Horsell Lodge Limited

Horsell Lodge

Inspection report

Kettlewell Hill
Horsell
Woking
Surrey
GU21 4JA

Tel: 01483760706
Website: www.caringhomes.org

Date of inspection visit:
27 March 2017

Date of publication:
28 April 2017

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

Horsell Lodge provides a care home without nursing for people who may be living with dementia or other associated age related illnesses. The home can accommodate up to 46 people, however at the time of the inspection 30 people were living in the home.

This was an unannounced inspection that took place on 27 March 2017.

The home 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

People told us they felt safe living within the home. The provider had robust recruitment processes in place to help ensure that only appropriate staff were employed in the home. Where risks had been identified for people or they had experienced accidents/incidents staff took appropriate action and staff had a good understanding on what to do should they suspect abuse was taking place.

People were cared for by a sufficient number of staff. People's needs were responded to in line with their care plan and in a prompt manner. Staff demonstrated a caring attitude towards people. One that showed people respect and made them to feel as though they mattered. The relationships between people and staff were relaxed and friendly.

Activities took place within the home and staff were looking at different ways to ensure people's interests were recognised. People's care plans were detailed and contained information for staff in order that they could provide people with appropriate care.

People were cared for by staff who felt supported and valued by management. Staff were provided with all the necessary training to allow them to carry out their roles competently and they had regular opportunities to meet with their line manager to discuss their performance.

People's medicines were managed safely and they received the medicines they required. People were supported to see a healthcare professional should their health needs change. In the event of an emergency people's care would continue with the least disruption possible.

Staff followed the legal requirements in relation to consent and helped to ensure people made their own choices. Where people had particular preferences staff worked closely with them to ensure these were met. Where people had specific dietary requirements these were recognised by staff.

People told us if they had any concerns they would not hesitate to speak to staff. People were involved in

the running of the home as regular meetings were held were they had the opportunity to give their feedback.

The registered manager had good management oversight of the home and the people who lived there. Good quality assurance processes were in place to monitor the quality of care provided.

During our inspection we made some recommendations to the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed safely.

People were cared for by a sufficient number of staff. Staff underwent robust recruitment processes prior to working at Horsell Lodge and staff understood their responsibility to keep people safe.

When people had accidents or incidents, action was taken to prevent reoccurrence and risks to people had been identified.

In the event of an emergency or the home having to close people's care would continue with the least disruption possible.

Is the service effective?

Good

The service was effective.

Staff followed the legal requirements of the Mental Capacity Act (2005).

Staff received support and training in order that they could carry out their role in a competent and safe way.

People were provided with a range of foods, which were appropriate to their dietary requirements and preferences.

People were supported to see a healthcare professional when the need arose.

Is the service caring?

Good

The service was caring.

People were treated with respect by staff. Staff showed people a kind, caring attitude and made them to feel as though they mattered.

People were encouraged to be independent and make their own choices.

People were supported and encouraged to maintain relationships with those who were close to them.

Is the service responsive?

Good

The service was responsive.

People had access to activities within the home.

Care plans were detailed and contained up to date information for staff.

People told us they would be comfortable raising any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager had good management oversight of the home.

People, relatives and staff were all involved in the running of the home.

Robust quality assurance processes were in place to monitor the quality of service provided.

Staff felt supported by management within the home.

Horsell Lodge

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 27 March 2017. The inspection team consisted of four inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also asked 12 health and social care professionals for their feedback on the service. We received feedback from two.

We had asked the provider to complete 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 reviewed the PIR prior as part of our inspection and did not identify any risks in relation to the service from the information contained in the PIR.

During the inspection we spoke with five people, the registered manager, five staff and three relatives. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included three people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Horsell Lodge in November 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at Horsell Lodge. One person told us, "I am well looked after here, it is safe." A relative said, "(Name) is very safe, staff look after them well." A staff member told us, "There is security around the entrance and exits to the home and people have mats and sensors in place. At night staff sit in different areas and there is always a member of staff in the lounge."

