

Manor Homes (Poulton) Limited

# Cleveleys Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection visit at Cleveleys Nursing Home was undertaken on 19 June 2018 and was unannounced.

This is a care home that provides nursing for 32 older people. The home comprises of three floors with lift access. Rooms have en-suite facilities and there are a number of bathrooms and toilets on each floor. The first floor has separate dining and lounge areas. Car parking facilities with disabled access to the building is available. At the time of the inspection visit there were 30 people who lived at the home.

Cleveleys Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the last inspection in May 2017 we rated the service as Requires Improvement. This was because breaches of legal requirements were found. These related to incidents that affect the health, safety and welfare of people who lived at the home. Furthermore, the provider failed to ensure care planning and risk assessments were accurately recorded and personalised to ensure people did not receive inappropriate or unsafe care. In addition, medication procedures were poor and people were at risk of unsafe medication procedures that may affect their health. Also, the management team failed to properly assess the quality assurance of the service provided.

We further made recommendations for the provider to improve people's safety and welfare. These concerned improving care and domestic staffing levels. In addition to improve infection control procedures and put processes in place to maintain the building and keep the home clean.

During this inspection, we found the provider had made improvements to ensure they met legal requirements. However further improvements were required and we made recommendations to ensure the safety of people was maintained.

At this inspection visit we found the management team had improved medication procedures. However, there were still gaps in their recording systems that were needed to ensure people received their medication safely.

We have made a recommendation about safe medicine procedures

At this inspection visit we found care plans and risk assessments required further development to ensure the

right care and support was provided for people to keep them safe.

We have made a recommendation the provider seeks guidance to ensure people's care plans and risk assessments were accurate and up to date.

Furthermore, we found they had improved their quality monitoring systems of the home in terms of more audits and seeking the views of people who lived at Cleveleys Nursing Home. Improvements were still required in terms of audits being carried out in a timely manner. The management team ensured us they were in the process of introducing systems to gain better service oversight.

We found, the building required further updating in terms of decoration and refurbishment. This would enable people to live in comfortable, pleasant surroundings. A relative we spoke with said, "The presentation of the home is below standard. It needs lots of redecorating."

The registered manager made improvements to assessing staffing levels in relation to domestic staff being deployed. In addition, sufficient care staff were now on duty and infection control processes met people's needs. Staff we spoke confirmed extra staff had been deployed and more time was spent with people who lived at the home.

We spoke with people who lived at Cleveleys Nursing Home, comments were positive in relation to care and support provided by the staff team. One person said, "I couldn't live in a better place. The staff here make up for not having my family close."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff had been appropriately recruited, trained and supported. They had skills, knowledge and experience required to support people with their nursing care and social needs.

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

We found meal times had become a more relaxed enjoyable experience for everyone. This was confirmed by our observations, staff we spoke with and what people who lived at the home said. One person said, "The food is really very nice." People were positive in their comments about the quality and quantity of meals and snacks available to them.

The service had information with regards to support from an external advocate should this be required by people they supported.

People who lived at Cleveleys Nursing Home told us staff who supported them treated them with respect, patience and dignity. One person said, "I like to be called [name] and they all know and respect that."

There was a complaints procedure which was made available to people on their admission to the home and their relatives. We found any complaints were acted upon promptly and in a timely manner.

The registered manager and staff provided a range of activities and employed an activity co ordinator. One person who lived at Cleveleys Nursing Home said, "A lot better now and the nurses take me out on my own

often which is what I like."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included, staff and resident meetings. In addition, relative surveys were collected to seek their views about the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The management team had made improvements to medication procedures however medication records were not consistently maintained.

Improvements had been made to ensure people had correct information in their care plans. However, risk assessments were not always reflective of identified risks.

Parts of the home required updating to ensure health and safety of people who lived at the home was maintained and people lived in pleasant surroundings.

There were now sufficient nursing, domestic and care staff on duty to meet people's needs and keep the building clean.

The service had procedures in place to protect people from the risks of harm and abuse. Staff had a good knowledge of the procedures to follow.

