Anchor Trust

# Thornton Hill

## Inspection report

Church Road
Thornton In Craven
Skipton
BD23 3TR
Tel: 01282 842023
Website: www.anchor.org.uk

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## Ratings

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|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Good** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

This inspection took place on 28 May 2015 and was unannounced. We last inspected this service on 22 April 2014 where we found there were not always enough qualified, skilled and experienced staff to meet people's needs and sometimes staff did not have time to talk to people who used the service. We asked the provider to take action to improve the staffing arrangements. The provider sent us an action plan telling us about the actions to be taken and that the improvements to the staffing arrangements would be completed by 1 September 2014.

Thornton Hill is registered to provide accommodation and personal care for people. It is owned and managed by Anchor Trust. The home is a large converted manor house with a purpose built extension known as The Manor. The Manor is a specialist unit for people living with dementia. Thornton Hill is set in its own grounds and overlooks the valley. It is in the village of Thornton-in-Craven, which is approximately 8 miles from Skipton.

The home employs a registered manager. The registered manager had worked at the home for three years. A

# Summary of findings

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.

Staff understood what it meant to keep people safe and although not all staff had received safeguarding adult training, they could describe to us what action they would take if they saw or suspected abuse had taken place. The home had employed a lot of new staff and they were in the process of receiving a programme of training. Staff worked within the principles of the Mental Capacity Act 2005. Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and arrangements around medication were well organised.

Since the last inspection the environment had been improved throughout the building but particularly in The Manor, this supported people living with dementia and enabled them to maintain their independence.

The service was caring. From our observations during the day we saw that overall staff knew people well and we saw that staff approached and spoke with people in a friendly and respectful way. We highlighted a couple of instances, observed during the lunchtime meal, where the interactions between staff and people dining could have been handled better. The care manager agreed to address these without delay.

Although some people were offered and enjoyed activities throughout the day, others told us they were 'bored' at times.

There was a quality assurance system in place, which used audits in each area of the service so that there was a consistent approach to improvement.

# 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?**

Good 

This service was safe.

Staff understood what it meant to keep people safe and staff were confident in their knowledge of how to ensure people were safeguarded against possible abuse.

Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and in line with the prescribers instructions.

Staffing levels had improved and were now generally sufficient to offer support for people's emotional and physical needs. There was a more consistent staff team which meant staff had a better understanding of people's individual needs to be able to manage their care safely.

**Is the service effective?**

Requires improvement 

This service was effective overall but improvements were needed in the dining experience and practices relating to The Manor, and those people living with dementia and the management of those who experience weight loss and the risk of malnourishment.

The environment was suitable in order to support people living with dementia and allowed them to be as independent as possible.

Staff knew the people they cared for and people looked well groomed and comfortable.

Staff worked within the principles of the Mental Capacity Act 2005. They

were aware of how to apply for an authorisation for a person to be deprived of their liberty lawfully. However, applications should be made as necessary and not be governed by the resource problems at the local authority.

**Is the service caring?**

Good 

The service was caring.

From our observations during the day we saw that staff had positive relationships with people who used the service. We saw that staff approached and spoke with people kindly and with respect. The interactions we witnessed were friendly and supportive.

There was mixed reviews about staffing levels and response times when the buzzers were pressed for assistance.

# Summary of findings

There were unrestrictive practices in place and people were able to choose how they lived their lives.

**Is the service responsive?**

Good

This service was responsive.

The majority of people were offered and enjoyed activities throughout the day, others were not satisfied with the level of activity and reported being 'bored.' On further discussion the activity programme had been restarted after key people had been absent and more resources had been provided which included evening and weekend activities.

People's care and support needs had been assessed before they moved into Thornton Hill.

There was a complaints policy and procedure which staff had followed when responding to formal complaints.

**Is the service well-led?**

Good

The service was well led. There was a registered manager in post.

There was a quality assurance system in place which used audits in each area of the service so that there was a consistent approach to improvement. Some of the audits could have been better documented but overall the service was aware of the areas of improvement needed and had developed an action plan.

