Bethany House Care Home

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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 25 and 26 May 2017 and was unannounced. The previous inspection was carried out in February 2016 and concerns relating to the management of some areas of medicines, some records relating to monitoring and checks, person centred detail recorded within people's care plans and supervision opportunities for staff were identified. We asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements.

Bethany House Care Home provides accommodation with personal and nursing care for up to 15 adults who need care and support with physical disabilities and complex needs, such as congenital disorders, degenerative illnesses and acquired brain injuries. At the time of the inspection there were 15 people living at the service, most were younger adults although the service also supported people who were older.

People were living with a range of care and nursing needs, many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff. People's bedrooms were all en-suite and provided over two floors, with a passenger lift in-between. There was a large sitting and dining room on the ground floor and a quiet lounge on the first floor. On the ground floor there was also a hydrotherapy pool. Outside there was an enclosed garden and grounds which people could access.

The service had a registered manager who was available on the days of the inspection. 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 followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A robust system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit and appropriate to be working with people. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed. Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training, competence checks and support to meet the needs of people. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.
Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way. People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs very well. Feedback we received from people, their relatives and health professionals was positive. We were told about good standards of care; which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and commitment to provide the best service for people.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People and relatives were complimentary about the food and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy and nutritious diet.

Staff told us that the service was well led and that they felt very well supported by the registered manager and provider to make sure they could support and care for people safely and effectively. Systems were in place to ensure care at the home was of a good quality. People's feedback was sought and action was taken to implement improvements. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

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.

There were enough staff to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

Is the service effective?

Good

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were well supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored to help maintain their well-being. People were provided with a range of nutritious foods and drinks.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

The established staff team delivered care with consideration and kindness in a warm, inviting and family atmosphere.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff encouraged people to be independent when they were able.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff new people very well and had a good understanding of individuals needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain but said they had no complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager created an open culture in which staff told us they felt well supported and involved in running the home.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

Bethany House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. The provider had also sent us an action plan following the last inspection.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. Not everyone was able to verbally share with us their experiences of life at Bethany House. We therefore spent time observing their support and carried out a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents. These included four care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service and with the owner, the registered manager, a nurse and three members of staff. We also spoke with three people's relatives. Following the inspection we also received feedback from two social care professionals who had had recent contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bethany House, one person said "The staff are good – they look after all of us" and another indicated that they felt safe when asked. Relatives told us they felt their loved ones were safe and very well cared for. One relative commented, "X is kept safe they look after him very well. I'm confident the care is good when I'm here and when I'm not."

At our last inspection fire drills were not recorded, there was no system in place for the routine recording of visual checks of fire extinguishers and there was no recording system to ensure air mattress settings were checked and at the right setting. At this inspection we found that the provider had taken steps to improve recording and monitoring checks in a number of areas.

Checks took place to help ensure the safety of people, staff and visitors. Fire drills had taken place and a summary of each drill had been recorded, this meant that the provider could monitor staff attendance and participation in drills. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Checks to ensure air mattresses were at the right setting were now completed. Records showed Health and Safety audits were completed monthly and that these were reviewed to see if any action was required. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. These checks enabled people to live in a safe and suitably maintained environment.

People had personal emergency evacuation plans (PEEP). A PEEP sets out the physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. A quarterly analysis of accidents, incidents and action taken was completed.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

At our last inspection we found that medicines were managed safely but some improvements were needed. Not all boxed and bottled medicines were dated on opening and a consistent key for the code used for recording when a medicine had not been administered was not in place. At this inspection we found that all boxed and bottled medicines had been dated on opening, in line with best practice guidance. Medication administration records now contained a key for staff to use when a medicine had not been administered. For example; when a person refused their medicine. Records showed that staff who administered medicines

used the codes consistently.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). Regular medicine audits were carried out by the registered manager or nursing staff. This helped to ensure people received all of their medicines safely.

The provider had policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to confidently identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There was enough trained staff on duty to meet people's needs. The registered manager made sure that there was sufficient staff on duty to meet people's assessed needs and kept staffing levels were under review. One to one staff support was provided when people needed it. The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. During the inspection staff were busy but not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. There was always a senior member of staff available for the service to contact. At times staff from the provider's sister service, located next door, worked at Bethany House or vice versa. This helped to cover gaps on the rota as a result of staff sickness, annual leave or training. At times agency staff were used. The registered manager told us they had two vacancies, these were covered by either permanent staff or consistent agency staff.

