Regency Healthcare Limited

Acorn Nursing 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 took place on 26 and 27 November 2018 and was unannounced.

Acorn Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 34 older people and older people living with dementia in one adapted building. Accommodation is provided over two floors.

At our last inspection in July 2017, we rated the service as requires improvement overall. At this inspection, we found the service had improved to an overall rating of good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they were well supported by the registered manager. Formal supervision and appraisals were in place where staff could discuss their ongoing development needs.

We saw people were treated with respect, kindness and compassion. People who used the service and their relatives told us staff were helpful, attentive and caring.

Care plans detailed what care and support people wanted and needed and were mostly kept up to date. Risk assessments were in place which showed actions that had been taken to mitigate any identified risks. People felt safe at the home and appropriate referrals had been made to the safeguarding team when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Medicines were stored and managed safely and people's healthcare needs were being met.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was good. There were plenty of drinks and snacks available for people in between meals.

Some activities were on offer to keep people occupied either within small groups or on an individual basis. Visitors were made to feel welcome and offered refreshments by staff.

The home was spacious, clean and tidy. An ongoing programme of refurbishment was underway with some windows requiring replacement and plans to remodel the garden area.

The complaints procedure was displayed, although no complaints had been received since the last inspection. Procedures were in place to ensure any complaints received would be dealt with appropriately.

Everyone spoke highly of the registered manager and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, actions were taken to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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 were recruited safely. Enough staff were employed to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and reviewed.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the service told us staff were attentive and kind.

We saw staff treated people with patience and compassion and knew people well.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

Most people's care records were person-centred and regularly reviewed.

There were a range of activities on offer to keep people occupied.

A complaints procedure was in place. Although no formal complaints had been raised, people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership, support and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

People were able to share their view of the service and staff were committed to continuous improvement in the home.

Acorn Nursing 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 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 inspection took place on 26 and 27 November 2018. The inspection was carried out by one adult social care inspector and one expert-by-experience on 27 November 2018 and one adult social care inspector on 27 November 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service; on this occasion, the expert-by-experience had experience of caring for older people and people living with dementia. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included reviewing elements of four people's care records, two staff recruitment files and records relating to the management of the service.

We spoke with four people who used the service, two relatives, one visitor to the service, four care workers, the cook, the activities co-ordinator, a nurse, the deputy manager and the registered manager.

We took all this information into account when making our judgments about the service.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe", "'I feel very safe." One person's relative commented, "[Relative] is safe here."

Staff had completed safeguarding training and told us they would feel confident in reporting any concerns to a senior member of staff, the registered manager or the local authority safeguarding team. The registered manager had made appropriate referrals to the local authority safeguarding team when this had been required. This meant staff understood and followed the correct processes to keep people safe.

People were protected from financial abuse. The registered manager held small amounts of money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained. We checked receipts and transactions and found these tallied with the amount remaining.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at two recent staff recruitment records and saw, for example, at least two references were obtained and Disclosure and Barring Service (DBS) checks were completed for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

There were enough staff on duty to care for people safely and keep the home clean. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. People who used the service and relatives told us, they felt there were enough staff on duty. Comments included; "There are enough staff. I only wait a few minutes when I press my buzzer" and "There are plenty of staff… I get help when I need it. Even at night."

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. Although several of the provider's bank and regular agency staff were currently used, the registered manager had recently recruited staff to fill the vacant posts and was awaiting checks to be completed before these staff commenced employment. The registered manager told us staffing levels could be increased if people's needs or occupancy levels changed and had recently done so.

The care team were supported by laundry and cleaning staff, a maintenance person, cooks and an activities co-ordinator.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets and fridges. The nurses took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw these were correctly completed and evidenced people were given their medicines as prescribed. One person commented, "I get my medication when I should."

Medicines profiles were in place which gave clear information about each person's medicines including a photograph of the medicine for ease of recognition and a description of what the medicines was for, the dose and possible side effects to be aware of. Protocols were in place that clearly described when medicines prescribed for use 'as required' (PRN) should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw the fire alarm was tested weekly and fire drills were held which also included night time drills. Staff could tell us what they needed to do if the fire alarms sounded.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. People said, "It's very clean; spills are cleaned up very quickly" and "They clean the room every day."

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, we saw additional equipment had been put in place to monitor one person's movements following a series of recent falls as well as increased monitoring from staff.

