South East London Baptist Homes

The Elms

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

We carried out an unannounced inspection of The Elms on 28 February 2017. We had received information of concern prior to our inspection and considered this when reviewing the quality of the service.

The Elms is a care home for up to 26 people who require personal care, some of whom have dementia. On the day of the inspection, 25 people were using the service.

The service had a 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.

At our last inspection of the service on 18 March 2016, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. The registered manager did not always support staff in their roles. Staff did not receive regular one to one supervisions or appraisals to reflect on their practice.

We undertook a comprehensive inspection on 28 February 2017 to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Elms' on our website at www.cqc.org.uk. At this inspection, we found the action taken to address the breach was sufficient to make the required improvements.

The premises had staircases that could pose a risk to people using the service. Some people living with dementia could access parts of the building which would cause them harm if they were not supervised. However, the registered manager had assessed risks to people and put plans in place to minimise potential harm to people.
Risks to people were identified, reviewed and managed appropriately. Staff were aware of the risks to people and had guidance on how to minimise the prospect of harm. The registered manager had reviewed other risks associated with the safety of the premises and working practices to protect people from avoidable injury.

Staff were supported in their role by the registered manager and their colleagues had received supervisions and appraisals to review their performance and development needs. People received care from competent and skilled staff who had regular training.

Prior to the inspection, the CQC was made aware of an incident that had happened at the service. The issue had been investigated and resolved by a local authority safeguarding team. During the inspection, an inspector and inspection manager conducted a fact finding exercise on this specific incident. The CQC will review the evidence gathered to inform its view about an aspect of people's care at the service in relation to the incident.

People were protected from the risk of potential abuse. Staff had received training on how to identify and report abuse to help keep people safe. The registered manager and staff understood and followed the provider's safeguarding procedures to deal with concerns. The registered manager had worked with a local authority safeguarding team on concerns raised at the service and made changes where a shortfall was identified.

There were enough numbers of suitably skilled and competent staff deployed at the service to meet people's individual needs. Appropriate recruitment procedures were followed to ensure staff were suitable for their roles. People received the support they required to take their medicines from staff trained and assessed as competent to do so. Medicines were administered and stored safely in line with the provider's procedures.

People accessed healthcare services when needed to maintain good health and to have their dietary needs met. People were provided with a healthy diet and sufficient amounts of food and drink and their nutritional needs were met.

People consented to receiving care and support. The registered manager and staff understood and supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards. Staff knew people well and understood their needs. Staff were kind and caring to people using the service. People's care was provided in a way that promoted their dignity and maintained their privacy.

People were involved in the planning of their care and support. Staff provided personalised care that met people's individual needs and took account of their preferences. Staff supported people to pursue their hobbies and to take part in meaningful activities. People and their relatives knew how to raise a concern and were confident of the complaints process. The registered manager sought people's views about the service and used feedback received to improve their care.

People and staff were happy with the registered manager and how the service was managed. An open and positive culture was maintained at the service. Staff knew what was expected of them when providing people's support and felt supported in their roles. The quality of the service was subject to regular checks and improvements were made when necessary.

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. Risks to people were assessed and managed appropriately. However, CQC is looking into an aspect of people's care because of an incident at the service.

The premises might pose a risk of avoidable harm to people and the service would benefit from a review of the safety of the premises.

People were protected from the risk of potential abuse. Staff knew how to identify and report concerns.

There were sufficient numbers of staff to meet people's needs. New staff underwent robust pre-employment checks.

People received their medicines safely from competent staff.

Is the service effective?

Good

The service was effective. Staff were supported and received supervisions and training enhance their effectiveness in their roles. Skilled and knowledgeable staff provided people's care.

People gave consent to their care and where they were unable to do so, staff followed the principles of the Mental Capacity Act 2005 to ensure decisions were made in their best interest.

People received a healthy balance diet and were supported to maintain their health.

Is the service caring?

Good

The service was caring. People were cared for in a kind and compassionate way by staff who understood their needs. People were involved in decisions about their care.

