly reviewed and were amended to reflect people's changing needs.

People were supported to take part in activities and hobbies.

People felt any complaints or concerns they raised were dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

People who used the service, relatives and staff were kept up to date with changes and developments within the service.

Staff received guidance and support from the registered manager and senior staff within the service.

There was a quality assurance audit process in place to measure the quality of the service.

Care Quality Commission

Landemere Residential Care Home

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 visit took place on 7 June 2016 and was unannounced.

The inspection was carried out by one inspector 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. The expert-by-experience on this inspection had an interest in the care of people living with dementia.

The provider had completed a Provider Information Return (PIR) detailing key information about the service, what they did well and any improvements they planned to make. We also reviewed the information we held about the service and spoke with health care professionals and commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with six people who used the service, two relatives, four staff and the registered manager. We observed care and support being delivered in the communal areas. We also observed people's lunchtime experience and how they were supported to eat and drink and observed the support people received to take their medicines.

We reviewed four people's care plans and daily records to see how their care was planned, delivered and reviewed. We also looked at four staff recruitment and training files, records of complaints and incidents, medicine records, various policies and procedures and records maintained at the service by the registered provider to monitor and evaluate the quality of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the service. One person told us that they felt safe because staff checked on her regularly throughout the day and night which made her feel secure. Another person told us, "I feel safe here. I had a lot of falls when I lived at home but I haven't had any here because the staff make sure I am safe when I move around."

Since our last inspection staffing levels for the service had been increased to provide an additional member of care staff at peak times of the day. The registered manager told us they had reviewed people's needs and found that further staffing was required to meet people's changing needs. As a result they had requested the registered provider to increase the staffing numbers and this had been agreed and implemented. The registered manager had also recruited to all staffing vacancies to reduce the reliance on agency staff. The registered manager regularly completed an assessment of people's needs to ensure that staffing numbers were sufficient to meet people's needs. This meant that staffing levels were flexible to respond to people's changing needs.

We saw that staff were busy, but they had time to speak with people and to check that people across all areas of the service were safe. There were staff present in corridors and communal areas so that people who needed reassurance were helped to find where they wanted to go or were provided with assistance.

The atmosphere was calm and staff did not seem overly rushed. Staff told us they felt there were enough staff working in the service to meet people's needs. One staff member told us, "It's busy here, but never manic. I feel there are enough staff to help us to work at a steady pace and work as a team." People felt that their calls for assistance were usually responded to in a timely manner.

The risks of abuse were minimised because there were clear procedures for staff to follow in the event that they suspected abuse was taking place. Staff told us they received training in safeguarding people using the service and were able to explain the different types of abuse and what they would do if they had witnessed abuse or suspected that abuse had taken place. Staff training records confirmed that staff had undertaken training in safeguarding and the registered manager ensured staff knowledge was kept up to date through refresher training.

We saw people's risk of harm had been identified and assessed as part of their care plan. This included the risk of falls, developing pressure wounds and the risk of social isolation and emotional ill being. For example, one person had a risk assessment in place that enabled them to self-propel in their wheelchair whilst reducing the risk of injury to their legs. We saw that the measures identified to reduce risk were clearly detailed in the care plan and had been agreed with the person and their family. Staff understood the measures that needed to be taken to reduce risk. For instance, staff ensured that people had the equipment they needed to reduce the risk of falls, such as walking sticks and frames. We observed staff prompting people to use aids safely and consistently.

The registered manager was maintaining records of accidents and incidents which occurred in the service

on behalf of the provider. We saw that all accidents and incidents were logged onto an electronic system and analysed each month to identify trends or patterns. This meant that staff could capture the details of accidents, such as falls people sustained, to see if there were any patterns emerging which the registered manager could use to prevent future harm.

We looked at recruitment files for four members of staff and saw that checks had been undertaken before staff were considered suitable to work at the service. All prospective staff were checked through a robust and comprehensive recruitment process which included references, confirming people's identify and right to work in the UK and making checks through the Disclosure and Barring Service (DBS). The DBS helps employers to make safe recruitment checks to reduce the risk of unsuitable staff working with people using the service.