We saw there were handovers between shifts and the handover documentation was detailed for staff to be able to provide personalised care and be aware of key information. For example, detail was recorded where people needed particular diets, what level of assistance people required and if health care professionals had visited. Staff we spoke with said they felt included in handovers and the documentation was thorough enough for them to respond effectively to people's needs.

# Thornton Hill

**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 28 May 2015 and was unannounced. The inspection team was made up of an inspector, a specialist advisor who had experience of dementia nursing and an expert by experience, who had experience of health and social care and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at all notifications and contacts we had received from or about the service. We also spoke with the local authority contracting team, the quality assurance officer for this service and Healthwatch. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

During the inspection we looked at seven care and support plans, reviewed four staff recruitment files and training records, ten medication administration records, policies and procedures, accident and incident reporting, staffing arrangements for the previous six weeks, auditing tools and other management records.

We observed practices throughout the day and we also used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to tell us about their views or may be living with dementia. We observed how medicine was managed and observed a lunchtime period in two dining rooms: one in The Manor and one in the main house.

We spoke with the registered manager, care manager, district manager, a care and dementia advisor, chef, team leaders, three senior care assistants, four care assistants, an activity organiser and a housekeeper. We also spoke with 17 people who used the service and observed a further nineteen people as they were who were unable to talk with us due to their complex needs. We also spoke with four relatives during the course of the visit.

Good

# Is the service safe?

## Our findings

This inspection took place on 28 May 2015 and was unannounced. We last inspected this service 22 April 2014 where we found a breach of Regulation 22 (staffing). This was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. In April 2015 the regulations were replaced by a new set, namely the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. So the previous breaches correspond to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had taken steps to improve the staffing arrangements. They had also introduced a 'dependency tool' to help determine how many staff were needed on each shift. At the time of the visit there were a total of 39 people living at Thornton Hill, made up of 19 people in the main house and 20 people in The Manor. There were five staff on duty during the night, which included a combination of at least two team leaders and the remainder were care assistants. Seven care assistants during the day and evening plus two team leaders throughout this period. In addition to this the care manager and registered manager worked shifts, including evenings and there was also a team of ancillary staff. This is an increase of one care assistant on each shift. The home had also increased the hours available to the two activity organisers, so that they were better resourced to focus on the stimulation and recreational activities available to people. This activity provision was to also include one late evening and weekend working.

At the last inspection a significant number agency staff were being used due to the vacancy situation in the service. However, new staff have been recruited including four care assistants and four bank care assistants. One agency worker was used repeatedly to provide continuity of care whilst the service interviewed for two team leader posts, one for day duty and one for night duty and an additional two care assistants.

When asked, people who used the service told us they felt they were safe. One person told us, "They look after you well." Another person told us they liked to be checked on during the night and that reassured them that they were safe.

Staff recruitment had meant that many of the training courses were being worked on, as new staff were working through their inductions and a programme of training. The manager had an electronic system which showed what training staff had had and she managed this on a weekly basis, to make sure staff were doing the training and given the time to complete it. Other staff had had their training around safeguarding adults. One team leader told us, "we do have a lot of training opportunities." Staff were confident about the signs of possible abuse and they described the process they would follow to ensure people were protected from avoidable harm. Where a person's behaviour might challenge the service or other people, staff knew how to respond in order for everyone to feel safe. Staff described to us how they were using different techniques to avoid incidents happening or escalating. For example staff would notice if someone was becoming restless or anxious and would provide a distraction or assist the person to move to another area and offer them a drink. This meant that staff were monitoring the risks of behavioural challenges and managing those risks appropriately to ensure the safety of people who used the service. All the staff we spoke with told us they would have no concerns about going to the registered manager or the care manager to report any concerns they may have about people's safety.

Staff understood what it meant to keep people safe and reassured. Staff told us they felt confident to challenge poor practice and if they saw this they knew the whistleblowing procedure to follow to ensure people were safeguarded.

Communal areas were supervised throughout the day, with staff often in pairs to attend to people as required.

