

# Ross Healthcare Limited

# Oaktree Court

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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|---------------------------|--------|
| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
|------------------------|--------|

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|----------------------------|--------|
| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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# Summary of findings

## Overall summary

This inspection was unannounced and took place on 6 July 2016.

Oaktree Court is registered to provide accommodation for 56 older people who require nursing and personal care. The home has a specialist dementia unit called the Somerset Suite.

The last inspection of the home was carried out on 30 October 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had managed the home for a number of years and had a good knowledge of the needs of the people who used the service. Everyone described the manager as open and approachable. People and staff said they felt able to discuss any issues with them.

People living at Oaktree Court told us they were very happy with the care and support provided. They said the manager and staff cared about their personal needs and preferences. One visiting relative said, "As soon as we walked through the door we knew this was a special home". One person said, "I have made some lovely friends since moving here. Staff are 100% excellent".

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Staff took time to talk with people during the day and call bells were answered promptly. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

People were supported to take part in stimulating and meaningful activities. Some people belonged to Oaktree Court Bowling group. The service had recently purchased a new mini bus and employed a new driver. People enjoyed a full programme of activities in the home. One person said, "Never a dull moment, plenty to do if you want to join in. If you want to opt out they don't start forcing you." On the day of the inspection we saw people enjoying a range of activities, including a trip out for coffee and cake.

Staff monitored people's health and ensured people were seen and treated for any urgent or long term health conditions. We observed a heads of department meeting where people's needs and any changes to people needs were discussed and a plan of action was implemented.

The mealtime experiences were seen as positive for people living in the home. Throughout the day, snacks and hot and cold drinks were offered to all. If people wished to receive alcoholic beverages, these were

provided. One person told us "There is always fruit and drinks available throughout the day, in the afternoon we have homemade cakes. It is all very pleasant".

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely and medicine administration was recorded on an electronic system.

People were supported to access external health professionals, when required, to maintain their health and wellbeing.

## 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 systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

### Is the service well-led?

Good ●

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

# Oaktree Court

## **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 6 July 2016 and was unannounced. It was carried out by an adult social care inspector and a specialist advisor (a registered nurse).

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with 11 people who used the service, four relatives who were visiting, seven members of care staff, the clinical director, the registered manager, registered nurse and chef. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, six staff files, 15 medication records, and staff duty rotas.

# Is the service safe?

## Our findings

People told us they felt safe living at Oaktree Court. Relatives also told us they thought their family members were safe. Comments included "Yes I do feel safe here, I have regular visits from the staff if I am having a quiet day in my room." One relative told us, "I don't worry as I know they are safe and well cared for".

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and some were seen wearing call pendants which enabled them to summon assistance when they needed it. One person said, "I have this pendent to put around my neck but I don't really use it, I also have a call system on the wall. Staff are always about which makes me feel safe". People that needed support with moving and handling procedures were seen to be supported by staff who understood how important it was to speak with people, reassuring them through the process and ensuring they were comfortable and in the correct position at the end of the transfer.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. Staff told us they felt there were always enough staff on duty, however, they felt weekends were "A little busier". One member of staff said, "We have a rolling rota, which is great, as I can plan my work and family life". Another staff member said "We are a consistent team so help out when we can". Rotas showed, over a four week period, when staff rang in sick or were on annual leave, staffing levels were maintained to meet the needs of people.

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. All staff member confirmed the registered manager had obtained references and a DBS before they started work.

People were protected from harm because staff had received training in recognising and reporting abuse. A staff member said "I think all the staff team would have the confidence to raise an alert if we thought anyone was at risk". Staff had attended training in safeguarding people and they had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse.

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. The care plans contained information about risks and how to manage them. For example, there was information about people's assessed risks relating to falls, skin vulnerability, nutrition and moving and handling. A heads of department meeting was held every morning, where crucial information was shared so everybody was aware of any new risks. For example, the home had a 'resident of the day' scheme. At the meeting the resident would be discussed in detail. Different staff throughout the home would link in with the person, including observations on health, and feed any concerns or change in

the person's care needs back to the manager. This information would then be transferred to the care plan.

Where people were at risk of weight loss this was highlighted in the care plans. Staff used a recognised Malnutrition Universal Screening Tool (MUST) to assess risk. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

Medicines were administered by registered nurses and senior care staff. All staff administering medicines had received training in the correct procedures to follow. A competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines.