We looked at the way medicines were managed in the service. The registered manager told us there had been a number of errors in the recording and administration of medicines. The registered manager had appointed a new deputy manager who focussed on improving the storage, administration and recording of medicines. This included competency observations and, where necessary, re-training of staff to ensure staff were confident and competent to support people with their medicines.

We saw that medicines were stored in a suitable secure location. Records in place confirmed that temperature checks on the storage room and refrigerated medicines were taken on a daily basis. This meant that the condition of the medicines was maintained within the recommended temperature range. We saw that each person had a plan explaining how they preferred their medicines to be given to them and the action which staff needed to take should a person decline their medicines. Photographs were held on each record to ensure staff could correctly identify the person to receive the medicine. Information about people's allergies was recoded and staff knew important information about any allergies people had. This meant that people were supported to manage their medicines in a way that kept them safe.

Medicine Administration Records (MAR) had been completed accurately. However handover records which had been implemented to enable staff to record the outcome of each medicines round, had not been completed consistently. These records had been put in place to reduce the risk of errors in administering medicines. We raised this with the registered manager who told us they would address this with staff to ensure medicines were checked after each round.

Some people were receiving medicines on an 'as and when required' or PRN basis. There was information recorded about these medicines to guide staff about when and why the medicines should be administered. We observed staff supporting people with their medicines. We saw staff explained each person's medicines and consulted with them if they required their PRN, for example, for pain relief. We saw that people were given time to take their medicines and that staff supported people to take their medicines in the way they preferred.

People had fire evacuation plans in place. The dependency assessment of people's needs took account of the support they needed to mobilise in an emergency. This meant that staff had the information they needed to support people to evacuate quickly in the event of an emergency.

Staff had been trained in infection control and they understood the importance of reducing the risk of infection. We observed staff wearing and removing protective clothing after they had supported individual people with personal care. The laundry room was well organised to reduce the risk of soiled laundry coming into contact with clean laundry. This meant that staff followed infection control procedures to reduce the risk of the spread of infection within the service.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff. People and relatives said that they thought staff knew how to care for them. Relatives provided examples of how staff were effective in meeting their family member's needs. For example, one relative told us, "Staff have really helped to give [relative's name] quality in their life. They [staff] encourage [relative's name] to make decisions and choices and participate in every day life at the service. I have seen such a positive change to [relative's name] health, appearance and well-being." A person using the service told us, "Staff know what they are doing, care is good. They do things the way I want them to."

Staff said they had access to training which reflected the needs of people living at the service and was relevant to their role. The training records we looked at showed staff had recently undertaken training including mandatory training and training specific to the needs of people using the service, including training which would help staff to support people living with dementia.

We saw that new staff followed an induction programme and recently recruited staff told us they felt well supported. One new member of staff told us, "I had three weeks of induction training, which included four days at the head office. My training involved e-learning, face-to-face practical training and I had the opportunity to shadow and observe experienced members of staff. This gave me the opportunity to look at care plans and learn about the little things that people like, for instance, a person's favourite item of clothing. This gave me the confidence to support people." This meant that staff who were new to the service had the opportunity to be introduced to people and get to know them before they started to support them.

Staff told us they felt supported by the management at the service and felt the atmosphere in the service had improved following the recruitment of new staff, less reliance on agency staff and change in management. We saw that there were arrangements in place for staff to receive regular supervision and appraisal of their performance. Staff told us the supervision gave them an opportunity to discuss their personal development and raise any aspects of their work which concerned them. One member of staff told us, "The team leaders are really supportive and make sure I have the skills and knowledge I need to be my job,"

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager showed that she was aware of the MCA and DoLS. We saw that six people using the service had a DoLS authorisation in place which was kept under review. Staff we spoke with were able to tell us how they sought consent from people and we observed this in practice. For example, we observed staff

seeking consent before supporting people to take their medicines or to support people with assisted transfers. We saw that people's mental capacity to make decisions was detailed in care plans and included their right to decline care and treatment. For example, one person had been assessed as being at risk of falls during the night but had refused assistive technology to reduce the risk of injury. This choice was clearly recorded in the person's care plan. Another person regularly declined their medicines and there was clear guidance in place to inform staff as to what actions they should take.

