Mr & Mrs J P Rampersad

Clifton House

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 unannounced inspection took place on 9 and 10 August 2018.

At our last inspection in November 2017 we identified breaches of regulations relating to safe care and treatment, good governance, meeting people's nutritional needs, premises and equipment, person-centred care and submitting notifications of significant incidents to CQC. We rated the service 'Requires Improvement' overall and in each key question and we served the provider with requirement notices and warning notices. At this inspection we found the provider had taken the necessary action and was now meeting the legal requirements.

Clifton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clifton House accommodates up to 16 older people in one adapted building.

The provider was a partnership. One of the partners was also the registered manager. 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. For the purposes of this report where we have referred to the provider we are referring to the person that is also the registered manager.

The provider undertook a range of risk assessments to keep people safe. These included reviewing risks related to people's specific needs and the care home environment. The registered manager reviewed risk assessments and risk management plans to ensure they reflected changes and continued to be relevant. Staff understood the provider's safeguarding procedures and the actions they should take to keep people safe. Safe recruiting procedures were in place to ensure they were suitable to deliver care. Staff followed appropriate infection prevention and control practices when delivering care, cleaning the environment and managing food.

People were supported with an assessment of their needs prior to admission and their needs were reassessed on an ongoing basis or when their needs changed. Staff received induction and ongoing training and were supported by the registered manager with supervision and appraisal. People's nutritional needs were assessed by healthcare professionals and staff following guidelines to meet people's eating and drinking requirements. Staff supported people with timely access to healthcare professionals and monitored people's health needs.

People received their care and support from staff they described as kind. Staff encouraged people to be independent and promoted their dignity. Staff ensured that visitors were made to feel welcome and people received the support they required around their spirituality.

People's care plans were personalised and reflected their preferences for care and support. The service provided activities for people to participate in at home and in the community and people were protected from social isolation. People had access to the provider's complaints procedure.

The registered manager and leadership team took decisive action to address the shortfalls we found at our last inspection. Good governance was in evidence in the provider's quality assurance processes and staff felt supported. The views of people, relatives, staff and visiting health and social care professionals were gathered and used to shape service delivery. The provider worked in partnership with other services to secure positive outcomes for people.

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. People's risks were assessed and plans were in place to reduce them.

Staff received safeguarding training and understood their responsibility to take action to keep people safe.

Staff were recruited through safe and appropriate procedures.

People were protected from the risks associated with poor hygiene practices during personal care and food preparation.

Is the service effective?

Good

The service was effective. People's needs were assessed and reviewed.

People were supported to eat and drink well. People's special dietary requirements were identified and met.

People saw healthcare professionals whenever they needed to.

Staff respected people's choices and treated them in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. People told us the staff were nice and kind.

Staff protected people's dignity and promoted their privacy.

People were encouraged to be independent.

Relatives were made to feel welcome when their visited the people at the care home.

Is the service responsive?

Good

The service was responsive. People had individualised care plans which they were involved in developing and reviewing.

Care records reflected people's choices and preferences.

People were supported to engage in a range of activities.

The provider's complaints policy was clear and understood by people.

Is the service well-led?

Good

The service was well-led. Robust quality assurance processes were in place.

Feedback from people and their relatives was gathered and acted upon.

Staff felt supported by the management team.

The provider engaged in partnership working with other agencies.

Clifton House

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 checked 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 unannounced inspection took place on 9 and 10 August 2018 and was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with six people, three staff, the deputy manager and the registered manager. We read seven people's care records including their needs assessments, support plans and risk assessments. We observed medicines administration and checked medicines storage and medicines administration records. We reviewed the recruitment records of five staff. We reviewed the provider's quality assurance audits as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted three health and social care professionals for their views regarding the service.

Good

Is the service safe?

Our findings

When we last inspected Clifton house in 2017 we found the service was in breach of Regulation 12 of the Health and Social Care Act. This was because people's risks were not always assessed and a number of safety issues were identified with the environment. Accordingly, we rated the service 'Requires Improvement' in relation to this key question.