### Is the service effective?

**Good** 

The service was effective.

The registered manager and senior staff had an understanding of the Mental Capacity Act (2005).

People were provided with choices from a variety of nutritious food. Improvements had been made to ensure people were aware of choices at meal times and what food was available.

Records we looked at showed staff received training and regular supervision to underpin their knowledge and skills.

### Is the service caring?

**Good** 

The service was caring.

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. Care records contained

evidence they were involved in their support planning.

Staff treated people in ways that demonstrated they were valued and an important member of the community.

We observed staff worked in ways that respected people's culture and diversity. □

### Is the service responsive?

Good ●

The service had improved and was responsive.

People who lived at the home were involved in activities and planned events. An activity co ordinator was employed to support people to follow their individual hobbies and group activities.

Care records now guided staff to be responsive to people's needs.

The management team and staff had systems in place to act on any comments, concerns and complaints.

### Is the service well-led?

Good ●

The service had improved its leadership.

The management team had introduced systems to properly assess the quality assurance of the service provided. The management team assured us They would continue to develop their auditing systems.

The registered manager had a good understanding of each person's requirements in terms of health and social care needs.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care.

# Cleveleys Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 June 2018 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor, with clinical experience of supporting people with nursing needs. In addition, an expert by experience supported the inspection team. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people with nursing needs.

Before our unannounced inspection, we checked the information we held about Cleveleys Nursing Home. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool and Lancashire. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Cleveleys Nursing Home.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

Additionally, we spoke with a range of individuals about this home. They included seven people who lived at Cleveleys Nursing Home, six relatives, seven care staff, cook, and the administrator. We also spoke with two domestic staff and the registered manager. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well Cleveleys Nursing Home understands and plan to meet people's care needs

and manage any risks to their health and wellbeing. We checked the recruitment, training and support documents in relation to staff members. We also looked at records related to the management and safety of Cleveleys Nursing Home.



# Is the service safe?

## Our findings

At our last inspection in May 2017, we found the provider did not have safe medication procedures in place to ensure people received their medication safely. This was because documentation was not accurate and up to date which put people at risk. This was contrary to current guidance 'National Institute for Clinical Excellence' (NICE) guidelines.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we found the provider had made improvements to their medication processes. The registered manager now improved the controlled drugs records and they were found to be accurate. For example, we checked records and found them to be up to date. Also, correct dosages checked measured up to the documentation kept of individuals on controlled drugs. Medicines, including controlled drugs, were stored in a clean and secure cupboard. Protocols were in place to guide staff, for instance, about homely remedies, when required medicines and application of medicated creams. However further development of accurate recording and consistent auditing of medication documentation was still required.

We have made a recommendation about safe medicine procedures and they seek advice in line with 'National Institute for Clinical Excellence' (NICE) guidelines.

At our last inspection of Cleveleys Nursing Home in May 2017, we found the provider did not always maintain a safe environment. Risk assessments did not have sufficient information within them to be effective. There were gaps in records and the registered manager had not updated these to meet changing risk.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection the registered manager had improved care plan documentation to ensure risk assessments were completed and correct information was available in each individual care plan. For example, risk assessments were now updated. In addition, domains of care were documented extensively to ensure staff had the information available to provide quality care for people. However, risk assessments still required information to be accurate in all areas. For example, one assessment looked at indicated a high risk of falls but documentation did not reflect the risk. This could put people at risk of not receiving the correct care that may lead to further risk of falls.

We have made a recommendation the provider seeks guidance to ensure care planning including risk assessments were kept accurate and provided correct information for staff when delivering care.

During our last inspection in May 2017 we made a recommendation the provider sought guidance to ensure correct staffing levels were in place so that the home was kept clean and infection control measures were in place. This would ensure the needs of people would be considered when setting staffing levels.