Staff respected people's wishes and preferences about how they wanted their care provided. People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive. People received care appropriate to their individual needs. People's needs were reviewed regularly and staff responded to changes in the support they required.

People were supported to maintain their interests and take part in activities of their choosing. People knew how to raise a complaint and were confident concerns would be investigated and responded to.

Is the service well-led?

Good

The service was well-led. People and staff were positive about the registered manager and how the service was run. There was an open and inclusive culture at the service.

Staff understood their roles and responsibilities and felt well supported in their role by the managers.

Quality assurance systems were in place. Audit findings were used to monitor the quality of the service and to drive improvement.

The Elms

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 unannounced inspection took place on 28 February 2017. The inspection was carried out by one inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received information of concern in relation to an aspect of care provided at the service. We reviewed this and other information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used all this information to inform the planning of the inspection.

During our inspection, we spoke with 12 people using the service, three relatives and a nurse who was visiting a person. We also spoke with five members of the care team, the registered manager, two assistant managers, administrator, chef and a board of trustee member.

We reviewed 12 people's care records and their medicines administration records. We looked at 10 staff records including recruitment, training, supervision and appraisal and duty rotas. We reviewed records relating to the management of the service including quality audits. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from three healthcare professionals.

Good

Is the service safe?

Our findings

People were protected from the risk of avoidable harm. One person told us, "Yes they [staff] do everything they should. I have a hoist which the staff always use safely and securely to lift me and there is always two of them to do this." Risks assessments were undertaken to identify and plan the management of any concerns to people's safety for example with their eating and drinking, walking, skin integrity, medicines management and moving and handling. Staff had support plans with guidance on what action they needed to take to manage the identified risks. For example, a person who required assistance to transfer from the bed to chair, the support plan stated the number of staff required to carry out the task safely, the hoist to be used and the size of the sling appropriate for the person. There were general risk assessments on people and the premises to ensure staff knew how to respond in case of an emergency at the service for example a person choking or in the event of a fire. Staff regularly reviewed risk assessments and when people's needs changed and updated support plans to ensure people received appropriate care. Each person had an up to date evacuation plan with guidance for staff on the action to take in the event of an emergency.

People were protected from the risk of potential abuse. One person told us, "Yes, it is safe here." Another person said, "As far as I know there is no reason to think it's not safe here." A relative told us, "People are well cared for. It is a safe place for all who live here." A visitor said, "I have been a visitor and friend to many of the people who have lived here for many years and I have never seen anything to make me feel they were unsafe." Staff were able to describe the signs of potential abuse and the procedures they needed to take to help keep people safe. One member of staff said, "I would report any concerns to the senior on duty or to the manager. I could also report to their social worker." Staff were confident that the registered manager would take appropriate action and that they would be supported. Information about safeguarding agencies was available at the service for staff when needed. Staff and records confirmed they had received training on safeguarding adults. There were up to date policies on safeguarding and whistleblowing which staff said they used for guidance. Staff understood their responsibility to raise any concerns through whistleblowing to the registered manager, senior management or to external agencies such as the local authority safeguarding team, the Care Quality Commission or the police when needed. The registered manager was clear on their role to help protect people and had reported concerns to the local authority safeguarding team to enable investigation of concerns to help keep people safe.

The premises were safe. The provider had carried out checks on the premises to identify and manage potential risks to people's safety. For example, risk assessments were in place for the safe use of staircases. The registered manager told us and records confirmed people who were allocated bedrooms on the first floor were either independently mobile or required staff support to walk or to use a wheelchair. We saw a door from the upstairs hallway which led to a staircase from the top to the ground floor that was kept open. We were concerned that this might pose a risk of a fall to a person. We asked the registered manager who told us of the safety measures in place. For example, there were gates on the ground floor which prevented unauthorised access to the staircase. The service operated a CCTV in communal areas, passages and staircases. This was regularly monitored by office staff to help keep people safe. The system was effective in mitigating against some of the environmental risks.