At this inspection we found that people's risks were comprehensively assessed. People at risk of falls were supported with falls assessments. These assessments looked at issues including people's mobility, balance, disorientation, medicines, continence, vision and a history of falls. People at risk of falls were referred to healthcare professionals who undertook detailed assessments and made recommendations which staff followed. These recommendations included using mobility aides such as walking frames.

People had risks management plans in place. For example, people at risk of pressure ulcers were referred to healthcare professionals and supported to use pressure relieving mattresses. We checked and found pressure relieving mattresses were in good working order and set at the correct weight for people. Staff confirmed the district nurses reviewed the air mattresses when they came to visit the service. Areas of skin where pressure ulcers had historically occurred were monitored by staff after they healed. The registered manager frequently checked monitoring records to reduce the risk of pressure ulcers occurring. This meant people's skin integrity was protected.

People's risks and risk management plans were regularly reviewed by the registered manager and healthcare professionals to confirm they remained appropriate and continued to keep people safe. Where people presented with behavioural support needs, referrals were made to healthcare professionals. The assessments undertaken by healthcare professionals and the guidelines developed from them were incorporated into people's care records. Staff maintained records of behavioural incidents including what happened prior to the incident, the behaviour that was displayed and how staff responded. This information was analysed to identify possible triggers and to determine the most effective support staff could provide.

At our last inspection in 2017 we identified a number of issues that meant the environment of the care home was not always safe for people. We found that people were are risk of falling from height because window restrictors were not always in place. At this inspection we found restrictors were in place on all windows which enabled them to be open but not enough for people to accidently fall from. At our last inspection we observed several communal areas to be cluttered with furniture and items brought in to the service by the provider following the closure of another service. At this inspection we found the home to be free of clutter and trip hazards. Also at our 2017 inspection we found that people were at risk of cuts and needle stick injuries as a result of a broken sharps box. At this inspection we found sharps items were disposed of safely in a clean, secure and undamaged sharps box.

The provider took action in response to new and changing risks. The service had developed detailed environmental risk assessments. These reviewed areas including trip hazards, sharp objects, falls from height, intruders and use of computers. Where shortfalls were identified staff took action. For example, as a

result of replacing flooring throughout the ground floor of the service gaps were created beneath the bottom of a number of fire doors. The registered manager responded to this by making a referral to fire safety specialists who undertook a detailed assessment. At the time of the inspection the provider had developed an action plan from these assessments and was implementing a programme to replace a number of fire doors to eliminate the newly identified risk. In another example, we noted that one radiator in a communal bathroom was not covered. The provider had taken action by disconnecting the radiator until an appropriate covering was in place.

People's safety was enhanced by the safeguarding knowledge of staff. The provider had clear safeguarding procedures in place and ensured all staff undertook safeguarding training. The staff we spoke with told us about the signs that may alert them that a person was being abused and said they would report their concerns to the registered manager. Staff were also aware of the reporting procedures to the local authority safeguarding team. Service management maintained records of the progress of safeguarding investigations which included contacts made to local authorities to obtain updates and outcomes.

People received their care and support from staff who were suitable. The provider ensured that robust processes were applied during the selection and recruitment of staff. The provider interviewed applicants, confirmed their identities and vetted them against criminal records and lists of people barred from working with children and vulnerable adults.

Staff were deployed in sufficient numbers to deliver care safely. The registered manager used a dependency tool to determine people's support needs and the level of staffing required. Among the areas the dependency tool looked at were people's mobility, physical health, continence, mental capacity, eating and risks. We found staffing levels were adjusted to meet people's changing needs. There were call bells available to people in their bedrooms and in communal areas. However, on the first day of our inspection we found that call bells in one person's bedroom and in one communal bathroom were inaccessible making it difficult for people to summon assistance if required. The service management took action to rectified both issues before we left.