Medication administration was recorded and checked on an electronic system. The system held individual details about all people receiving medicines, it was password activated and gave a clear audit trail. Each person receiving medicines had a photograph uploaded onto the system, once the person's medicines had been administered the photo on the screen blacked out, therefore preventing further medicines being given until the due time. The system also emitted an alarm if a person's medicines was due. If medicines were administered later than prescribed, the staff member administering the medicines was required to enter onto the screen the reason why medicines were late. Staff administering the medicines felt the system had reduced errors, and reduced the time it took to administer medicines. Staff felt it also safeguarded against stocks running out due to an alert if there were only 3 days' supply left.

Some medicines which required additional secure storage and recording systems were used in the home. These were stored and records kept in line with relevant legislation. The stock levels of these medicines were checked by staff on a daily basis. We carried out a random check of these controlled drugs and found the stock levels to be correct. The home held a register for the administration of home medicines, alongside clear guidance and audit trails for the administration of these medicines.

Systems were in place to reduce risks to people in emergency situations. There was a fire risk assessment in place and this was reviewed annually. On the day of the inspection there was an unexpected fire alarm. Staff reacted in a calm and professional manner following the lead of the registered nurse. Staff responsibilities were delegated efficiently in line with the home's policy and procedures. Each person living at the home had a personal emergency evacuation plan in place. Staff were aware of their responsibilities with regard to their actions in the event of an emergency situation.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "Life is very pleasant living here, I don't have any complaints. The staff know me well". Another person said, "I feel lucky living here". One visiting relative said, "The support people receive is superb, the staff are skilled in what they do".

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about the training and felt they were supported to develop and progress within the service

Staff received regular one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The manager said supervisions were currently linked more to performance issues, however they intended to review the supervision process with the clinical director to see where improvement could be made.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists.

People were observed to have good mealtime experiences. The dining areas were nicely set up with fresh flowers, and the tables laid appropriately. People relaxed in chairs, either in the lounge areas, or sometimes on the patio areas, waiting for lunch to be served. Small tables enabled people to sit and talk to each other. When lunch was ready people were assisted by staff with politeness and respect. People spoken to at the inspection said the food was good, comments included "Food is very good, but they always give you too much" and "Food is lovely you can always choose something different if you don't like it".

A Short Observational Framework for Inspections (SOFI) was completed in the Somerset Suite. We observed lunchtime experiences for people living in the Somerset Suite to be a sociable and an enjoyable experience. People were offered a choice of two meals. One person was heard saying they did not wish to eat the meal offered, they were asked if they would like an alternative meal. They were supported to think about what they liked to eat, after establishing what the person would like, staff rang the chef and asked them to prepare the meal as requested. Some people who were hesitant to eat were encouraged to eat at a pace which suited their needs. Where people wished to receive alcohol instead of soft drinks this was offered. People who were not ready to be supported to eat their meal were informed their meals would be being

kept hot for them.

Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent. Staff confirmed their training had included the MCA. One staff member said "We have completed the basic MCA training and now we are going to do the next level". The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. Staff knew how to support people if they were unable to make a decision, and respected people's legal rights to make choices and lifestyle decisions for themselves.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. In the providers PIR they state "Our staff are continually reminded of the need to promote choice to residents in all aspects of their care, and the home's culture is based around support and facilitation to promote independence and choice at all stages".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where DoLS applications had been made, best interest meetings were held with the appropriate legal representatives, family and healthcare professionals. Following these meetings best decisions outcomes were made and recorded in the person care plan. The registered manager evidenced the correct procedures had been followed.

People had access to external healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. The registered manager had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team as required.

## Is the service caring?

### Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them. Everyone was very complimentary about the staff who worked at the home. When we asked if staff were caring one person said, "I am an independent person and was worried when I first came to live here that staff would treat me as if I was just an old daft person. That has not been the case, the staff have totally respected me and my independence." One visiting relative said, "Staff are all very kind to people. We come to visit at different times and have never seen anything different".

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly. People were seen to chat in small groups or relax, cheerful relationships were observed throughout the day. A member of staff told us "It's like coming to support a member of my family, it is not like work at all, I love it".