People were cared for by staff who were regarded as suitable for their role. The provider followed safe selection and recruitment procedures to help ensure staff were safe to provide people's support. Pre-employment checks included a Disclosure and Barring Service (DBS) before they started work. The DBS enables providers to make safe recruitment decisions through checking information about individual's criminal records and whether they are barred from working with vulnerable adults. Records showed employer's references, applicant's right to work in the UK, health questionnaire and proof of identification were obtained before new staff were employed at the service. New staff were confirmed in post when their probationary period was assessed as satisfactory and they had completed the care certificate training which set the minimum standards of care to be provided to people.

People's support was delivered by a sufficient number of experienced and skilled staff deployed on each shift. One person told us, "Yes they [staff] help me in the morning and I have always been quite happy about the number of staff around." Another person said, "There is always someone you can talk to and ask for help." A relative said, "They [staff] cope quite well from what I have seen." Staff said they were sufficiently staffed and were able to meet people's needs in a safe manner. One member of staff said, "We [staff] have enough time to do the work without being rushed. The manager and her team are always around and are supportive when we need help." Staff and records confirmed additional staff to support people who were unwell, attend appointments and for outings. We observed staff worked as a team and communicated with each other to ensure people's needs were met in a timely manner. Call bells and people's requests were dealt with in a timely manner. Staff and records confirmed absences were adequately covered by permanent staff.

People were supported to take their medicines safely by staff trained to do so. One person told us, "Yes, they [staff] give it [medicines] to me at 9am in my bedroom and at mid-day and they have a book to record it in." Staff administered people's medicines safely by ensuring they gave the correct medicines to the right person at the prescribed times. Medicine Administration records (MAR) were completed with each person's prescribed medicines, dose, allergies, method and time of administering. MARs were completed accurately to reflect people had received their medicines when needed.

Medicines were stored safely and securely in a locked room and lockable trolleys that only a senior member of staff could access. There was an updated policy which staff used for guidance in the safe administration and management of medicines. We observed a member of staff asked a person if they were in pain before they gave them 'when required' medicines (PRN). They signed the MAR sheet to show the reason why the PRN was given and the dose administered. A member of staff told us they followed each person's PRN medicine protocol to ensure they did not give them more than the recommended dose. We checked stock levels for three people and found these corresponded to the balances recorded on the MAR.

Good

Is the service effective?

Our findings

At our inspection of 18 March 2016, we found that the provider had breached Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 in relation to staffing. Staff had not always received one to one supervisions or an annual appraisal to reflect on their practice.

At this inspection of 28 February 2017, we found the registered manager had an improvement plan in place to ensure staff had received appropriate support to enable them to undertake their role. Staff had received the support they needed to be effective in their role. One member of staff told us, "The [registered] manager is supportive. We can ask for help at any time." Although staff had not received 'at least six formal supervisions' in a year as stated in the provider's policy, the registered manager and assistant managers had carried out at least two formal supervisions, job observation and worked alongside staff group meetings to discuss work practice. Staff told us they received feedback on their practice. In addition, staff performance was observed by members of the board of trustees during their monthly inspection of the service who reported to the registered manager any shortcomings. Records showed practice issues were followed up in supervisions and in team meetings, for example, when incidents happened at the service. Staff had received an annual appraisal where their training and development needs were discussed and planned.

People's care needs were met in an effective manner. This was because staff were given the opportunity to familiarise themselves with people's needs before they started to provide their care. A member of staff told us, "The induction was good. It spelt out the expectations of the role and with that came the necessary training." New staff completed an induction course which included care certificate which sets out the minimum standards on how people's care should be delivered, meeting people, reading of care and support plans, practical training in use of equipment, shadowing experienced staff and having their competency assessed. Staff had completed training considered mandatory by the provider before they started to support people independently. Records showed new staff had completed their induction before they worked on their own.

People received effective care as staff had received training relevant to their roles. One person told us, "They [staff] are well trained. They don't push you around." Another person said, "They [staff] seem to be quite alert to what you need." A relative told us, "In my experience they [staff] are very good with understanding the needs of the [people] I visit." A healthcare professional told us, "Staff seem well trained. They are observant and are quick to notify us of any changes in a person's condition." Staff told us and records confirmed they had received training and refresher courses in safeguarding, moving and handling, infection control, DoLS and medicines management. One member of staff said, "We are required to attend training and the [registered] manager ensures you are not scheduled to work on the day." Staff told us the training was useful as it helped them to follow best practice and made them feel confident in their roles. The registered manager monitored and ensured staff attended training and refresher courses when needed. Staff had received specific training on how to manage health conditions such as diabetes, dementia and pressure ulcers.