Staff administrated medicines appropriately. People received their medicines in line with prescriber's instructions and staff signed people's Medicines Administration Record [MAR] charts to confirm this. We reviewed people's MAR charts and found no omissions. People's medicines were reviewed by a healthcare professional and the registered manager ensured that staff received regular training in medicines administration. Medicines were stored appropriately. However, on the first day of our inspection the temperature of the medicines cabinet was not recorded. This was addressed by the registered manager and deputy manager and on the second day of our inspection a system had been put in place to monitor and record temperatures.

Staff followed good hygiene practices to reduce the risk to people of harmful bacteria and viruses. Staff wore single use protective personal equipment (PPE) such as aprons and gloves when delivering personal care. Staff received infection prevention and control training and as well as food safety training. In January 2018 the service received a five out of five food hygiene rating from the Local Authority confirming good food safety practices in Clifton House. We saw posters in the kitchen explaining the correct temperatures for foods to be stored and served at. There were also posters on display providing a step by step illustration of the correct technique for handwashing.

The provider ensured that the appropriate certification was in place to confirm the completion of specialist environmental, health and safety checks. For example, we saw certificates for emergency lighting, electricity and gas installation checks as well as tests for legionella.

The registered manager and staff maintained a readiness to respond to a fire emergency. Staff received fire safety training and rehearsed building evacuations with people. Each person had an individual personal emergency evacuation plan (PEEP) which detailed the support each person required to exit the building in an emergency. We noted that the registered manager had asked the fire brigade to review one person's PEEP and applied the recommendations on improvements to the PEEP's of all the people living the service.

Good

Is the service effective?

Our findings

We rated Clifton House 'Requires Improvement' when we inspected against the key question 'is the service effective?' in 2017. We also found the service had breached health and social care regulations. This was because of the service had not always; accessed health services in a timely manner, involvement of healthcare professionals when required or meet the nutritional needs of a person with a specific health condition. At this inspection we found that the provider had appropriately addressed each of these issues.

In the report of our 2017 inspection we said, "People did not receive timely support to access appropriate healthcare professionals and services when they suffered an injury or became unwell." At this inspection we reviewed records related to people's health and details of all the accidents and incidents that had occurred. We found that people had access to healthcare services whenever they required. Care records showed staff promptly supported people to access healthcare services whenever there were concerns about people's health and wellbeing. People confirmed if they were feeling unwell staff would arrange for a doctor to come and visit. One person told us they had not been feeling well recently and the doctor had visited them and prescribed new medicines.

People attended on-going appointments with healthcare professionals. Staff ensured people had access to the specialist professional support when they required. For example, staff supported people to access audiology, chiropody, dental and optician's services. Staff noted the treatment people received and the outcome of their appointments in care records. Where people presented with specific health conditions the registered manager made sure these were documented in care records and that liaison was on-going with the appropriate healthcare services. For example, where people presented with diabetes staff supported them to attend appointments for blood testing and nutrition monitoring as well as eye tests and foot care and maintained notes in care records. One person told us they had specific dietary requirements and staff provided them with a separate meal which met their needs. They also told us they needed to drink a lot of water due to their health needs. We observed them with their own jug of water and we overheard staff informing the person that another jug was in the fridge for them.

People's needs were assessed. Before receiving a service the registered manager carried out pre-admission assessments to ensure the service provider was able to meet people's needs. Where the provider did not feel able to meet people's care and support needs this was stated and placements were not offered. For example, a service was not offered to people required nursing care or where people's behaviours were such that they were likely to have an adverse impact on the quality of life for people currently living in the service. Assessments in place for people living at Clifton House covered a range of areas including mental capacity, medicines, nutrition, communication and personal care. People's assessments were detailed. For example, assessments of people's mobility and manual handling needs included a review of the support people required to move from a seated to standing position, to get out of bed and to move whilst in bed. Mobility assessments noted what people could do independently and whether they required mobility aids such as walking frames.

People received their care and support from trained staff. The registered manager oversaw a training

programme in which staff were supported to develop their skills and knowledge around key areas of care. For example, staff received on-going training in equality and diversity, moving and handling, safeguarding, infection control, and first aid. Staff also received training specific to people's needs including dementia awareness, mental health awareness, mental capacity and end of life care. A member of staff told us, "Training helps me do my job better."