Risk assessments were undertaken for people and risks identified. A staff member said, "We carry out a risk assessment on people when they move in." People were provided with suitable equipment to help them to remain safe. We read in the provider's PIR, 'chair raisers have been installed to make it easier and safer for residents to get into and out of a chair. Profile beds and appropriate mattresses are sourced as per residents assessed needs for skin integrity issues' and we found this to be the case. One person was at high risk of falls and there was a care plan for maintaining a safe environment which outlined the measures needed to keep the person safe, such as ensuring suitable footwear. They had been provided with a sensor mat beside their bed to alert staff. This same person was diabetic and there was a risk assessment around the side effects of the medicine they were on for this.

There were a sufficient number of staff deployed to help ensure people received care and support in a prompt and safe way. People told us that staff were available when they needed them. A relative said, "There are usually four to five staff on duty when I come here, plus the manager and deputy." A staff member told us, "There seems to be enough carers. I've never seen anyone having to wait for help."

Staff felt there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. We observed that people's needs were met promptly during our inspection. The registered manager told us that staffing levels rarely fell below the figure identified as being required. Staff told us they had time in the afternoon to socialise with people and we observed this during the inspection.

People were helped to remain safe as staff were aware of their responsibilities in relation to reporting a suspicion of abuse or actual abuse. There was information displayed throughout the home informing people what to do if they had any concerns. One person said, "I feel very safe living here. I have never been shouted at or mistreated." A staff member said, "If you see anything that is not right you can go to the manager or higher or there is a number you can ring." Another staff member told us, "I would not tolerate a person being hurt, that is why I spoke to the manager when I saw staff were not moving people correctly and the manager dealt with it."

Accidents and incidents relating to people were monitored and action taken to prevent reoccurrence. We noted that where people had suffered falls they had been provided with crash mats, sensor mats or walking aids to support them to reduce the risk of further falls or injury. The registered manager carried out a monthly analysis to look for trends or identify where further action was needed if people had recurrent accident/incidents.

People received the medicines they required appropriately and when they needed them. One person told us, "I always get my medicines on time." A relative said, "(Name) has never missed their medicines, they always get them on time." One person had difficulty swallowing their medicines and staff had consulted with their relative and the pharmacy and now provided this person's medicines to them in yoghurt in order to help them to take them.

There were good medicines management systems in place. Each person had a Medicines Administration Record (MAR) which contained personal information about the person, together with any allergies they may have. We checked people's MARs and saw they were completed correctly with no gaps or mistakes. Where people had 'as required' (PRN) medicines, there was a protocol in place which had involvement from the GP. We observed staff administering medicines to people. The staff member checked people were ready to take their medicines and showed a caring attitude when giving medicines. The staff member stayed with each person until they had swallowed their medicines before signing their MAR.

In the event of an emergency staff would try to ensure people's care would continue in the least disrupted way possible. There was a business continuity plan in place which detailed guidance for staff in the event of a fire, flood or the home having to close. We noted that staff had received fire training. Individual person evacuation plans were in place for people. These included information about the person such as their mobility, independence and equipment they would require in the event of an evacuation. We noted however that although there were individual risk assessments in place for people who smoked the home was still at risk as the smoking room had not been included in the risk assessment for the building. We discussed this with the registered manager who agreed to add this to their risk assessment straight away.

People were cared for by staff who had been through a robust recruitment process. Potential staff were required to provide two references, evidence of ID and evidence of suitability to work in the UK. In addition, staff underwent a Disclosure and Barring Services check (DBS) before they started work at the home. A DBS checks whether or not staff are suitable to work in this type of care setting. Staff confirmed with us that they were not allowed to commence work in the home until their DBS and references had been received.

Good

Is the service effective?