Staff employed by the service had been recruited safely. We looked at four staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references for each person. DBS checks are used by employers to make sure that the people they employ are suitable to work with people who are vulnerable by virtue of their circumstances.

Some of the people, who commented on their experience's at Thornton Hill were relatively independent, were able to move about the service without assistance and were able to look after their practical personal care needs, with a low level of support. We asked those people who required help to wash and dress if they to describe to us how they were supported. Nothing of concern was raised by anyone. One

Good

# Is the service safe?

person told us, “They’re always gentle, they wash my back. They’re very understanding.” Another person commented, “No I’ve never been hurt they are kind, they wash my back properly, we have a chat, I would tell them if they did anything like that.”

Everyone we spoke with told us staff were very kind, cheerful and helpful. Staff were observed using people’s names.

At this visit, we looked at the systems in place for managing medicines in the home. This included the storage, disposal and handling of medicines. We also looked at a sample of Medication Administration Records (MARs), stock and other records for 10 people living in the service. We found that most medicines were supplied in blister packs with clear, pre-printed MARs and these had been given correctly.

We saw that the medicines ordering system was effective and people had adequate supplies available on an ongoing basis. Medicines were stored securely in locked trolleys and the keys to these were held safely. The temperature of the clinical rooms and fridges was monitored daily to ensure the medicines were kept in appropriate conditions. The records relating to creams and external preparations were also recorded on the MARs daily. Staff were instructed on where the creams should be applied and this was recorded on a ‘body map’ for the person. This meant that the cream was applied as prescribed and as frequently as required.

Some people were prescribed medicines to be taken only ‘as required’. These medicines needed to be given with regard to the individual needs and preferences of the person, for example for pain relief. Staff had clear, personalised information available to them to enable them to support people to take these medicines correctly and safely. Where people frequently refused to take their medicines, this was routinely taken up with the person’s doctor and an agreed action plan put in place. Staff also had a good working relationship with the dispensing pharmacist and contacted them if there were any issues around the medication people were taking.

We saw policies and procedures for managing medicines safely and saw that audits had been completed.

Accidents and incidents were being audited to identify any trends or lessons learnt.

Requires improvement

# Is the service effective?

## Our findings

Everyone we spoke with told us that staff were 'kind and caring.' When we asked people if the staff knew how to care for them one person told us that when they expressed they were missing home and family, they were comforted and reassured by the staff. The same person told us, "It's alright here, I am generally satisfied with what they do to me or with what I get." Another person told us, "Staff are very kind here." One person commented, "I can't complain, I can't expect anything better, they are nice to me, we have a chat, they make sure I get what I want. I'm quite comfortable here, I'm happy it's a nice place." A relative told us she was content with the care her mother received and commented, "That's the thing about this place everyone is very kind and friendly." The relative went on to say she was very pleased with the care and the progress her mother had made since moving into the home, her mum had greatly improved and was now mobile, albeit with a walking aid. One relative told us they found the staff to be 'very professional, kind and friendly.' Relatives told us they were kept informed and had regular meetings with staff to discuss the care provided.

New staff received an induction and worked alongside other, more experienced staff who provided supervision and guidance. Staff told me us they were confident in their roles overall. One member of staff thought they would benefit from additional training around those living with dementia but told us staff had had awareness training. We also noted that the organisation employed a care and dementia advisor, who regularly visited Thornton Hill and was in the service on the day of our inspection. The advisor told us they offered practical support and advice to staff and worked with those living with dementia in the service to make sure their needs were considered and met.

Within the care records, we saw there were timely referrals made to external health professionals and telephone conversations, as well as visits were clearly documented, demonstrating that people had a good level of access to health care services.

The registered manager told us that staff had been registered to undertake the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) training with the local authority. The registered manager was aware of her responsibilities in respect of this legislation. The service had applied for a number of Deprivation of Liberty authorisations for the people who were living with dementia. Following a recent test case known as the "Cheshire West" ruling, anyone living in a care setting where they cannot freely leave as they choose may be being deprived of their liberty and therefore a request must be made by all providers of such settings in order to protect the person and ensure their human rights are not in breach. We saw there had been regular contact with the Local Authority, who had advised the provider to make five referrals relating to DoLS per week, due to a large backlog created by the Cheshire West ruling. However, although the Local Authority have advised this, as the provider is deemed the Managing Authority, how many service users they choose to refer at one time is ultimately their decision and not that of the Local Authority.