The registered manager and deputy manager provided staff with regular supervision. Staff received supervision every two months. These one to one sessions were used to discuss people's changing needs, staff training needs and the training staff had completed. Staff were supported to engage in an annual appraisal meeting when their performance in delivering care and support was reviewed.

People enjoyed the meals at the service. One person said, "The food is very good. Lovely dinner." We observed the lunchtime meal. A relaxed atmosphere was provided with soft music playing in the background. Staff were attentive to people's needs during the meal, including ensuring people were comfortable and offering people second helpings. We observed one person sitting slightly slouched in their chair, staff offered the person a second cushion to put them in a more upright position and make it easier and more comfortable to eat. We overheard one person say to another person, "Very nice dinner. I enjoyed it."

People were supported with effective transfers between services. People moving into and out from the service had a comprehensive package of care records including assessments, support plans, health information, medicines records, contact details and hospital discharge records. Where people resettled to other services staff assisted with assessments by new providers and daily care notes were made available.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff were aware of the Mental Capacity Act 2005. They were able to explain how they offered choices throughout the day around how they received their personal care and what activities they engaged in. Staff were also aware of who was subject to DoLS and how best interest meetings were held to make decisions. The provider had applied for DoLS authorisations where appropriate and records were in place detailing the date of DoLS expirations and copies of requests by the provider requesting reassessments before DoLS expired. Where DoLS applications were not approved the provider ensured that records were in place to reflect the decision making process and outcome. The registered manager completed a monthly DoLS monitoring audit to ensure DoLS continued to be appropriate and keep people safe. For example, the building was a detached property from which people could exit from the garden at the rear. Staff ensured that people subjected to DoLS were continually supervised when in the garden to keep them safe.

Good

Is the service caring?

Our findings

People received their care and support from staff who were caring. People and their relatives told us that staff were friendly and kind. One person told us, "It's very good here. Staff are very good." Another person told us staff were, "Very kind to me." A third person said, "Everybody's very nice to me." In reference to specific, named staff people's comments included, "She's very good. Very caring. She tries to help everybody", "She [staff member] is a very kind person" and "[Member of staff] is a sweet person"

People shared positive relationships with staff. A number of people and staff had known each other for many years. Each person was allocated a key member of staff to whom they met and spoke about their care and support on a regular basis. This meant people and staff knew each other well. We observed staff speaking with people in a polite and dignified manner and encouraging people. For example, during a music and singing session we overheard a conversation between staff and one person in which the staff member said, "You have a lovely voice."

Staff spoke positively about people and care records contained positive terms and descriptions of people. This included care records entitled, "What people say they like and admire about me". We read in these care records descriptions of people including, "Great sense of humour", "Friendly", "Vibrant", "Cheers others up" and, "Always finds a way to make you laugh."

People received support from staff to participate in spiritual activity. Where people chose to practice aspects of their faith this was supported by staff. For example, the service maintained a relationship with local faith groups and people were enabled to attend religious services regularly.

People's personal care needs were identified and met in ways that promoted their dignity. People's washing and bathing assessments stated the tasks people could perform independently and the support people otherwise required. Care records noted the support people required to manage their continence needs and how they would like their dignity protected. For example, One person's care records stated, "Respect my privacy and dignity by keeping my body covered as much as possible and door shut." Where people had personal care routines these were noted in care records for staff to follow. For example, one person's care records noted they liked to listen to music whilst bathing. Another person's care record stated, "Make the bath fun, safe, homelike and comfortable."

The provider protected people's confidentiality. People's care records were retained in the office which was locked when not being used by staff. This meant people's personal information could not be seen by visitors. We saw that people had given written permission for their photographs to be displayed on their bedroom doors. Where people did not want this to happen, they signed care records to confirm this and their wishes were respected.