Our findings

People were protected from decisions being made for them as staff followed the legal requirements in relation to the MCA. The 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 make 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). Where people had other's acting on their behalf staff had involved them in making decisions and we found mental capacity assessments in place for all aspects of care, such as medicines, personal care and nutrition. We saw staff had carried out mental capacity assessments and made a best interest decision in relation to people who may refuse to take their medicines. One person's care plan stated, 'I decline my medication including my insulin. When I decline, my tablets are to be crushed into my Weetabix'. The best interest decision in respect of this person was made in conjunction with the person's GP. However, we noted some MCA's were not decision specific. We spoke with the registered manager about this at the end of our inspection who told us they would commence work on ensuring decision specific MCAs were carried out for people.

We recommend the registered provider ensures that the requirements in relation to the MCA (2005) are followed in respect of mental capacity assessments.

People's comments about the food at Horsell Lodge was generally good and people told us they were provided with a choice. One person said, "Good lunches. The food is of a very high standard." Another person told us, "The food is very good, it is very nice." A relative said, "The food is really good. I cannot fault the food. I have lunch with (name) every day." A relative told us, "Before she came here, she never used to eat vegetables. Now she eats everything they give her." A staff member said they received information from the dietician to help ensure they were aware of the types of food people could have. They told us, "At present (name) is struggling to eat, so we have put her on a pureed diet and are waiting to see what the Speech and Language Therapy team (SaLT) say."

During lunch time people were offered visual choices of meals to help them choose what they wished to eat. Where people were unable to make a choice, staff through their knowledge of the person, provided them with the meal they felt they would enjoy the most. One person did not like fish, which was one of the choices on the day, and instead staff provided them with a meat dish. We saw they thoroughly enjoyed their meal. We heard staff offering people alternatives when they appeared not be enjoying their food. People were offered a choice of drinks and those who needed support to eat were provided this in an unhurried way by attentive staff. Staff were consistently moving around the dining area checking people were eating, happy with the food or providing assistance to people with their meals. As one person left the dining room at lunch time we heard them say to staff, "Very good (food), my darling."

Staff were aware of people's dietary requirements, likes and dislikes as well as any nutritional risks people may have. The chef told us, "I know people's likes and dislikes. We have a list that we go through. For instance, (name) does not like onions and chocolate, so when I make something with onions I will cook a separate one for them without onions in." The registered manager had introduced a hydration 'bar' which offered people a range of drinks and reminded both staff and people of the importance of remaining hydrated. As a result, the incidents of urinary tract infections (UTIs) in people had fallen and we read that no UTIs had occurred since November 2016. Where people had lost weight we saw evidence that staff sought the input of appropriate healthcare professionals.

People were cared for by staff who were provided with appropriate training for their role. We noted in the provider's PIR that staff had access to 'living in my world' training which relates to people living with dementia. A staff member told us they had recent undergone this training. They said it had really helped them in their work. Another staff member told us, "I've done moving and handling, first aid, food safety, etc. and at the moment I am doing the care certificate. There is a lot to do in a month." The chef said, "I have had training on pureed and soft mashable food, so I know what consistency they need to be." The provider's PIR noted, 'two senior carers have taken on a portfolio link position, one to enhance diabetic education and the second senior carer leading dysphagia and thickened fluids better practice'. We saw information in relation to both in the home and staff competencies were being continually developed in these areas.

One staff member said, "The company is open to training. We have a monthly programme of training opportunities and all staff are offered to undertake the NVQ." The NVQ is a nationally recognised set of standards by which care staff are expected to work. Another staff member said, "I'm quite happy with the training." Mandatory training for staff included first aid, safeguarding, infection control and moving and handling. One person said, "I believe they (staff) have the right training, they always know what they are doing." A relative told us they felt staff had the skills they needed to provide care, they said, "They have a tough job."

Staff received support from their line managers and had the opportunity to meet with them on a regular basis. Upon starting work in the home, staff went through an induction process, supported by their colleagues and management. One staff member told us, "During the induction, I got to know the residents and their needs. I looked through people's daily care plans, what they do and their routines so I got to know them. At present I have a buddy who helps me with things." Another staff member told us, "I have supervision every couple of weeks and appraisals yearly." The registered manager in turn received support from a monthly visit from a senior manager and operations managers were available for support and advice 24 hours a day.