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 of authorisations to deprive a person of their liberty were being met.

Staff ensured people consented to care and treatment. One person told us, "Staff ask before they do anything." One member of staff said, "We don't take for granted how people want their care delivered. We ask at every task what help they [people] need." The registered manager and staff showed a good understanding of the principles of the MCA. Records showed mental capacity assessments to determine a person's ability to make specific decisions about their care. The registered manager had involved a healthcare professional and a relative to ensure 'best interest' decisions were made because a person lacked insight about their personal care. Nine DoLS authorisations were in place and a copy was retained on each person's file. Support plans had guidance for staff on how to provide people's support in line with the authorisations such as supporting access the community safely.

People enjoyed the healthy meals provided at the service. One person told us, "The food is served up very nicely on the plate which makes a big difference." Another person said, "It [food] is always nice and hot." People received the support they required to take their meals. A person told us, "Yes I can manage if my food is cut up for me." Daily records confirmed staff supported the person as required. We observed people having lunch and saw that staff offered people a choice of meals and supported them when needed.

People's daily food and drink intake was monitored to ensure their nutritional needs were met. Staff took people's weight monthly and reported any concerns to the registered manager to ensure appropriate action was taken. Referrals were made to healthcare professionals for guidance on weight management concerns. Staff updated people's care plans to reflect the guidance received such as providing people with fortified drinks or a soft diet. Kitchen staff were aware of people's nutritional requirements, preferences and allergies to ensure each person received food appropriate for their needs. People said the chef asked them about the quality of meals and records confirmed they were happy about the food provided at the service.

People had their health and social needs met. One person told us, "The GP comes round if you are unwell." Another person said, "Staff don't take any chances. They will ask for a GP visit to check on me." A person's visitor said, "Yes, for example when [person] was unwell staff contacted the GP." Staff maintained records of visits made by other healthcare professionals which included GP, dentist, chiropodist and community nurse. Referrals were made to ensure people received specialist support when required for example a person had physiotherapy sessions to help them build their muscle strength. The person's care plan was updated to include the advice given to ensure the person received effective care. We saw a healthcare professional who had visited a person to check on their condition. A member of staff supported the person in the meeting to ensure their needs were met.

Good

Is the service caring?

Our findings

People were happy living at the service. One person told us, "Staff are lovely." Another person said, "Staff are very nice to everyone here. I am happy here." A relative said, "People are comfortable here." Another relative told us, "It's good all round. Staff are very helpful." We observed the atmosphere at the service was friendly, relaxed and welcoming.

People had developed positive and caring relationships with staff. One person told us, "When I came back from hospital everybody was at the entrance to welcome me home. They have been so caring towards me in every possible way." One relative said, "Yes all the staff I have seen interacting with people are very considerate and caring." Staff knew people well and understood their individual needs and how they wished their care to be delivered. We observed interactions between people and staff were based on trusting relationships. This was because people approached and talked to staff with ease. Staff were caring and respectful when they interacted with people. For example, staff explained what they were doing when giving a person their medicines and did not rush them.

People were supported to maintain relationships that were important to them. One person told us, "My relatives are free to come when they can and stay as long as they want." Another person said, "My family is always welcome here." We observed staff greeted visitors and relatives who came into the home and made them feel welcomed. The registered manager confirmed they did not have restrictions to visiting times, as they understood relatives visited when it was convenient to them.

People, and their relatives where appropriate were involved in decisions about their care. One person told us, "They [staff] do ask how I like things done." A relative said, "I was able to say what [person's] needs were and what they liked." People took part in the planning and developing of their care plans and reviews of the support provided. Staff told us and records confirmed they respected people's views. For example, a person received personal care after their breakfast. The registered manager and staff knew they could support people to access advocacy services when needed to make certain decision about their care.