Good

Is the service effective?

Our findings

People told us that staff looked after them well, one person told us, "The staff help me with what I need." Staff worked effectively together because they communicated well and shared information. Staff handovers made sure that they were kept up to date with any changes in people's needs. The introduction of a handover diary had proved useful in ensuring that all staff received consistent and correct information.

At our last inspection staff were not receiving adequate support in the form of recorded one to one supervision meetings. At this inspection we found that staff were receiving supervision meetings with the registered manager along with annual appraisals. Staff told us they felt very well supported by the registered manager and found these meetings useful. One member of staff commented, "We talk about any difficulties we might be having, our strengths and what training we need to do."

New staff had an induction into Bethany House during their probation period, this involved time where they spent time reading people's care records, completing a workbook, training, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. The Care Certificate was in use and the manager told us that they assessed each new member of staff individually to determine which units they needed to complete. Staff new to providing care and support would be required to complete all units. A mentoring system was also in place, whereby more experienced staff provided support and guidance to newer staff. One member of staff told us how they enjoyed supporting new staff to 'learn the ropes'.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training and e learning. During the two days of the inspection classroom based training was taking place at the sister service. A training schedule was maintained by the registered manager. Staff were supported to gain recognised qualifications in health and social care. Staff told us they found the training to be effective in supporting them to fulfil their roles. One member of staff commented, "Training is always available, it's nice to be able to refresh on some topics and make sure I stay up to date."

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving examples of different actions or signs people may give, and what these mean.

The management and staff were aware of the need to involve relevant people if someone was unable to

make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

People's health was monitored and health care professionals were regularly involved to make sure people were supported to remain as healthy as possible. People were supported to receive input and support from doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended. People who had specific medical conditions, such as diabetes or epilepsy, had guidance for staff to follow. This described symptoms they may display and how to support them. Some people had very specific requirements around how their nutritional and hydration needs were met. Staff had been guided by health professionals and relatives to ensure an appropriate level of support was given and staff were vigilant about how much people ate and drank. Health professional told us that staff followed their advice and gave good support to ensure people remained as healthy as possible.

People's dietary needs and preferences were discussed with them or with people who knew them well before admission, and were regularly reviewed. Guidance for staff in regard to people's specific nutritional support was recorded in the kitchen and informed the cook preparing their meals. We were told the menus were flexible; two choices were available each day with a choice of alternatives also available. People and relatives told us that the food was very good and that the cook knew their likes and dislikes very well. Some people required their food to be pureed; relatives told us that the cook made sure to present it in an appetising manner. Where necessary people's nutritional and hydration intake was monitored. Staff told us that they would report to the nurse any person who had drunk less than expected. Plenty of drinks were available to people throughout the inspection and we observed people being supported to drink at regular intervals. There were minor inconsistencies in the way that some staff completed fluid charts which is an area for improvement; to make sure that records are clear and not open to interpretation.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

Good

Is the service caring?

Our findings

People told us and indicated that they were happy living at Bethany House, many had live there for several years and relatives told us they were happy with the high standards. One person commented, "I get on better with some (the staff) more than others but they are all good." There was a visible person centred culture at the service and there was a clear commitment to supporting people to express their views and feelings. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals and supported people in a way that they preferred. The staff team worked well together to provide good care for people.

Staff spent time with people to get to know them. There was descriptions of what was important to people and how to care for them, in their preferred way, in individual care plans. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's individual needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. There was a lot of laughter, people and staff were seen to have fun together and shared a laugh and a joke and people looked happy.

People received consistent care from motivated staff. Staff were supportive in encouraging people to be independent. For example, one person had been supported to regain confidence with their mobility. Another person told us how they enjoyed their independence, they could come and go as they pleased and staff were always on hand to help them if they needed it.

Staff were attentive. They observed and listened to what people were expressing. People used a variety of communication methods which suited their needs, for example, one person used their arms to communicate yes or no, staff knew them well and were easily able to hold a conversation with them. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. Staff ensured to involve people in conversations. Each bedroom door was personalised for each person, for example; some people did not have their names on their doors but did have pictures or signs.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. Families told us that they felt the service 'was like a second family'.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. People

were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care. Do not disturb signs were available to put on doors when needed.

People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Although rare staff were experienced in providing end of life support to people; good links had been made with the hospice team who the registered manager liaised with and who provided support and guidance and assured that good practice was maintained.