During this inspection, we found the provider made improvements to assessing staffing levels in relation to domestic staff being deployed. In addition, sufficient care staff were now on duty and infection control processes met people's needs. One person told us, "I feel safe here it's good." For example, we found staff wore protective clothing such as gloves and aprons. In addition, all hand gel facilities fixed around the home contained gels so that people could wash their hands and reduce the risk of infection. We looked at rotas to check staffing levels and skill mixes met their requirements. Staff we spoke with confirmed they were happy with staffing levels and comments included, "Absolutely improved staffing levels are up and we have domestic staff now." Also, a member of the domestic staff said, "Much better now that is why we can keep on top of the cleaning and make sure the building is hygienic."

We asked people who lived at the home if they felt safe in the care of staff. Comments included, "I feel safe and secure." Also, a relative said, "I do feel [relative] is safe and when we leave I know the care she receives is very good. They have some very good caring staff."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. Staff we spoke with could describe the process to go through should they have any concerns.

We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had also been carried out.

We looked at how accidents and incidents were managed by the service. There had been accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. The fire service had recently visited and found a number of issues. However, the registered manager had followed their action plan to address the issues and were on course to implement all the recommendations within the timescale allocated by the fire service.

We found staff had been recruited safely and had checks in place to ensure suitable staff were employed. Staff we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position.

We had a walk around the building and found they had refurbished a bathroom with an assisted bath provided so that people with any mobility issues could be accommodated. However further refurbishment was required in all areas of the home to ensure people lived in pleasant surroundings and reduce the risk of any health and safety issues occurring. For example, flooring in the kitchen area and some bedrooms were worn and could be a potential hazard. In addition, chairs in communal lounges needed replacing as they were worn and a potential infection control hazard. People who lived at the home and relatives we spoke with told us they felt the home needed updating. Comments included, "The presentation of the home is below standard. It needs lots of redecorating." Also, "It does need doing up." A relative wrote in a survey, 'I wish they would spend more money on the building.' The provider informed us they had put together an

action plan to upgrade the building and refurbish parts of the home to ensure it was a pleasant place for people to live.

## Is the service effective?

### Our findings

We looked at evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at Cleveleys Nursing Home received effective care because staff had a good understanding of their nursing and care needs. This was evidenced by talking with staff and people who received care.

We looked at documentation and spoke about training with staff members. We found staff were effective in their roles because they were experienced and supported to develop their skills by accessing courses available to them. Comments included, "No issues with training here we are supported to attend as much training as would help us in our role." Another staff member said, "Absolutely supported with training courses. I have just completed the 'six steps care course' and other end of life training." A relative said, "I really don't know about staff training but they seem to know what they are doing. We do get asked about [relative] care. If we need information about [relative] I just ask. They give me the details I need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We observed during our visit people were not deprived of their liberty or restricted. Staff were knowledgeable about (DoLS) and staff we spoke with confirmed they had received training.

Care plan records confirmed an assessment of people's needs had been completed before they moved into the home. The registered manager who was a trained nurse informed us she now ensured full involvement in the assessment process prior to people moving into Cleveleys Nursing Home. This was to ensure they had the correct information to be able to support people in the home. Following the assessment, a plan of care was developed with the person at the centre of the discussions with family for staff to follow. Care records contained information about people's current needs as well as their preferences. Consent had been agreed by the person or family and documentation was there to confirm this.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. One relative we spoke with said, "The hospital appointments or doctor appointments are done by the home if [relative] needs them."

We found meal times had become a more relaxed enjoyable experience for everyone. This was confirmed by our observations, staff we spoke with and what people who lived at the home said. For example, comments

included, "The food is really very nice. I sometimes need my food cut up and the staff do it for me. You just couldn't have better staff." Also, "No one rushes you it is a nice atmosphere." We observed sufficient staff at lunchtime available to help people who required assistance and people took their time with their meal. If something was not to a person's liking then choices were available. This was confirmed by people we spoke with.

People were positive in their comments about the quality and quantity of meals and snacks available to them. Kitchen staff told us they used fresh vegetables and regularly produced homemade cakes and pies. On the day of the inspection visit the cook had baked cakes and puddings. Comments about the quality of food included. "The food is really very nice." Also, "The food is lovely." Staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. The menu was on display in the front hall for people to look at. It was done on a four-week cycle. The menu was varied and balanced with plenty of fruit, vegetables and meat. There were two hot choices available every day.