We saw that some care plans did not record the consent of the person to their care and treatment. We raised this with the registered manager who told us they were aware of this and were working with the provider and health and social care professionals to address this in the absence of any relatives.

We observed that people were supported to have sufficient to eat and drink. We saw that people were offered the choice of where and when they had their meals. People were able to have meals in their rooms, in the communal dining room or in the smaller kitchen/diner areas in each unit. These were very popular and people told us they valued the kitchen/diner areas as they created a 'homely' feel to mealtimes. The service had introduced hydration stations around the building. This meant that people could help themselves to snacks and refreshments whenever they wanted to. We observed people using the hydration stations throughout the day. Where people were unable to access the hydration stations independently, we saw that staff took a choice of drinks and snacks to them in between main meals.

People who required support to eat their meal received help on a one-to-one basis from staff. We observed one member of staff sitting down and interacting well with the person they were supporting, providing the support at the person's preferred pace. We saw staff supporting people to make a choice about what they wanted to eat and drink and how they would like it presented on the plate. People were able to choose their portions and were discreetly asked if they needed support with cutting food into manageable portions. If people did not like the choice of meals, they were offered an alternative which was quickly served to them.

People told us that the provider had recently changed to a four-week rolling menu which changed during the summer/winter months. Although this offered a choice of meals, people using the service told us there was less choice than the previous menu. People had the opportunity to feedback on the quality of meals through a comments book which was kept in each kitchen area. We saw that people had recorded comments about meals, some of which had been responded to. Although some comments were positive, many comments were critical of the quality and temperature of the meals served.

We discussed this with the registered manager who was aware that people felt improvements were needed to meals as people had given feedback during consultative forums. The registered manager was able to show us evidence that they had taken measures to improve the quality of meals, for instance, changing suppliers, supporting people to feedback to the cooks on a daily basis and monitoring the quality of meals served. They explained that this was an on-going process and they would continue to seek feedback from people using the service in order to bring about improvements to meal times.

People were supported to have their mental and physical healthcare needs met by a range of health professionals. One person told us staff supported them to maintain their weight by regularly weighing them and supporting them to eat a balanced diet. A relative told us that they preferred to support their family member to access specialist healthcare. They told us staff always made sure their family member was ready for appointments in time and gave them up to date information about medicines and any changes in health before they left. We saw that the service liaised with the district nurse team on the day of our inspection to support people to have health checks and support with dressings.

Care plans showed that people were supported to have regular medical checks and, where appropriate, screening in order to stay as well as possible. Care records we saw showed that where people had specific health or nutritional needs, these were clearly assessed and staff monitored and recorded changes on a daily basis. This meant that staff understood how to support people to remain as healthy as possible.

The premises were clean and comfortable but there were areas where improvements could be made. Corridors were wide and clear of clutter, making them safe for people using walking aids and wheelchairs. However lighting was dimmed and walls were bare. Communal areas provided little of interest for people living with dementia. There was nothing in the corridors for people who liked to walk around to look at, such as pictures or objects to pick up and touch. There was a lack of contrast in the colour of the paintwork and walls. We discussed this with the registered manager who told us that the provider was reviewing the premises to look at ways in which it could more effectively support the needs of people living with dementia.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. A person using the service told us, "Staff are caring and look after me the way I want them to." One relative told us, "The staff are always very friendly and caring. I am encouraged to visit whenever I want and I am always made to feel welcome." Another relative told us, "Staff are always welcoming and friendly when I arrive. They are professional without being too much. The atmosphere here is consistently warm and genuinely caring."

We saw staff were kind and compassionate to people. People looked relaxed and at ease in the presence of staff and we heard laughing and banter between them. A member of staff told us, "We all enjoy coming to work. I spent time with [person's name] the other day helping her to put on her make-up. She was so pleased and I got a lot of satisfaction knowing I had made her happy." We observed another staff member sitting with a person helping them to sort out their jewellery as they knew this was important to them. The person responded positively and thanked the member of staff for her time.