People were supported around their communication needs. Staff used pictorial information to support people's communication and understanding. For example, menus contained pictures of meals which enabled people to make informed choices. Where people required support to see these pictures using

reading glasses, reading lights or magnifying glasses this was stated in care records. The was a large calendar and clock in the communal lounge. These showed the correct day, date and time which supported people's orientation. We also overheard staff reminding people what the time was.

People's independence was promoted. Care records noted the activities people could do independently. For example, one person's care records noted they were capable of washing, drying and brushing their hair independently. Another person's care records, "I am independent with putting on my jewellery and putting on deodorant." Care records also noted tasks that people preferred staff to support them with. For example, one person required staff to support them as they cleaned and tidied their bedroom regularly. Another person's care records stated, "I require assistance to unwrap sweets."

People's family and friends were made to feel welcome when they visited the care home. Staff greeted visitors warmly when they came to the service and they were offered drinks and snacks as well as privacy if people wanted it. Care records contained the contact details of people's relatives and friends. This enabled the service to support people to maintain contact with people who were important to them and keep them abreast of developments.

Good

Is the service responsive?

Our findings

The service received a rating of 'Requires Improvement' for this key question at our last inspection. This was because care records did not always reflect people's preferences or their changing needs. At this inspection we found improvements in both areas.

Care records were personalised and their photographs were prominently displayed in both the paper version and electronic version of their care records. This enabled people to feel an ownership of the care records. People's preferences for how they would like to receive their care were identified within assessments and staff had guidance on delivering support in line with people's preferences within care plans. People's likes were stated in care records. For example, in one person's care records it was noted the person, "Enjoys reading romance books till late" and a favoured hobby of another person was stated as being, "Watering plants." Additionally, care records identified people's specific support needs and detailed how they should be met. For example, one person's care records described how sensory therapy should be used to support them when they were anxious. This person's care records stated that sensory therapy in the form of folding laundry with the support of staff had been identified as a calming activity when they were agitated. Another person's care records provided staff with directions on supporting a person to do the daily exercises designed for them by a physiotherapist.

The service was responsive to people's changing needs. People's care plans were reviewed each month to ensure they continued to reflect people's needs and preferences. Where people's needs changed these were noted and action was taken. For example, electronic care records provided a display of people's weights in a graph form. These graphs showed how peoples weights went up and down over time. Where people lost weight rapidly staff made referrals to the GP for the cause to be investigated. Similarly, we saw that one person who had previously presented with a poor appetite was noted to be started to eat well and their weigh graph showed rapid weight gain. This improvement was reported to the GP who determined supplementary fortified drinks were no longer required. In another example of responsiveness, we found that as a result of losing weight staff noted that one person's dentures no longer fit. The service took action by arranging a dental appointment for new moulds to be made.

People were protected against the risk of social isolation. Some people chose to spend most of their time in their bedrooms. Staff respected their choice and ensured that people received support in their rooms. For example, external providers who delivered aromatherapy and arts and crafts sessions to people in groups also supported people to engage in these activities on an individual basis in their bedrooms. Additionally, staff delivered planned support to people and maintained a record of hourly checks.

The programmes people enjoyed watching on television were recorded in care records. For example, one person's electronic care recorded noted they enjoyed, cookery programmes whilst another person was noted to enjoy, "Old films." Similarly care records noted people's favoured radio stations. The service had satellite television enabling people to view a wider choice of TV programming. Where people could not agree on TV programmes to watch, staff availed of the satellite TV's recording facility to enable some programmes to be viewed later. Where people required glasses to watch television this was noted in care

records and known by staff.

People were supported to engage in a range of activities. Since our last inspection an external activities coordinator had been recruited to deliver activities to people from Monday to Friday. Activities included aromatherapy, gentle exercises, singing, and arts and crafts. We observed activities such as hand massages being provided to people which people told us they enjoyed. We overheard one person receiving a hand massage say, "That's lovely" whilst looking at their hands, smiling and giggling. Other activities included bingo, board games, reminiscence sessions and a newspaper reading group.