People told us they were supported to see healthcare professionals when they needed to. A relative told us that staff informed them of GP appointments and any changes to their family member's health. We read that people had been referred to SaLT and a dietician when needed and when one person had a chesty cough staff had sought advice from the GP who had prescribed antibiotics. We noted in the provider's PIR they stated, 'the newly implementation of the Gold Standard Framework process is also able to prove when there is perceived deterioration and appropriate assistance is gained from a multidisciplinary professional team in a timely manner' and we found this was happening already. Records demonstrated that people saw healthcare professionals regularly, such as the GP, chiropodist and specialist nurse. Senior staff met with the GP each week to discuss residents and their needs which evidenced good working relationships between the home and GP practice. A healthcare professional told us, "Staff follow my advice and inform me of any changes in a timely manner."

Good

Is the service caring?

Our findings

We asked people for their views on the staff at Horsell Lodge. One person told us, "The carers are absolutely marvellous. (Name) is the best carer in the world." Another person said staff had helped him and he liked living in the home. A relative told us, "They (staff) are brilliant. They're ever so attentive." A second relative said, "The staff are very caring."

People were cared for by staff who knew them. Staff described people's individual characteristics to us and were able to demonstrate a clear understanding of the type of care people required. People's needs in respect of their gender orientation were met in a sensitive and caring way by staff. Staff ensured people were able to openly discuss their needs and were supported to achieve these. A relative told us, "They are very caring staff and very knowledgeable about the needs of people." A healthcare professional told us, "The staff are caring and manage the patients' needs accordingly."

People were treated by staff who really cared for them. Throughout the day we saw staff chat to people or sit and hold their hands. When people required assistance they received it immediately from staff and staff demonstrated an attentive attitude towards people. Conversations between staff and people were relaxed and friendly. They talked about general day to day topics and when we heard one person commenting on a staff member's shoes the staff member and the person had a joke together about how they should swap shoes. A relative told us, "I cannot praise them highly enough for their caring attitude towards (name)." A staff member told us, "Staff look after people from their heart. They care for the residents."

People's privacy and dignity was respected by staff. We saw people return to their rooms when they wished or sit in other parts of communal areas when they wished to be quiet. One staff member adjusted someone's clothing as they walked along the corridor to promote their dignity. People were dressed appropriately and when one person requested a change of top because they felt uncomfortable in the one they had on staff arranged this for them. People's rooms were personalised and they were able to furnish them with items that meant something to them. One person told us, "Staff always close my door when they help me in the mornings." A relative told us they had seen staff knocking on people's doors and waiting for a response before entering.

Staff were attentive to people's needs. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing care. Where people required to be hoisted when transferring between chairs this was done behind a screen in a way that was discreet and dignified. During the morning people were given a choice of newspaper to read and when one person had finished theirs staff offered them another. One staff member had a conversation with a person about the news saying, "We want happy news, we don't want bad news" to which the person replied, "Yes, that's right." One person liked to play the piano and we watched how a staff member supported them to sit on a proper piano stool, rather than the side table they had sat on. A relative told us, "They (staff) make (name) very happy."

People were shown compassion. One person became upset and immediately staff were at their side reassuring them. Later on this same person knocked on the registered manager's door and asked if they

could come in. They were welcomed into the office by the registered manager and invited to sit with them until they felt better. People who required support from specialist palliative care specialists were provided with this and the registered manager demonstrated to us the close working relationship they had with this team in order to help ensure people received the care they required.

We noted in the provider's PIR they stated, 'staff are encouraged to place residents with like-minded residents to develop friendships etc.' and we saw this happened. At lunch time staff encouraged people to sit at tables with people they knew and we heard people talking together. One person had a visual impairment and staff had encouraged a friendship between them and another person and we saw them spend time together throughout the day.