We saw good communication between people and staff throughout our inspection. Staff took time to listen to people and when they received repetitive requests they responded with patience and interest. For instance, one person was anxious about an appointment for that day. We saw that the staff member identified this and provided reassurance about the appointment and that the person had not been forgotten. We observed that another person liked to walk around the service and often lost track of time, including meal times. We saw that staff had identified the person had not arrived for their lunch and spent time prompting and encouraging them to have their lunch at a time when they were ready for it.

Staff constantly checked that people were okay and we heard supportive comments such as, "Are you managing?" and "Do you need me to help you with that?" Staff took the time to speak with people and asked them if they were well, greeting them by their preferred name. We observed staff explaining what they were going to do and ensuring people were happy for them to continue. For example we heard a member of staff say, "You don't look very comfy, would you like me to help you sit more comfortably?" When the person said they would, the staff member immediately helped them to adjust their position.

People's care plans were written in a way that reflected their likes and dislikes. Staff were aware how people preferred their care to be delivered and how they liked to spend their time. Staff were able to described examples where they had supported people in the service to remain in contact with each other whilst also respecting when they wanted to spend time alone.

Staff were discreet when offering to provide personal care to people. We observed staff knocking on doors and waiting for a response before entering people's rooms. Staff were able to describe how they supported people to maintain their privacy and dignity when supporting them, including support with personal care needs.

People told us that staff supported them to maintain their independence. One person told us, "I try to do as much as possible for myself. Staff respect this and only help me on the days that they know I am struggling."

Another person was able to describe how they were supported to access the local community and how much they valued this to help them retain their independence. We observed that staff support people with an enabling approach, for instance at meal times. Staff provided people with the support and aids to do as much as possible for themselves.

Good

Is the service responsive?

Our findings

People told us they were encouraged to make decisions about how they spend their time and who they spent it with. People were aware that there was a programme of activities they could choose to take part in or they could spend time in one of the lounges, their own room or the garden. One relative told us, "There is a good range of activities for [person's name] to get involved in. I have often visited and she is busy playing skittles or dominoes or doing jigsaws which she enjoys. There are also people who come in to provide a church service once a week." Another relative told us, "[person's name] loves colouring and jigsaw puzzles and I have seen the staff sit with him and help him to do these which helps his memory skills. They [staff] praise him and I know this means a lot to him and improves his self-esteem."

Two members of staff were employed to support people with their hobbies and interests. On the day of our inspection we saw people participating in a game of skittles and reminiscence. Some staff were making preparations so that people could make decorations for a party to celebrate the Queen's birthday. Other people were sat in their rooms or in the lounges reading newspapers and told us this was the way they preferred to spend their time. People confirmed that they were made aware of activities available for that day and were given the choice of whether or not they wanted to join in. Some people felt that the activities were only suitable for people living with dementia and did not participate as they found it too distressing. We discussed this with the registered manager who acknowledged that there were challenges in providing activities that supported people living with dementia and those that had no cognitive impairment. They told us that the activity co-ordinators were working to develop the activity programme to provide a broader range of activities for everyone, including social trips out.

People's care plans contained information about their health, social and personal care needs and hobbies and interests. We saw that the care plans had been regularly reviewed and reflected changes to people's circumstances. For instance, one person had shown changes in their behaviours and routines. We saw their care plan had been reviewed and amended to include the response to the changes in need and additional support the person required. This meant they received care that was relevant to their current needs.

People confirmed that they had been involved in developing their care plans. One person told us how their friend had been involved at their request. They had been particularly impressed at the response of the registered manager following a recent fall. The person told us the registered manager had visited them in hospital to review their needs and identify any aids or adaptations that could support the person to return safely to the service. As a result of this, specialist aids and adaptations were in place ready for when the person left the hospital to return to the service. They told us their care plan had also been updated to reflect changes in how they wanted their personal care to be delivered. A relative told us they were consistently consulted and involved in care plan reviews to check the care was working for their family member.

People's likes, dislikes and preferences for care were clearly defined in their care plans. People were able to share their life history with staff by completing a document called 'All about my life'. Staff we spoke with told us they had made it a priority to read people's care plans. One member of staff told us, "I was encouraged and given the time by the [registered] manager to read care plans so I knew what people liked."