We received mixed responses from people about their access to activities in their community. One person told us, "Staff don't take me out. I don't think they've got time." Whereas another person had been supported to go out and to use local amenities. People and staff confirmed that there was generally a reliance on relatives for people to be supported outside of the care home. The registered manager informed us that whilst there had been an increase in activities in the community, the service was exploring vehicle hiring arrangements so that more people could go out more often.

The provider had a clear complaints policy and procedure in place. The complaints process was displayed in a communal area where people and relatives could see it. People told us they would speak to the deputy manager or the registered manager if they had any concerns. None of the people we spoke with had raised a complaint. One person said, "It's a pretty good home really. No trouble." On a monthly basis the provider undertook complaints monitoring activity. This included asking people if they had any concerns or complaints about care, laundry, maintenance, catering, finances and housekeeping. The registered manager told us that this activity was undertaken to, "Proactively address any concerns before they become a complaint", adding, "This encourages an atmosphere in which people share their views freely."

Good

Is the service well-led?

Our findings

When we inspected the service in 2017 we found that quality auditing processes at Clifton House required improvement. This was because the audits were not sufficiently comprehensive or frequent and did not identify the issues we found around record keeping and the environment and the responsiveness of staff towards people's changing needs. At this inspection we found that the provider had developed robust auditing processes which included action plans to address shortfalls.

People received care and support that was subject to routine quality checking. The registered manager and deputy manager undertook a range of quality checks and audits. These included health and safety checks around the care home environment and reviewing care records to ensure they were accurate, relevant and met people's needs and the providers standards for record keeping. Where shortfalls were identified the provider took action. For example, the content of daily care notes within care records was improved to reflect people's activities, visitors, health and nutrition and social activities such as hairdressers' appointments.

The service took steps to continually drive improvements. The registered manager completed an annual development plan each year. This plan identified and scheduled improvements across a range of areas including health and safety, medicines, audits and training. The provider's progress in achieving targets set out in its annual development plan were reviewed monthly as part of the auditing process.

The provider gathered the views of people, relatives and staff as part of the service's quality evaluation. People completed annual surveys about their experiences of care and support at Clifton House. We reviewed four people's responses in which they stated they were 'very satisfied' in relation to areas such as customer care, activities, privacy and dignity. The provider also sent questionnaires to relatives to obtain their feedback and acted on suggestions. For example, from one relative who suggested a change to the furnishings in their family member's bedroom. The provider acted on this suggestion and in concert with the person and their relatives arranged for the transportation and installation of furniture from the person's former home to the care home. In another example, following feedback from people and relatives the service replaced carpet throughout the care home.

Staff hosted residents' meetings every two months when we read discussions took place around issues including forthcoming birthdays and events, keyworker details, fire drills preparations and discussions around the complaints process. People made decisions during residents' meetings such as meals on the menu and activities to engage in.

The registered manager promoted effective communication throughout the team. Regular team meetings were held to discuss the delivery of care and support to people and the provider used technology to improve communication within the team. The staff communication book had been replaced by an online process within the provider's electronic records which indicated when staff had read important information. This enabled the registered manager to confirm that staff had up to date knowledge. The registered manager gathered and reviewed the views of staff through questionnaires. We read the responses of six staff

in the most recent annual survey which asked questions in areas including staff training, their treatment by management and the safety of the service. The responses we read were positive.

People were supported by staff who were happy in their work One staff member said, "I'm happy working here. Every day's different. I enjoy learning more about people, their past, their lives and looking after them." Staff said they were well supported by the management team. We read in staff supervision records that they were asked at each supervision meeting whether they experienced any, "Bullying, harassment, discrimination or unhappiness" at work. Staff told us they felt comfortable talking to the manager and would share concerns if they arose. One staff member said, "The managers are good and they are good to me. I'm free to talk to them. If I see anything of concern I speak to managers and they make it right."

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. CQC ratings from the service's previous inspection were displayed visibly in a communal area by the front door. The registered manager and staff worked collaboratively with other services to meet people's needs. This included engaging with health and social care professionals and other provider organisations.