Staff received regular supervision and appraisal sessions. The sessions were a two-way discussion between the staff member and line manager. Documentation showed staff were receiving supervision with the management team. One staff member said, "[Registered manager] is always available and we have regular sessions with her."

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which can meet the assessed needs of people with mobility and nursing needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

## Is the service caring?

### Our findings

We arrived at breakfast time and spent time observing interactions between staff and people in their care. We did this throughout the inspection visit. This helped us assess and understand whether people who lived at the home received care that was meeting their individual needs. We found many examples of staff being kind, respectful and sensitive towards people in their care. For example, when a person required time spent with them this was afforded by staff in a patient manner. We spoke with one staff member who said, "Things have changed around here we have much more time to sit and spend time with people. This is what matron wants us to do." Also, a person who lived at the home said, "All the staff are so kind and take time to sit and chat with me." Another person who lived at the home said, "I couldn't live in a better place. The staff here make up for not having my family close. The staff are great. If I forget my glasses, they will go all the way back to my room to get them. When I was in hospital, the girls came to visit me and brought me presents."

We looked at people's care records and found evidence they had been involved with developing their care plan. The plans contained information about their needs and any nursing input required as well as their wishes and preferences. Daily records completed were up to date and informative for staff to follow. We saw evidence to demonstrate care plans had been reviewed and updated regularly. This helped ensure information documented about people's care was relevant to their needs.

During the day we saw staff maintained people's privacy and dignity. For example, we saw staff knocked on doors before entering and called out people's preferred term of address. One person who lived at Cleveleys Nursing Home said, "I like to be called [name] and they all know and respect that."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details should people and their families require the service. Also, we noticed documentation available in the reception area detailing how to access advocacy services. This ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

When we looked around the building and in people's bedrooms. We found people furnished their rooms with their choice of ornaments and family/friends photographs. People who lived at the home told us they were encouraged to bring their treasured possessions into the home if they wanted to. The registered manager and staff told us they encouraged people to make Cleveleys Nursing Home their home.

As at the previous inspection visitors were welcome at any time with some visitors coming in at mealtimes to assist their relatives. One staff member said, "We do encourage family to visit if they choose to come and help their loved ones."

We found staff and the registered manager demonstrated an understanding of people's needs. For example, we discussed nursing care needs of people at the home. Staff could discuss their needs and any nursing input required. A staff member said, "We do have more time to get to know people and have good opportunities to understand the needs of individuals at the home."

The registered manager and staff had a good understanding of protecting and respecting people's human rights. For example, there were lounges and private spaces in which families could sit with their relatives for a private discussion as an alternative to bedrooms. This demonstrated how the home met article 8 'right to respect for private and family life, Human Rights Act 1998. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each person as an individual.

## Is the service responsive?

### Our findings

At the previous inspection in May 2017 we found care plans were not completed with all information required in terms of people's personal care preferences. This was now being completed and the registered manager informed us a new system for care plans had been introduced and was ongoing. A staff member said, "We have changed the care plans and although not all completed they are much better and contain information we need and people's preferences."

The registered manager now where possible involved relatives and people who lived at the home in reviews of their care plans. This was confirmed by people we spoke with. One person who lived at the home said, "I know we go through everything together to make sure everything is right." Also, a relative said, "They always keep me informed of any changes and involve us."

The management team recorded information in care records that referenced people's preferences to their care and support. For example, this included their wishes about personal care, activities, meals and getting up/going to bed times. Other information contained in care files included the person's family and life histories to assist staff to better understand them.

We saw evidence the registered manager and staff provided a range of activities. People told us they had plenty to do during the day and were supported by staff to join in with their chosen activity. One person who lived at Cleveleys Nursing Home said, "A lot better now and the nurses take me out on my own often which is what I like." We found documentation that described activities and events on offer such as film afternoons, bingo sessions and gentle exercise.