People told us they could receive visitors at any time. During our inspection we saw visitors arriving throughout the day. People had a choice of lounges which they could use if they wanted to sit and chat with privacy. One relative told us they were able to take their family member for trips out or for lunch whenever they wanted. This meant people were supported to maintain relationships with people who were important to them.

There was a policy in place for complaints and we saw that if these were received there was a set process to follow. This meant that complaints were investigated and responded to within a set time period. We saw that, where complaints had been received, people were provided with an outcome and details of remedial action had been identified where appropriate. People we spoke with and their relatives told us they didn't have any complaints about the service. People said they would speak to the staff or directly to the registered manager if they were unhappy about anything in the service. There was information about how to make a complaint on communal notice boards. We recommended that the provider include details of external agencies, such as advocacy services, to enable people to seek support to make a complaint if they should need it. An advocate is a person independent of the service who supports people to make decision and choices.

Good

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well-led. They told us that they felt good care was a priority and that the manager contributed to a positive, welcoming environment Staff said that things had improved since the new registered manager had been in post. Staff told us that the new registered manager had prioritised and improved their training and they now felt they had a voice and were listened to. One member of staff highlighted the increased attendance at and contribution to staff meetings as clear evidence of this. Three people we spoke with mentioned how helpful they found the deputy manager. They told us she was always cheerful and caring and nothing seemed to be too much trouble for her. We saw the registered manager and deputy manager were visible and accessible to people and relatives.

The registered manager provided clear and confident leadership for the service. In the short time they had been working in the service they had improved the culture to reflect the values of the organisation. Staff told us that the registered manager had made many changes that had improved the service including increasing the staffing numbers and providing more guidance and training for staff. One staff member said, "All the managers and team leaders are very supportive and approachable. I feel I can go to them at any time for help or guidance." Another staff member commented that the staff now work as a team and support each other.

Staff meetings were held regularly and the registered manager had used these recently to discuss staff recruitment, events and involve staff in updates in the service. We saw these meetings were well attended. The registered manager held regular meetings with people using the service and their relatives. We looked at minutes of a recent meeting and saw that the registered manager had shared information with people, such as staff appointments and general updates. Where people had made requests, there was clear evidence that these had been followed up and implemented. The registered manager had also sent out satisfaction surveys to people using the service and their relatives. These enabled people to rate the quality of the care they received and comment on anything that was not working well. This meant that people were able to share their views of the service and influence how it was run.

Staff who were team leaders held a handover from each shift and provided the deputy and registered manager with updates on the well-being of the people using the service. Handovers included any changes or concerns which staff found useful, particularly if they had been off work for a few days.

Support from the provider was available to the registered manager to develop and drive improvement and we saw there was a system of auditing the quality of the service. This included internal audits and assessments and measuring outcomes against standards using the provider's 'excellence tool'. Where the service was assessed as not meeting the provider's standards, the provider and registered manager agreed and implemented an action plan to make improvements where required. The registered manager completed returns for the provider in relation to key areas including safeguarding, incidents and accidents and compliance with relevant legislation, including health and safety checks. These were then analysed by the provider and remedial action identified, where appropriate, together with completion time scales. For

examples, we saw that recent audits had identified that staff required refresher training in some areas. Records confirmed that the registered manager had taken action and arranged refresher training in line with the findings of the audit.

As well as checks on records, the registered manager, deputy manager and senior care staff also carried out regular observations on the staff as they carried out their duties. Records showed representatives from the provider also visited the home to monitor, check and review the service and ensure that good standards of care and support were being delivered.

Health and social care professionals who we spoke with spoke positively of the improvements the service has made in recent months. One health and social care professional told us, "They [the service] have kept me informed of [person's name] progress and also I've been involved with family meeting over some issues. I've found staff welcoming and helpful when I've visited, they have made time to discuss things with myself and family members. I have no concerns on any of the visits I've made." Another health professional told us that they thought staff were kind and caring and had seen improvements in the way the service organised appointments and managed medicines. They told us that they felt further improvements were needed in the clinical systems but that the service was receptive to their support and advice and they had no concerns about the safety of the people in the service.

The registered manager demonstrated a good understanding of their responsibility to comply with current legislation, including their requirements with regard to maintain their registration. This included their responsibility to notify CQC of any significant events or incidents within the service.