Mental capacity assessments had been completed where appropriate, for example where people lacked the capacity to make decisions about particular aspects of their lives. We looked at the care provided for seven people in detail, including a review of their care records. As a result of this we discussed in detail the care provision being provided for some people where we needed further clarification to explain how they were being supported. We concluded that every possibility should be explored so that key relationships could be maintained in the best interests of all parties. The district manager later explained to us that efforts had been made to accommodate this within the service; however, we did not see any evidence of this in the care records we looked at.

We looked at food provision in the main house and The Manor. We have included examples of good and poor practice below, as both dining experiences differed in their quality.

In the main house:

The overall views on the food provided was positive, people told us they were offered a cooked breakfast in the morning, at a time which suited them, a hot lunch and a teatime meal. Hot drinks and biscuits were served during the day and if people wanted drinks in between we saw these being provided and offered throughout our visit. People also told us that if they did not like what was on the menu, they were offered something else. One person described their cooked breakfast as being 'fit for a king.'

Requires improvement

# Is the service effective?

Another person told us, "We have an excellent cook, the food is good with variety and we can have as much as we like." One person also told us, "The food is very good, lots of repetition just lately but good."

We observed the lunch time meal in the residential wing. 20 people were seated at the tables which were set nicely with cloths and napkins. All but 2 of the people were dining independently and there was a pleasant and sociable atmosphere in the room, with chatter amongst the people at the tables. The meal was a casserole or sausages with potatoes and fresh vegetables. Followed by a dessert. People were shown the two plates of food on the menu in order to assist them make their choices. People seemed to enjoy the food and plates were generally cleared. Fruit juice was served during the meals.

Staff were attentive and friendly, crouching down to speak to people and lowering the tone of their voices. Residents seemed familiar to the staff who called them by their first names. For people needing assistance with their meal, staff sat alongside them, the food was presented attractively on the plates and the care assistants were chatty and patient during the meal, assisting at the persons own pace. Efforts were being made to make sure those on specialist diets were provided with the correct menu, at the right consistency and were in line with their conditions.

The Manor:

Overall, the lunchtime meal was an unhurried, sociable event and residents appeared to enjoy the whole experience. However, we noted some areas the provider needs to focus on and improve to ensure dignity, infection control and promotion of choice is maintained.

The door to the dining room had a key code lock on it, restricting entry until a time when there is a member of staff present. It was unclear why the service felt this was necessary as people had access to other areas of the unit without restriction. The dining tables were not set, were bare, apart from a knife and fork in each place setting. In total 11 people chose to sit in the dining room to eat. One member of care staff assisted throughout the mealtime.

People were given a choice of meal; the care assistant brought out a plated meal and offered people the choice of what they would like to eat. People who struggled to make the decision were given time to make an appropriate choice. However, we noted that four people could have been assisted in a more proactive manner or in a more dignified way by the staff present; that some people were not given the opportunity to pour their own drinks, despite them having the ability and that clothes protectors were not in use resulting in food spillages to peoples clothing. The people affected were still in their stained clothing at 3pm the same afternoon. We also saw unhygienic practices with regard to used cutlery. This was discussed with the district manager and the care manager who agreed the observations noted were unacceptable and that they would address this with the staff concerned. **We recommend that the provider look at ways of improving the dining experience and practices around food provision for people who are living in The Manor and who are living with dementia.**

The food looked appetising and portions were generous. Everyone looked as if they enjoyed their meals. People were heard to say, "This is nice isn't it?" and "I like this." One person stated, "The food is lovely. They always get an empty plate from me."