Staff had a good awareness of the importance of assisting people to occupy themselves and develop their social skills. For example, a staff member said, "We do now have extra staff to be able to do more with residents and provide entertainment and activity afternoons." Furthermore, the registered manager had employed an activity co ordinator and people spoke highly of them. They told us they had made a difference to the home. One person said, "We play bingo together and have get togethers its lovely. Daisy (the dog) is the little third member of the staff. She completes the home."

The registered manager provided information in the reception area to inform people about how to make a complaint if they chose to. In addition, the complaints process was in documentation provided to families when they come into the home. This included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. One person told us, "I know the system around complaints and would raise them if needed to."

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us they did not have anyone on end of life care. However, staff had been trained and were in the process of updating training in all areas of end of life care. This was confirmed by staff members we spoke with. One staff member said, "We are aware of how to treat and respect anyone who is on end of life care and show respect and dignity." This showed the registered manager understood the importance of



providing end of life support and how this should be delivered and people cared for.

## Is the service well-led?

### Our findings

At our last inspection in May 2017, we found the provider had failed to properly assess the quality assurance of the service. Auditing systems were inconsistent and not in place.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

The management team had now a range of audits in place to continually monitor and improve the standard of the home. These covered, for example, medication, the environment, care files and infection control. All audits included dates of when completed, any identified issues, actions to be undertaken, due date for completion and signed off when achieved. This demonstrated the registered manager had good systems to maintain everyone's welfare. An example of how improvements were made through their auditing system was an infection control audit that identified a gap in all staff completing infection control courses. This was now ongoing and staff we spoke with confirmed this. However, improvements were still required in terms of audits carried out in a timely manner. This would ensure a more accurate system in place to monitor and improve the service for people who lived at the home.

The management team had improved their quality assurance systems to ensure the service was monitored efficiently and continued to improve. The management team had systems in place to monitor the quality of service. At the time of the inspection they were implementing a more consistent and timely system to ensure the service was monitored in a timely manner. Also, to identify and address any issues so that improvements were continuous. The registered manager informed us they had recently employed a further two nurses which would allow more time to manage the service and ensure documentation was kept up to date. In addition, staff and 'resident' meetings were held on a regular basis and minutes kept of the meetings. Suggestions would be discussed from meetings and ideas implemented if agreed. One relative we spoke with said, "Now meetings are a regular occurrence."

We found the registered manager was improving upon recordkeeping and related processes we identified at our last inspection. More consistent processes were being developed that would ensure a more accurate recording system of documentation required. The registered manager told us, "We are improving our documentation all the time and with extra staff that will help." The management team ensured us they were in the process of introducing systems to gain better service oversight. We will review the ongoing developments at our next inspection.

We saw the registered manager was visible within the home and had a 'hands on' approach to nursing care. When we arrived, the registered manager was in the process of administering medication for people. Staff told us the leadership was very good and they felt supported in their roles and duties. One staff member said, "[Registered manager] is very good and so supportive we have a very good staff team at the moment."

People who lived at Cleveleys Nursing Home told us they felt the home was managed well and was well led. For instance, one person said, "She is a very good nurse and manager." Another person said, "She keeps us

up to date with what is going on."

We looked at a sample of messages left by relatives of people who had lived at the home commenting on how the care was provided for their relatives. They included, 'Thank you for the care and consideration shown to [relative] we really appreciated it.' Also, 'We appreciate the patience and kindness shown to our [relative].'

Relatives and people who lived at the home were encouraged to complete annual surveys to give their opinions on how the service was run. We looked at completed surveys from 2018 so far six had been returned and they were receiving feedback from surveys continuously. They included comments such as, 'Wonderful and the nursery children visiting is brilliant.' However, one person wrote, 'Lovely people but the building needs attention.' The registered manager told us any negative response would be analysed and action taken. For example, the provider was in the process of financing a refurbishment programme to improve the environment for people who lived there. We confirmed this from discussions with the provider.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.