

Anchor Trust Keswick

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Keswick is a care home that provides support to up to 52 people. The people at the home have a range of needs and are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and social activities. The service is split into seven units, which have their own lounge. On the day of the inspection 51 people were being supported. An additional six people come to Keswick to use it as a day service facility.

On the day of inspection we met the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was unannounced and took place on 27 June 2017.

When we last inspected the service on 17 March 2016 we highlighted shortfalls in the delivery of support to people, particularly with regards to their safety and individualised support. On 17 March 2016 we highlighted inconsistencies with the implementation of the Mental Capacity Act (MCA). We also observed that staff did not always treat people with dignity and respect. Following that inspection the registered manager sent us an action plan explaining how they were going to address the two breaches of regulation we found. During this inspection we found there had been improvements in all of these areas and all these shortfalls had been rectified.

During this inspection people felt safe at Keswick. Risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities. There was sufficient staff to meet people's needs.

People were supported by staff who understood the signs of abuse and their responsibilities to keep people safe. Safeguarding concerns had been appropriately reported. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

People were supported with the medicines safely. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

People received person centred care and people were supported with activities which were meaningful to them and were in line with their interests and preferences.

Although some improvements had been made people did not always have up to date records that reflected their needs. The impact on people was low because we observed people receiving the support they needed and wanted during the inspection. We also saw that an inaccurate record was recorded on the day of inspection. This record did not reflect people's views. We have recommended that the registered manager

ensures that records reflect the support and views of people.

Staff felt they received the training and support they needed to meet people's needs effectively. Staff felt supported by the management team and there was good feedback about staff induction.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People praised staff for their caring nature. Staff were kind and respected people's privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. Staff understood the values of the organisation and this was reflected in the support we observed.

The registered manager audited the care and support delivered and sought feedback from people and relatives regarding the support received.

The registered manager understood their responsibilities in terms of notifying CQC of significant events at the service. Staff support people in line with the organisational values as support was centred around increasing people's independence.

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 were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

Medicines were managed and administered safely.

Risk assessments had been completed to ensure people were safe. The home had safe emergency arrangements were in place.

People were supported by sufficient numbers of staff who were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported but were not always having regular supervisions.

People's rights were protected because staff followed the principles of the mental capacity act.

People had enough to eat and drink.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were cared for. There was a caring culture amongst all staff members.

Staff had time and did not rush people. Staff took time to communicate in a way people understood.

People were treated with dignity and respect by staff who knew them well.

Is the service responsive?

Good ●

The service was responsive.

People's care was centred around them and reviews involved people and those close to them where appropriate.

Staff were responsive to the needs and wishes of people.

People had the opportunity to join in with a variety of activities.

People and relatives knew how to make a complaint and were confident it would be acted on.

Is the service well-led?

Good ●

The service was not always well led.

People's records did not always reflect their needs and preferences.

The service had a positive culture that was person centred, open, inclusive and empowering.

Organisational values were reflected in the support we observed from staff.

Quality assurance systems were in place to monitor the quality of the service.

Keswick

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 inspection took place on 27 June 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience supporting people and is used to gain their views of their support.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR) was received which was used to aid the inspection planning process. We used all of this information to plan for the inspection.

During the inspection we spoke with 20 people, four relatives, seven care staff and a visiting care professional. We also spoke with an activity coordinator, the deputy manager, registered manager and district manager. After the inspection we requested more information from the provider, which was sent to us.

We observed care and support being provided in the lounge, dining areas, and with people's consent, we visited people in their bedrooms. Some people had complex care needs which meant some had difficulty describing their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed people receiving their medicines and spent time observing the lunchtime experience people had.

We reviewed a range of records about people's care and how the home was managed. These included 11 people's care records and medicine administration record (MAR) sheets and other records relating to the

management of the home. These included staff training, three employment records, quality assurance audits, accident and incident reports and any action plans.

Is the service safe?