We reviewed the nutritional records and saw that people had a care plan in place for nutrition and hydration. We also noted associated risk assessments, for example a MUST tool. This is a way of assessing if people are at risk of malnourishment. People who had lost weight were referred to their doctor in a timely manner, and where necessary a referral had been made to the dietician. In some instances nutritional supplements had been prescribed to ensure the calorific intake of the individual was supported and maintained. There was clear documentation in people's care plans which stated their preferences around food, including portion sizes. However, we highlighted the lack of frequency around the weighing of people who presented as at risk of malnourishment and this was noted by the care manager. **We recommend that the provider look at the risk assessments around malnourishment and the continue well-being of those people who may be at risk of weight loss.**

We noticed as we looked around the service that it was fresh and clean in all areas. Alterations had been made to the environment and some areas had been redecorated and refurbished to make them more welcoming. We saw signage in communal areas using large clear print supported by pictorial cues and other features which made

Requires improvement

# Is the service effective?

corridors and living areas more appealing to those living with dementia. This enhanced the environment and made it easier for those living with dementia to find areas of the home more independently.

Good

# Is the service caring?

## Our findings

Most people said they felt comfortable when being provided with personal care. They told us they were treated with dignity and that privacy appeared to be a concern for staff. Examples given were that people were being shielded and covered with towels when getting washed and staff knocking before they entered rooms. We noted that on occasions, staff did knock on doors but walked straight into the room without waiting for a response. This could be problematic, according to people who used the service, as they had been caught in a state of underdress which had caused them to be embarrassed. Two people also expressed concerns about not having a choice of male or female carers, especially when being assisted with their person hygiene needs. One person told us they had been uncomfortable when a male carer had taken them for a shower, the person told us they had not been asked if they minded and had they been alerted to the gender of the carer before the shower they would have declined.

One person was receiving end of life care at the time of the inspection. Appropriate action had been taken in relation to requesting anticipatory medications from the doctor. Anticipatory medications are requested by staff at a service if they feel a person is approaching the time of needing end of life care. Anticipatory medications consist of a pain relief and other symptom relieving drugs, to help make the person comfortable. There was clear support from district nurses and this had been documented. We discussed the need to have a clear care plan in place with the care manager. We also acknowledged that this process needed to be dealt with in a sensitive and appropriate way.

There was mixed reviews about staffing levels and response times when the buzzers were pressed for assistance. The majority of people we asked said that staff were constant and familiar and that there were no problems with the time it took for staff to respond to the call bell. Others said staff were very busy and some said staff were 'rushed.' The majority of people said they had to sometimes wait a while if they pressed the 'general call buzzer' but that this was excused because staff may be dealing with someone else, also the building was large and staff may be far away from the room where the call was made. One person gave an example of having to wait for their call bell to be answered for twenty minutes. This was discussed with the care manager who showed us the checks that were made on the call bell system, noting the times it took for the bell to be responded to. She agreed to talk to everyone about this and make sure people were satisfied. Of those who had used the emergency buzzer they said staff came straight away.

From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. We saw positive interactions between the staff and saw that people were referred to by their preferred name and staff approached service users in very much a needs led manner as opposed to task led. There were life histories documented in some care files, which demonstrated time had been spent getting to know each individual. The activities organiser was in the process of putting together memory books for each person living with dementia to help with reminiscence therapy.

Preadmission assessments were undertaken prior to the service user being accepted for admission to the service, ensuring that the service was only offering accommodation to those people who they were confident would have their needs met. There was also evidence within care files that service users were assessed following a significant change to their condition while in hospital. However, reviews of care plans were sporadic and ad-hoc, meaning information contained in them was not always up to date and relevant.

Some staff we spoke with were keen to tell us their work and the efforts the staff team made to provide a caring environment. Staff told us, "People get up when they want and go to bed when they wish. We limit the restrictions we put on people." Overall staff knew how to communicate with people effectively, the majority of interactions were at eye level with people who were seated and staff altered their tone of voice depending on whether they were offering reassurance or offering to assist someone with their personal care.