People received care that promoted their dignity and respected their privacy. One person told us, "I can't wash myself so I have to be washed. They [staff] make sure I'm always covered and the door is always closed." A relative told us, "Most certainly, staff are respectful." Staff understood their responsibility to maintain people's privacy and dignity and were able to tell us how they practiced this for example by knocking and closing doors. We observed staff knocked on people's bedroom doors and waited for a response before they entered. Staff encouraged people to complete tasks they were capable of to promote their independence such as holding and drinking from their cup of tea on their own.

People had their information kept confidential. Staff told us they updated people's records away from visitors and people. We observed people's information such as care plans and risk assessments were kept secure in areas only accessible to authorised staff. Staff told us they shared people's information with other healthcare professionals on a need to know basis.

People received the support they required to meet their religious and cultural needs. One person told us, "We have a bible session which is led by [person]. It's important to me that I practice my faith." People told us and records confirmed there was a weekly worship service and anyone could attend. Staff supported people who wished to attend religious services in the community.

People at end of life care received the support they required. People and their relatives were encouraged to plan and make their end of life wishes known. Records confirmed people's wishes. A relative told us, "[Relative] has made it known; they want to spend their last days at the service." People were confident that their wishes would be respected. Staff understood their responsibility to support people to be as comfortable as possible at the end of their life. The registered manager worked closely with a local hospice to ensure people received appropriate care such as pain management when needed.

Good

Is the service responsive?

Our findings

People needs were met because they were involved in planning their care. One person told us, "I am happy with my care. Staff do listen." A relative told us, "Staff ask us how best they can support [relative]."

People had their needs assessed before they started using the service. This ensured the service was appropriate for them and that staff could meet their needs. Staff gathered information about a person's health, background, cultural and religious needs and daily living skills. People had individualised care plans developed using the information gathered at assessment. Staff had sufficient guidance on how to support people with their identified needs such as having a wash, walking and eating and drinking. People's care records confirmed staff delivered their care as planned. For example, a person was supported with personal care as needed.

People received care that was responsive to their needs. Staff reviewed people's needs monthly or when their needs changed to ensure that the care and support provided was appropriate. For example, after a hospital discharge as a person's mobility needs had increased. Records showed the care plan was reviewed and there was an updated risk assessment with sufficient information for staff on how staff were to support the person appropriately. People, their relatives and healthcare professionals were involved in assessing and reviewing of their needs to ensure staff provided support that was responsive to their needs. Staff made a referral to other health and social care professionals for advice when people's needs had changed for example with their mobility.

People enjoyed the activities provided at the service. One person told us, "We have lots of activities to choose from. I like it here." Another person told us, "Staff tell us what's on and ask what activities I would like to join in. It's good to have something to cheer you up." People had a choice of activities provided at the service or in the community to choose from. People received the support they required to take part in one to one or group activities. People and records confirmed they took part in activities such as sing-a-longs, quizzes, news discussions, book club, music club, hand massages and outings in the community to ensure they maintained their interests and hobbies. Relatives were positive about the activities at the service. A relative told us, "There is enough to do and for people to choose from." We observed people enjoyed a current affairs discussion and one to one interaction with people who stayed in their rooms.

People and their relatives knew how to make a complaint when needed. One person told us, "I would go to the [registered] manager. She would help me." Another person said, "I suppose, to one's family." A relative told us, "I am happy with [relative's] care. I have never had reason to complain; I would speak to the staff or the [registered] manager, they are all approachable." People were confident that their concerns would be resolved without repercussion. Staff understood their role to support people to raise their concerns and were aware of the provider's complaints procedure. Information about how to make a complaint was displayed at the service. The registered manager told us they monitored and resolved concerns before they escalated to complaints and records showed that the service had not had any since our last inspection. Relatives and friends were complimentary about the service. We read thank you messages about how staff were responsive to people's needs at the service which the registered manager had shared with staff.

Good

Is the service well-led?