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. One member of staff told us "They [staff] always knock first before they come in". A staff member said "It's all about making sure people are feeling happy and secure, it is the little things that can make a difference to a person's life. Some people like to have personalised mugs or china cups, so we make sure they have them". Another member of staff said "Some of our people like their tea in their own mugs, and some of our ladies like a china cup and saucer". A third member of staff mentioned the home's cat, they explained the cat roamed freely and "knew which bed it was most welcome to sleep on". One relative said "It is the little touches that make this place so special".

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. A lift was available to assist people with all levels of mobility to access all areas of the home. Access to the Somerset Suite was by way of a gate leading from the stairs or the lift. This gave people a vision of an open space, doors from all areas of the home led into secluded well-kept gardens, people from the Somerset suite were also able to walk around the garden without staff.

People were seen to move freely around the home. One person told us "My family come and we love going for a walk in the grounds, we often come back and sit in the patio area and enjoy a gin and tonic or cup of tea, whatever takes our fancy". Another person told us "The gardens are beautiful, when [person's name] comes they love doing some gardening or picking some flowers".

The Somerset suite provided a living area that was dementia friendly. The manager said it was aimed to be "A walk down memory lane". Gates at the bottom of the stairs were locked but gave a feel of openness instead of doors, signage directed people to their rooms or other areas on the suite. Walls were decorated with memorabilia such as a washing line with baby clothes, handbags, beads, hats, and gloves and a memory tree remembering people past and present. Music played softly in the halls. A room had been made into a beach scene. A member of staff explained people had been on a day trip to the beach. To help

them remember the experience a room had been set up for people to enjoy and remember. The floor of the room had been laid with sand, buckets, spades and a beach ball. Seats and deck chairs were available with parasol umbrellas. The sound of seagulls could be heard. A staff member said "It is great fun, we even arranged for an ice cream van to come along to the home". Another member of staff told us "We don't wear uniforms in the Somerset Suite as it helps people to feel more at home". Staff were seen to spend quality time with people. On the day of the inspection we observed people were encouraged to go out on the outing being organised by the care coordinators.

The home had recently held a street party to celebrate the Queen's 90th birthday, one member of staff said "We organised a garden party but the weather let us down, so everyone came to the middle floor and we set the tables in a long line for our party". One person said "It was a lovely celebration, we had flags and hats, it was just like we did when we celebrated the Queen's jubilee, it brought back so many happy memories".

The PIR stated that people were encouraged to bring their personal effects from home and to treat their rooms as their own, the registered manager told us "Recently we had to support a person to move from one unit to another, the person was very confused. To make the transition as least confusing as we could, we took some photos of her room. We then put all of their belongings into the new room exactly as they were in their old room. When the person returned from hospital to the nursing unit it was much less stressful and confusing".

People were seen to have personalised their rooms, communal areas were clean and decorated with tasteful furnishings and decorations, a variety of tropical fish tanks were in rooms to give "A calming effect". A person said "I love my room, I can feed the birds, I enjoy having my own things around me. I have made some lovely friends since moving here. Staff are 100% excellent. We are having a dog show and I am really looking forward to getting involved, I think I am going to be one of the judges".

The PIR stated "Visitors are encouraged to come at any time. The front door is open, and visitors just have to sign in, they can go and see their loved ones any time. We saw visitors freely coming into the home some with people's pets. All were greeted politely and offered drinks, one visitor said "Staff will offer drinks but if they are busy we just help ourselves".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said "I don't like getting up until about 11 staff will come and help me when I call for them".

The registered manager and staff ensured people were able to take part in a range of activities according to their interests. Activities were also held some evenings. A care coordinator said "It doesn't all stop at five o'clock here, we love doing evening activities. We often support the activities in our own time". One person said, "Never a dull moment, plenty to do if you want to join in. If you want to opt out they don't start forcing you.". A full programme of activities was advertised around the home. Photos were seen of people enjoying different activities including, the opera and bowling.

During the morning of our inspection people were encouraged to go for a drive into the Quantocks for coffee and cake. A staff member was overheard telling one person who said they were tired, they would love the trip as it was beautiful and the cake was amazing. On their return the person said they had enjoyed a nice morning out. Activities were also taking place for people in their rooms, such as hand massage and nail manicures. On the afternoon of the inspection people were being encouraged to participate in a 'flexasize' session.