Good

Is the service responsive?

Our findings

The care and support people received from the staff at Bethany House was responsive to their individual needs. Our observations during the inspection showed that staff knew people's needs very well and that meant they were able to respond in a quick and consistent manner. For example; some people had their own methods of communicating and staff knew these well. The service had a visible person-centred care culture. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

Many people had lived at the service for many years. When people were considering moving into the service they and their loved ones, along with other professionals had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

The staff team ensured that care was offered to individuals in a way that was flexible and individual to their needs, for example, each bedroom was decorated to reflect the person's interests. Some people told us they had been involved in deciding how their room would be decorated and what objects they would have on display; for example one person had decorated their room to reflect their favourite football team, other rooms had been designed to support sensory stimulation.

Staff demonstrated a clear understanding of the people they supported. Staff told us that they followed the care plans and guidance, and asked colleagues if they needed help. Within people's plans were life histories, guidance on communication and personal risk assessments. In addition there was guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks and activities. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were regularly reviewed and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff. Where able, people were encouraged to be involved in the content of their care plan, if they were not able then where possible family or friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. One person's relative told us, "They involve me in X's plan, I know what's in there and have signed it."

People were supported to take part in a variety of activities. Staff supported people to undertake a choice of leisure and therapeutic activities both within the service and in the community. Activities included music therapy, physiotherapy, quizzes, bingo, singers and entertainers. Planned social events took place such as garden parties and Christmas shows. We were told by people, relatives and staff about the annual production that staff put on for people and their relatives; people and their relatives thoroughly enjoyed this and appreciated the hard work staff went to in order to make it a success. Performances have included;

'Stars in their eyes' and a 'Vicar of Dibley' nativity. We saw many photos and read many cards of thanks and praise that the service had received. This year the registered manager and staff planned to organise a garden party to celebrate the services 20th year. Trips to the seaside, shopping outlets, local garden centres, bowling and the cinema also took place. Those that were able enjoyed accessing the local community independently.

Residents meetings and feedback questionnaires gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously and acted on to make sure people were happy with the quality of service they received. Relatives were also invited to these meetings. They provided people and their relatives with an opportunity to discuss and comment on the day to day running of the service. People talked about what they would like on menus and what activities they would like to happen and upcoming events that they were looking forward to.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No formal complaints had been made or recorded since our last inspection, although some concerns had been raised. The registered manager had recorded these, investigated and responded with a recorded resolution.

Good

Is the service well-led?

Our findings

The service had an established registered manager who was supported by a team of registered nurses, healthcare workers, a cook, domestic and maintenance staff. Staff felt that they were well supported. One staff member commented, "The manager is approachable; always helpful and supportive." Relatives also told us that they found the registered manager and staff team to be very approachable, comments included, "X and all the staff are very approachable, I can speak to any of them whenever I need to" and "I can always talk to them and tell them any concerns I may have."

At the last inspection we reported that systems in place to audit and monitor quality were not consistently effective. At this inspection we found that the registered manager and provider were aware of their responsibilities and had a greater management oversight as a result of increased and improved auditing. Audits such as medicines, care plans, accidents and incidents, health and safety, infection control, fire safety and equipment were completed both weekly and monthly. The audits identified any shortfalls and action was taken to address them. The provider had employed an external company to complete a 'critical care analysis' following the last inspection which helped to identify where improvements could be made. An external company were also employed to complete a quarterly Health and Safety inspection and analysis to further improve oversight.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. In order to ensure consistent communication, a handover diary had been introduced; important pieces of information or messages were recorded in there and shared at handover. It was recorded who had received the information. This helped to ensure staff who might be on days off did not miss out on receiving important information. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. Staff told us they were clear about their roles and who they were accountable to. They felt they worked well as a team, the care people received was good and they enjoyed working at Bethany House. The registered manager demonstrated a detailed knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable.

The registered manager told us they felt well supported by the provider in their role. Systems were in place for regular quality monitoring checks. Recent quality assurance surveys from relatives and health care professionals gave consistently positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality.

Links with the local community through churches of different denominations had been developed. The registered manager regularly attended meetings with the local clinical commission group and had regular

liaison meetings with local GP services. We were told about improved and strong relations with the local surgery which had had a positive impact on the input people received. The registered manager had recently attended training in using an observation tool which they planned to use to further identify improvements that could be made.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.