Our findings

People and their relatives were happy about how the service was managed. Staff were positive about the registered manager and the leadership at the service. One person told us, "It all runs well here." Another person said, "The [registered] manager and her team are helpful." A relative told us, "The [registered] manager has been very proactive. I like her attitude towards people." People and staff said they could talk to the registered manager when they needed to and there was an open door policy at the service. A healthcare professional told us, "I have confidence in the [registered] manager and staff." One member of staff told us, "The [registered] manager is approachable and open to suggestions. She considers what we say."

People received their support in line with the provider's vision. One person told us, "I feel at home here." Another person said, "Staff are respectful not only to us but to each other." Staff told us they understood the provider's vision and were clear about their roles in supporting people to 'maintain their individuality, dignity and independence'. The registered manager ensured people received person centred care, ensured this was embedded in staff's practice, and promoted the ethos through training, staff meetings and supervisions. Staff felt supported in their role and that the registered manager ensured they understood their roles and responsibilities. One member of staff said, "The managers are visible in the home. We get all the help and advice." We observed the registered manager and senior staff walked about and talked to people and staff to find out how they were doing and if they needed any support.

The registered manager knew the people who used the service, understood their needs and what mattered to them. One member of staff told us, "We get regular updates on people's health." Another member of staff said, "Everyone is aware of what's happening at the service." Information about people was shared when needed to ensure staff provided them with appropriate care. Daily meetings took place at the start and end of each shift where staff and managers discussed people's well-being, changes to their health, activities planned for the day, duties allocation and areas of responsibility for each member of the team. This ensured there was continuity in the support provided to people. We observed the registered manager at handover and highlighted areas were staff needed to be vigilant for example a person who was at the risk of falls.

People's quality of care was improved because staff carried out regular checks and audits. Senior staff carried out daily and weekly audits and checked that people received their prescribed medicines and that there were enough stocks held at the service. Electrical and gas appliances were maintained as required to minimise the risk of injury to people. The registered manager ensured infection control measures were implemented to prevent outbreak, for example, that the level of cleanliness was maintained at the service, that staff had access to and used protective clothing and that waste disposal was in line with good practice. Care planning, risk assessment and record keeping were checked for completeness of the support and care delivered to people. We noted that some parts of care plans and risk assessments were not dated to show when they had been reviewed. We discussed this with the managers who agreed that this was an oversight and that this would be picked up with staff at team meetings and supervisions. We saw that the registered manager had an action plan in place to drive improvement for example that all staff had received supervisions as planned. We observed that whilst the majority of the audits were detailed, we did see that the risk assessments and care plan audits had not identified the issue of undated documents.

People benefitted from a service whose quality of care was monitored regularly. One person told us, "I would go to the trustees if I had any concerns. They come once a month for a board meeting. They listen to what you say." The registered manager confirmed that they were supported in their role by the board of trustees and they shared information on how to improve the service. The board of trustees provided an oversight on the management of the service and carried out and audits to ensure people received effective care. On the day of inspection, we saw a board of trustee member who had come for an unannounced visit to inspect the service. The registered manager said they worked well with the management team and held regular meetings to discuss people's needs and how to drive up the standards of care provided at the service.

The registered manager had submitted notifications to CQC as required on reportable incidents and significant events at the service. For example, the registered manager had informed CQC of events such as death and injury to ensure that, where needed, CQC can take follow-up action. We were aware of an incident where the registered manager had sent a notification to CQC but had not contacted the local authority safeguarding team. The registered manager explained the reason for the delay and we were satisfied they understood their responsibility to inform external agencies as appropriate.

People's views and experiences were actively sought and their feedback was used to improve the quality of the service. One person told us, "Staff invite us to talk about things we like and the changes we want to see in the home." Records showed people attended regular 'Talk to us' resident's meetings with the registered manager and staff. We saw posters were displayed at the service with information of the next resident meeting. Minutes from the last meetings showed people were listened to. Relatives attended regular meetings and visited the registered manager if they had any concerns. Annual satisfaction surveys were used to gather people's views, for example, the service reviewed the activities provided at the service to ensure people's diverse interests were met. We observed the registered manager and staff interacted with people to ensure they were happy and encouraged them to have a say about their welfare at the service.