Good

# Is the service responsive?

## Our findings

We saw records confirmed people's preferences, interests, likes and dislikes. People knew how to complain and told us they were confident that they would be listened to if they had any concerns. Everyone we spoke with told us they had never had any problems but that if this was the case they would feel comfortable about approaching the care staff or the managers about it and were confident that the matters would be sorted out. People told us 'minor' issues had been dealt with and sorted out without fuss.

Most people had visitors to the home and trips out with family and friends. In addition to this we were told that there were regular trips out and most people said they really enjoyed the outings, also exercise classes, concerts and walks around the garden were mentioned.

There was a detailed activity programme on display in the dining room but according to the people we spoke with this did not match up with what was being provided. Some people told us they were 'bored.' It was explained to us that due to the absence of key staff, the activity programme had lapsed. However, this had now changed and staff were in the process of restarting the programme. Also additional resources had been made available so that activities occurred in the evenings and at weekends and that staff could give dedicated one to one attention to those who preferred not to join in group activities.

On the whole care plans were personalised and contained information about people's daily routines. However, some care plans would have benefited from being more detailed and not generic.

The presentation and structure of the records allowed us to find relevant information easily. Of the care plans reviewed on the day not all had been reviewed or updated to reflect the current needs of each person. It is good practice that an evaluation of each care plan is undertaken on a monthly basis. This ensures the care plan is relevant and reflective of the person's needs. It also enables the staff and external professionals to identify any issues that may be recurring. It is also recommended that care plans are re-written annually or sooner if there is a significant change in the person's condition. One person had their care plan rewritten 5 days prior to our inspection. However, there had since been a significant deterioration in their health and the information recorded was no longer reflective of their needs.

Of the 7 care files reviewed, there were 2 examples where the documentation around Do Not Attempt Cardiac Pulmonary Resuscitation (DNACR) was not valid as the form being used had been superseded and the information was not clear. Although the registered manager had requested an up to date version for the persons file, the form provided by the doctor related to the requirements of the coroner and not the wishes of the person. This issue was brought to the attention of the care manager on the day of inspection and they were asked to take immediate action to rectify this issue, to ensure the persons wishes would be respected in the event of a cardiac arrest.

Good

# Is the service well-led?

## Our findings

The service employs a registered manager and a care manager. The managers are supported by team leaders. The staff we spoke with told us the senior staff were approachable. Staff told us they felt supported by the senior team and that staff morale had improved as new staff had been recruited and became one of 'the team.' Staff told us that the care manager had a visible presence in the home and that they regularly saw senior managers from the organisation. We spoke with staff who had worked at Thornton Hill a long time and new starters.

The management team were open and transparent during the inspection and they all shared a desire to provide a good service.

The registered manager confirmed to us that staff had regular supervision and we saw evidence of supervision meetings recorded.

Staff told us they felt confident in their roles and responsibilities and enjoyed their jobs.

There was a system in place for assessing and monitoring the quality of the service. The registered manager had developed a robust internal action plan, covering all the areas in the service which she felt required improvements. The action plan was updated as improvements were made and the organisation rated each item according to progress using red, amber and green to indicate the status of the action and progress being made. Alongside this individual audits were being completed on a monthly basis to identify any issues with regard to the overall running of the service. We looked at some of the action plans, relating to care plan and medication audits. These were being completed on a regular basis. However, where actions were identified there was no indication of the timescales needed for improvement, and any update showing if the action had been taken. The manager told us this had been an oversight and that the records would be updated without delay.

We saw there were handovers between shifts and the handover documentation was detailed for staff to be able to provide personalised care and be aware of key information. For example, detail was recorded where people needed particular diets, what level of assistance people required and if health care professionals had visited. Staff we spoke with said they felt included in handovers and the documentation was thorough enough for them to respond effectively to people's needs.

Maintenance records for the premises and equipment were well organised and available for inspection. We saw that analysis of information took place to ensure information was meaningful and lessons were learned, such as when accidents and incidents occurred.

Up to date policies and procedures were in place and staff had signed to say they had read them. The service had made notifications to CQC appropriately as required by law and these had been submitted in a timely way.