The weekly newsletter gave people an idea of the range of activities taking place, and photos of recent events. The newsletter welcomed new people and celebrated people's birthdays. Forthcoming events included a 'Chinese Buffet', Proms in Wellington park, and Scruffs dog show. The newsletter also asked for volunteers to be judges, to sell tickets or run a stall at the dog show. One person told us "When [care coordinators name] is in the room it brightens up the day." The activity programme showed a variety of activities on offer seven days a week.

A care coordinator explained how they also tried to promote fresh air such as going for walks and spending time in the garden. People were seen having a walk around the grounds with staff or family members. The activities organiser described how they aimed to give people a purpose in life, they said "We like to get to know people and their history and then try to organise as many activities as we can around peoples likes. We like to go to shows in the evenings, we are going to the ballet to see Swan Lake, we enjoy taking people out in the evening for dinner, dancing, cinema, whatever they want. We have a bowling team that is always great fun. People who were not as mobile were fully included. The home had a new mini bus and had recently appointed a new bus driver.

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. One visitor told us "The assessment process was good. We came along for a visit, we felt the atmosphere in the home was good. We are fully consulted about all aspects of our relatives care with them". Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively.

The registered manager told us they were currently updating all care plans into a new format.

People were involved or consulted about their care plans and people and/or their advocates had signed to say they agreed with them. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

People's needs were responded to on a daily basis. Heads of departments met each day at 10am. The registered manager said " It is an opportunity for heads of departments to get together to update, share and discuss what was happening in the home, it also makes sure myself and my deputy are fully aware of what is happening around the home on a daily basis". Records showed items on the agenda for discussion included, admissions, 'resident of the day', new staff, complaints and concerns. A member staff explained the 'resident of the day', they told us it was an opportunity for all departments to concentrate on the person and to ensure a person centred approach to care was being followed. For example, they said if a person's care needs had changed this would be discussed at the meeting and all heads of departments would ensure this information was cascaded down to the team. They said the registered manager and deputy would also speak with the person if needed. The registered manager said this approach had worked so well every person had been the 'resident of the day'. They were now stopping 'resident of the day' until the end of the summer, because people are busy on activity outings or enjoying the summer. The scheme will commence again after the summer.

Each person received a copy of the complaints policy when they moved into the home. One person said, "No, up till now I have never needed to complain, but if I did I would complain to the manager or their deputy". The registered manager told us there was an open and honest culture in the home, they told us there is a no blame culture and staff were encouraged to, "Put our hands up when we do something wrong and learn from it."

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

## Is the service well-led?

### Our findings

The registered manager had managed the home for a number of years and had a wide knowledge of the needs of the people who used the service and the staff team supporting them. People and staff told us they felt the staff team was well led. The registered manager was supported by a clinical director, deputy manager, registered nurses and senior care workers, care staff and care coordinators. All staff told us there were clear lines of responsibility. Staff had access to registered nurses and senior carers to share concerns and seek advice. Senior carers worked as part of the team which enabled them to monitor people's well-being on an on-going basis.

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I see the manager most days, he will always stop and ask if we are ok". Another person said, "I have a great banter with the manager, in fact all the staff are great. You can see they are busy but that doesn't seem to dampen their spirits. It takes a special person to do this job and I'm thankful for the support". The registered manager said "I want everyone to have a good day here, every day, I ensure the staff think about what makes a good day for people." They told us they were visible on a daily basis around the home, and on call with their deputy when not in the home.

People, their representatives, and stakeholders, were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out and people were complimentary about the care they received. Some compliments we saw included "Couldn't be in better hands, dad was so happy here". "Thank you for your warmth and kindness, cheerfulness and patience". This showed that staff worked to and followed the organisations values.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were quality assurance systems in place to monitor care, and plans for on going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. Audits undertaken at the home were overseen by the provider to make sure, where action to improve the service needed to be taken, this happened within the specified timescales. For example, the provider had a team of staff to ensure quality assurance was carried out and improvements implemented.

The registered manager had the support of a clinical director who supported them with the development and every day running of the home. The clinical director informed us they were in the home on a regular basis. Staff told us they often saw the clinical director around and found her to be very approachable. They were further supported by a head of operations who visited the home regularly to carry out their own quality assurance checks. Following these visits an action plan was sent with any improvements that needed to be made. The action plans were reviewed by the clinical director with the manager. The registered manager told us they also received support from a human resources team who supported any issues relating to

disciplinary procedures or recruitment.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.