Assessments were in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks, for example, the use of bed rails, bed sensors and pressure relieving equipment.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home to check whether they could meet their needs effectively. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff were trained and supported to carry out their roles effectively. Most staff we spoke with told us training opportunities were good and there was plenty of training on offer. One staff member told us, "The training has been very good. It has helped a lot." Some staff said they felt they would get more benefit from face-to-face rather than on-line training. The registered manager told us new staff completed induction training and staff new to care were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed most staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. The registered manager gave each staff member a list indicating training that was due or overdue. Staff that failed to complete training were subject to disciplinary action. Some staff had also received specialist training in topics such as stroke, diabetes and dementia care. Nursing staff had also completed training relevant to their role such as risk assessment, person-centred care and staff supervision. One person who used the service told us, "They [staff] look after me" and another person commented, "The staff know what they are doing." One recent written compliment stated, 'Well trained staff… excellent service. Good atmosphere. Thank you.'

Staff were provided with regular supervision sessions and annual appraisals which gave them the opportunity to discuss their work role, performance, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support.

Some people living at Acorn Nursing Home exhibited behaviours that challenge. We saw staff had received training on how to manage these behaviours and saw the service was managing behaviours and achieving positive outcomes, without the use of restraint. For example, one person who had recently moved from another service had become much more settled and was playing their guitar and singing with the registered manager in the dining room during one of the afternoons of our inspection. Another person's family had recently commented about the positive impact on their relative moving to the home from another service; they were now interacting more, appeared happier and settled.

People's nutrition and hydration needs were met. People who used the service told us meals were good. One person told us, "I like the food; I get a choice. The chef asks me what want." There were choices available for every meal and other snacks such as cake and scones were also readily available. We spoke with the cook who explained they were given information about people's dietary needs and preferences. At the time of our inspection they were providing fortified diets for people who had been assessed as being

nutritionally at risk.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were fully completed and showed people were being offered high calorie snacks and drinks in line with their care plans. Staff were mostly using 'best practice' guidance to calculate how much fluid people at risk of dehydration should be drinking on a daily basis, to ensure they were kept well hydrated. During our inspection we saw people were offered plenty of hot and cold drinks, jugs of juice were available in the lounge and charts indicated people were receiving sufficient fluids. One person told us, "I have my own china cups." We saw these were used during our inspection when offering the person a hot drink.

We observed the mealtime routine and saw this was a relaxed and sociable occasion. Staff took time to sit with, assist and encourage people to eat independently where possible. People were offered a choice of food and shown what was available with 'show, tell' plates. One person refused all offers but the food was left with them and they ate it. It was clear from our observations that staff knew this was the best way to get them to eat their meal.

People's healthcare needs were being met. In the four care files we looked at, we saw people had been seen by a range of healthcare professionals, such as GPs, district nurses, dietician, speech and language therapists and opticians. A local GP visited the service weekly to conduct a doctor's round and the registered manager and staff told us this had proved effective in reducing hospital admissions. Staff told us they had a good relationship with the GP and district nurses and they were able to ask them for advice. One person told us, "I get to see the doctor if I need to."

The accommodation had been adapted to meet the needs of people who used the service. The accommodation was spacious with the living, dining rooms and some bedrooms on the ground floor and other bedrooms on the first floor. Toilets, bathrooms, communal areas and people's bedrooms were easily identified. Dementia friendly clocks and calendars were in the lounge and dining room. The registered manager told us they were using research from the University of Stirling to make sure the environment was the best it could be for people living with dementia. We saw cuddle dolls and sensory cushions, muffs and aprons in use during our inspection to good effect. The sensory equipment was made with a variety of colours and textures and we saw people found comfort in these and the cuddle dolls. One staff member told us they had volunteered to come in on their day off to decorate two walls within the service in a 50s style and a poetry theme, which were used to promote discussion and reminiscence.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were seven authorised DoLS in place. Where conditions were applied, we saw these had been

fulfilled. Several applications were awaiting assessment by the local authority. We saw staff had access to a list containing DoLS information and staff we spoke with knew which people were subject to a DoLS.

People were asked consent before care and support was provided. One person told us, "Staff explain what they are doing and ask me." Where people lacked capacity, best interest decisions had been made involving families or an advocate and healthcare professionals. For example, best interest processes had been followed for several people who were supported to take their medicines covertly [hidden]. The registered manager and deputy manager had a clear understanding of their obligations under the Act. This gave us reassurance that people who lacked capacity had their legal rights protected.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. People who used the service told us, "They look after me", "[Staff member's name] is really good", "The staff are kind" and "The staff know me and I get on with them." A person's relative commented, "Staff treat [person] with kindness."

Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. We saw when hoisting a person who was wearing a skirt, staff covered their legs with a blanket to preserve their dignity. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. People told us staff were mindful of their privacy. One person commented, "Staff always knock before they come into my room."

People who used the service were supported to be as independent as possible. Some people had been given the electronic codes for internal doors and were able to move around the service independently. One person commented, "'I can choose when I go to bed and get up." Another person's relative told us, "They [staff] support [person] to keep [person] walking as much as [person] can."

Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. All staff, including ancillary staff, took time to greet people warmly and ask them about their day. Staff sat or knelt next to people to chat with them and spoke with them face to face, in a friendly and engaging manner. There was a mostly calm and friendly atmosphere and staff gently reassured people if they became anxious or distressed. We heard some good-humoured banter shared between people who used the service and staff. Many staff had worked at the service for several years and it was clear that staff knew people and their care and support needs well. What staff told us about people correlated with what was recorded in peoples' care records. For example, one person's care records indicated they enjoyed going on visits to the local theatre. Staff told us about visits they had organised around this and the person confirmed this when we spoke with them. One staff member told us, "I think the care is really good. There are some really nice, caring staff. It's how you talk and approach people. You get to know people." Another staff member said, "We're family – the staff, the residents. I know it [the job] inside out. I know it so well. I love it."

People who used the service and/or their relatives had been involved in developing their care plans. One relative commented, "I've been involved in planning [person's] care."

Staff were sensitive to people's needs. For example, one person became distressed whilst staff were hoisting them from their chair into a wheelchair. Staff gently reassured them during the whole process, telling what they were doing at each stage. Another person was attending the service for the first time during the day. Staff took time to reassure and communicate with the person in their own language and used signs and gestures to indicate what care and support they were going to deliver. One person told us, "I can have a bath

or shower when I want."

Visitors were made to feel welcome. One person told us, "My visitors are made welcome when they come." A relative commented, "I visit regularly when I'm in the area, I don't always tell them when I am coming. We are always made welcome and offered drinks."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, people were supported to follow their own religion, were offered a diet which followed their culture and could choose if they preferred a male or female staff member to assist with their personal care. One person told us, "I get taken to the mosque."

Good

Is the service responsive?

Our findings

The registered manager made sure the care plans were developed before people moved into the home. Care records were detailed and most reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. Care records and risk assessments related to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

However, we saw one person's care record was not always reflective of their current care needs. The support plan relating to their pressure care suggested they required three hourly repositioning whilst in bed. We were unable to locate a repositioning chart and staff told us this had been discontinued since the person repositioned themselves and their skin was now intact. We saw this information was recorded in another area of the person's care records. We spoke with the registered manager and they said they would ensure this was updated accordingly. On the first day of our inspection, we saw the same person's behavioural care plan stated for staff to 'take extra precautions when assisting [person's name].' However, there were no indications of what these precautions were. We spoke with the registered manager and this had been amended by the second day of our inspection. The other three care plans we reviewed contained relevant and up to date information, so we concluded this was an isolated omission. We saw the registered manager was reviewing all care plans to ensure they remained relevant and contained appropriate information. This gave us confidence care plans would be updated and amendments made where required. One visitor told us, "The staff involve me in planning [person's] care."

Some basic information was recorded in care records about people's end of life care needs, although we did not see evidence of people or their relatives being involved in discussions about their end of life wishes. The relatives we spoke with said they were not aware of any discussions taking place about their relatives' future wishes.

Care staff were aware of people's care and support needs and told us they took time to read these to make sure they were of any changes. One staff member commented, "We have time to read care plans – we've got to – things change!" Any immediate changes to people's care and support needs were communicated to all staff each day during the morning handover and daily information sharing meeting.

The complaints procedure was detailed in the service user guide and displayed at the service. No complaints had been received by the service since our last inspection. People and visitors told us they knew how to complain but had not needed to. One person told us, "I would feel able to complain to the staff if I needed to." The service also kept a file of compliments received and several had been received since our last inspection. These included, 'Super organisation. Very caring staff…10 out of 10' and 'Absolutely impressed by the quality of care and friendliness of staff. So good to see our friend treated as a whole person…a pleasure to visit here.' We saw one person had visited the home unannounced whilst looking for a service for their loved one and had commented, 'All the staff were very polite, spoke to me, welcomed me to the

home... superb set of staff working in a difficult environment.'