People were encouraged to be independent and make their own choices. We saw people moving around the ground floor of the building throughout the day unrestricted. People chose where they wished to sit and were supported to make choices in the drinks they had, where they had their meal or whether or not they joined in on the activity. We saw some people chose to eat their lunch in the lounge area. People who were more independent used the lift to return to the upper floors where there bedrooms were located. We watched as two staff assisted a person to stand in order to go to the dining room for lunch. One staff member spoke directly to the person encouraging them to do as much for themselves as possible. They said, "Place your hands here, shuffle forward to the edge of the seat and then push yourself up." The person stood easily and said, "You are so good, my knees don't work." One person told us, "I can sit where I like. I can eat what I like and I can do what I like." A relative said, "They (staff) encourage people to do things for themselves."

People were supported to maintain relationships with those close to them. Visiting was unrestricted and visitors were made welcome in the home. Where people had been estranged from their families, staff were making efforts to try and reunite people. A relative told us, "They (staff) make me and my family feel very welcomed when we visit."

Good

Is the service responsive?

Our findings

We asked people if there was enough going on for them at Horsell Lodge. One person said, "I never get bored. We have some good entertainers. We had a singer yesterday and I really quite liked the songs they sang." Another person told us, "There is usually something going on."

We noted from feedback from residents/relatives that they had made suggestions of some alternative activities. One person had commented, 'activities seem to be silly things like playing with a balloon'. We found not everyone had their personal history recorded in their care plans which would give staff information on their interests. We read that this had been identified and relatives were being requested to help staff complete this information. This would help inform and develop more individualised activities for people. However, we did read in the residents/relative's newsletter of a variety of activities that had taken place and were organised. This included trips out for people and for one person to a football match.

The registered manager told us they had a vacancy in relation to activities and were actively trying to recruit. In the meantime they tried to ensure they had external entertainers come in on the days the activities co-ordinator did not work. Staff were also expected to spend time with people. During the afternoon an external activities person came to do exercises with people. They made it fun and people were seen smiling, chatting and laughing with them. One person told them that they used to be in the army, so the activities person got out a pair of boxing gloves for the person to put on.

People had a pre-assessment drawn up for them prior to moving into the home to help ensure that Horsell Lodge could meet their needs. These assessments were used as the basis of the person's care plan. A staff member said when someone new moved into the home, "I automatically introduce myself and by talking to them I get to know them." We noted in the provider's PIR it stated, 'all staff work with exactly the same small group of resident's every time they come to work for a month. This model promotes consistency and continuity of care and assists in building trust between residents, staff and families'. Staff confirmed this to be the case and told us this had helped develop good relationships between staff and people and enabled staff to get to know people better. One staff member said since its introduction there had been a reduction in unwitnessed falls as staff were much clearer on their duties for the day and which people they were allocated to.

Care plans were detailed and contained sufficient information for staff. One person was epileptic and there was a care plan and risk assessment in place for this. The care plan detailed the action staff should take should this person have a seizure and when it was appropriate to call the emergency services. Other people had written guidance on how staff should approach them. For example, 'approach in a friendly manner, talk loud, clear and slow. Makes eye contact and responds well to a smile'. When one person became agitated towards a member of staff we observed the staff member respond in a calm and non-reactive manner, reassuring the person. Other people had personalised detail such as their preferred make up or perfume. One person wore specialist shoes and their care plan contained information about these and how these could be obtained via the chiropodist.

When people's needs changed their care plan was reviewed and updated to reflect their latest care requirements. A relative told us, "(Name) has a care plan and we can make changes to it if we wished to." Staff held a communications book and had a handover between shifts. A staff member told us, "The handover is a good time to focus and learn about people's needs." A healthcare professional told us, "The patient under my care in the home has been managed very appropriately."

There was a complaints policy available for people. The policy detailed how complaints would be managed and who people could contact if they were not satisfied with the provider's response. We noted that any recent complaints had been handled appropriately and promptly by the registered manager. One person told us, "If I was unhappy I'd let the staff know." Another said, "I would talk to the manager who would deal with any complaint." A relative said, "They're too good to complain about. Getting the best care and attention." Another told us, "I made a complaint and it was dealt with by the manager to my satisfaction." Staff were knowledgeable in relation to the complaints procedure and one told us, "I would sit down with the person and discuss their complaint with them. If I could not help I would tell them to speak to the manager."