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. Communication boards were in some people's bedrooms and communication cards located in the lounges and dining room to assist communication. The results of the staff survey and the residents/relatives survey were printed in large type and located in the reception area for people to see.

People were being offered a range of activities and were supported to maintain links with the outside community through attendance at day centres, visits to local shops and attending the cinema and shows at local theatres.. Activities were conducted on a small group or one-to-one basis. One person's relative told us, "[Person] goes out shopping, not as often as I would like. [Person] gets the opportunity to do activities like painting." The activities organiser told us they organised activities according to people's wishes, including skittles, ball games, painting and quizzes. The activities organiser worked on a part-time basis, and assisted with breakfast support in the mornings. During our inspection, we observed the activities organiser engaging with some people during a painting activity and doing knitting with a small group of people which included one person who needed one to one support. It was clearly a regular session that the residents enjoyed.

At other times, staff engaged with activities when they had time, although one staff member told us they would like to see more activities available to people, particularly on a one-to one basis. Some staff came in on their days off to take people out shopping for the day, or to the cinema or a show. They told us, "I take some of them out – I took [person's name] to see Swan Lake the other week at the Alhambra [local theatre]. I took [person] shopping on my days off. I sometimes go to the football and to the Laurel and Hardy show at a local pub. I come in on my day off to do it. [Person's name] goes to football at Bradford Park Avenue. I'm trying to get a photo of all of the team for [person's] wall." We saw staff engaging in one to one activities such as dominoes during our inspection. One person told us, "I sometimes play dominoes and I get a hand massage."

Good

Is the service well-led?

Our findings

There was a registered manager in post, supported by a deputy manager, who provided leadership and support. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. One visitor told us, "I know the manager; the place is well managed."

Staff we spoke with were positive about their role and the management team. Comments included, "I feel supported by manager – she's easy to approach", "I can talk to the manager about anything. She will be there for you and try to help" and "I feel supported – I can speak to [registered manager] anytime about things."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. For example, the registered manager took on board any comments made by the inspection team on day one of the inspection and had taken remedial actions by day two of the inspection. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service. The registered manager was a visible presence in the home and attended morning handovers and staff meetings to ensure they kept up to date with what was happening in the service.

Staff morale was very good and staff said they felt confident in their roles. Staff comments included, "I think the team morale is great – it's very multi-cultural", "Here, we've got good staff and I enjoy coming to work. It's a jolly, jolly atmosphere – we all have a smile on our face" and "Morale? We're happy, loud, smile, get along. We will speak with each other to resolve the situation [if there's an issue]. We plan the day so it runs smoothly. It's a good staff team. I'm happy."

Staff and people we spoke with told us they would and had recommended the service as a place to receive care and support and as a place to work. A staff member commented, "I would recommend as a place to work, if I think they are good enough, and as a place to live. They [staff] have to be the best – we have lots of challenging behaviours here." One staff member told us they had done a leaflet drop in their local area about the service "off my own back – I wasn't asked to." It was evident that the culture within the service was open and positive and that people who used the service came first. One person said, "I feel it's a second family here."

A range of audits were being completed, which were effective in identifying issues and ensured they were resolved. These included health and safety audits, environmental audits, call bell checks and checks on people's care, such as weight, accidents/incidents, medicines and pressure areas. The registered manager conducted a monthly infection control audit and the local authority had completed an independent audit which achieved a score of 97.42%. We saw where any shortfalls in the service were found, action had been taken to address any issues. The provider's quality compliance officer visited every two months and the provider visited monthly to check aspects of the service and provide the registered manager with support.

Staff and residents'/relatives' meetings were held on a regular basis so that people were kept informed of

any changes to work practices or anything which might affect the day to day management of the service. One person commented, "We have meetings but I can't always understand what is happening." Another person said, "I went to one the other week. It was about Christmas." We saw the main meal was now served at teatime, following people's request at the residents' meetings. Staff and resident/relative surveys were conducted on an annual basis, with actions taken from any negative responses. This showed people's views about the service were sought and acted upon.

The registered manager had established good links with other agencies. They attended meetings with the local authority and local care provider forums to discuss and share best practice. The registered manager and deputy manager said they had developed excellent relationships with the local district nurse teams and the local GP, who conducted a weekly doctor's round. The registered manager also attended the provider's own manager meetings, held every three months, which they told us was a useful forum for sharing ideas, best practice and discussing lessons learned from any incidents.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home; we found the service had also met this requirement.