Compliments were received by the home. We noted a relative had expressed their, 'gratitude for the care from staff'.

Good

Is the service well-led?

Our findings

We received positive feedback on the management at Horsell Lodge. People told us the registered manager was very nice and always at the home. One person told us, "(The registered manager) is a very good manager. No complaints at all." A relative said, "The registered manager is very kind, knowledgeable and understanding." Another told us, "I think she's (the registered manager) fantastic." A staff member said, "(Registered manager) is very supportive. She is a good mentor and likes to pass on her knowledge. I have learnt a lot from her." A second member of staff told us, "The registered manager is lovely and always has an open door. I feel very supported by the manager."

The registered manager had good management oversight and was keen to ensure the quality of the service was good and people received appropriate care. During our inspection they assisted us with providing evidence and information that we required and were keen to ensure we were aware of all the good practice that went on in the home. The deputy manager supported the registered manager and monitored, trained and mentored staff. They told us they had a good relationship with staff and were also hands-on which enabled them to keep abreast of all that was going on. A staff member told us that since the registered manager had been in post they had noticed, "Communication has improved and the atmosphere and the way staff work has improved."

The provider's PIR noted, 'part of the quality assurance framework consists of monthly audits and the quality assessment analysis reports ensures plans and recommendations for improvement are developed and followed through. Audits completed cover management systems, personal care and clinical needs, lifestyle and wellbeing and environment and safe systems' and we saw evidence of this. There was a wide range of audits and analysis reports carried out by the registered manager and other senior staff.

Good quality assurance processes were in place to help ensure the quality of the service provided. Infection control audits took place monthly to look for incidences or trends in relation to people developing infections. The registered manager also analysed accidents/incidents and took action when appropriate. A meal survey had taken place together with an activities survey to identify people specific likes and dislikes. As a result of the meals survey it had been suggested a resident's rep would be involved with developing menus in the future. An internal medicines audit had identified gaps in people's MAR charts and that the trollies needed cleaning. We found during our inspection that there were no issues in this respect. Other audits included care plans, staff recruitment records, health and safety walk-about and whether or not people had DNARs (do not resuscitate) in place.

Staff had the opportunity to get involved in the running of the home as regular staff meetings were held. There was evidence that staff at all levels met regularly to discuss the needs of people they cared for. General staff meetings took place and notes showed that the registered manager used these forums to discuss topics such as health and safety, incidents, organisational news and new items for people, such as duvets and pillows. The notes also made clear that the registered manager had encouraged staff to voice their opinions about the home and how improvements could be made. We noted where staff had made suggestions these had been acted upon by the registered manager. Such as purchasing new laundry

baskets for each person. The registered manager kept staff updated in the form of a regular newsletter which gave information such as the implementation of new practices, what was working well and general staff information. A staff member confirmed that staff met monthly and said, "Management is good. They are supportive." Another staff member told us, "We have regular staff meetings. The staff work really hard, they really care about the people here. We work as part of a team."

The provider's PIR stated, 'the senior management of the home actively encourages staff, residents, relatives and visitors to raise any issues of concern and uses such feedback to improve the service' and we found this to be the case. A resident's newsletter was produced and circulated to residents and relatives and people and relatives told us they had a meeting every two months when they were able to put ideas forward. One relative said, "I made the suggestion that they (staff) should have a large board showing the date, day and the weather so people would not have to keep asking." We saw the board displayed in the dining room.

Although the registered manager was aware of their responsibility in notifying CQC of important events or accidents and we found that safeguarding concerns had been raised appropriately with the local safeguarding team we noted that the registered manager had not always notified CQC with regard to safeguarding. We spoke with the registered manager about this at the end of our inspection who told us they would take immediate action to address this.

We recommend the registered provide ensures that all safeguarding notifications are submitted to CQC as per the requirements of registration.