Our findings

People said they were safe at Keswick. One person said, "I feel safe. They (the staff) always ask if we feel safe." Another person said, "I feel very safe and I never worry about anything". A third person said, "I'm very well cared for and very safe here." Relatives agreed, one relative said that staff, "Do a great job," keeping their loved one safe. Another relative said, "She is well cared for and she's always laughing and I think that's a good sign." 100% of people who completed a 'Your Care' survey from the provider said they felt safe and secure at Keswick.

When we last inspected the service on 17 March 2016 we found shortfalls when it came to keeping people safe. Risk assessments had not always been completed for people and staff were not always aware of people's needs. During this inspection we found improvements had been made in these areas and the requirements of the regulation were now met. Staff were able to identify and minimise risks to people's health and safety. Risks to people were appropriately managed and, where they were identified, steps were taken to reduce the risk of harm. A variety of risks had been identified that included access to the community, malnutrition and dehydration, isolation and behaviours that may challenge. When people required support with their mobility this was carried out in a safe way.

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had working knowledge of safeguarding procedures and how to report concerns. Information was available to people and relatives about raising concerns. The registered manager had raised safeguarding alerts with the local authority when abuse was suspected and the service had taken steps to address any concerns.

People received safe care following accident and incidents. Accidents and incidents were recorded and monitored by the provider. This meant that they could identify any patterns or trends and take action to prevent further incidents. When a person had a pattern of falls measures were put in place to reduce the risk to them. Staff had completed first aid training and according to incident reports helped people if they had an accident.

When we last inspected the service on 17 March 2016 we found people did not always receive their medicines as prescribed. During this inspection we saw that improvements had been made in this area. Improvements included reviewing the role of the medicines co-ordinator, robust auditing and new training workbooks for staff. These improvements led to people receiving their medicines in a safe way. People were supported with their medicines by designated team leaders who had received medicine training and an annual medicine competency assessment. The team leader's had knowledge about people's medicines and what they were prescribed for. One person said, "I take my tablets at the same time each day, never miss it and never late." Another person said, "They remind me to take my tablets at meal times and I already know what they are but they sometimes remind me."

Improvements to people's support in the management of medicines led to a medicine error being picked up proactively. This error was appropriately managed to reduce the impact for the person involved. We also

saw that the registered manager had picked up on risks with the storage of medicines. When it was noticed that medicines were being stored at a temperature that exceeded the recommended temperature appropriate action was taken. The registered manager had a short term and long term plan to manage the temperature. The short term plan was to use fans to reduce the temperature. For a longer term solution the service has purchased air conditioning units. The team leaders had good knowledge of steps they needed to take to ensure that medicines remained safe for people. A team leader informed us that they would store medicines in a secure office and use fans to ensure the temperature was managed.

People received their medicines in a way that suited their individual preferences and needs. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. Since the last inspection more staff had been deployed at the service to ensure people's needs were being met. There were now two care staff working on each unit during the day and a team leader allocated to each floor. One relative said there was always staff around to ensure people remained safe. We observed staff responding to people's needs when required throughout the day. The staffing rota detailed there were sufficient staffing levels in place. The staffing levels were calculated on individual need.

People were supported by staff who had been employed using safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People lived in a safe environment. Risk assessments and audits had been undertaken on the home to ensure it was safe for people, staff and visitors; this included fire safety risk assessment and testing and Legionella testing. Generic risk assessments were in place that covered areas such as infection control, first aid and manual handling.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included a contingency plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and were focused on people's support needs and risks. Staff had knowledge of these procedures.

Is the service effective?

Our findings

We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

During our last inspection on 17 March 2016 we found that the MCA was not implemented consistently. We made a recommendation in this area. During this inspection we found that improvements had been made. Where people could not make decisions for themselves the process to ensure decisions were made in their best interests was followed. Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said, "It's about the capacity to make a decision." Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. People were observed to be supported to make decisions with all aspects of their care.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had worked with the local authority to ensure that applications were made to the Court of Protection. At the time of the inspection applications were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made. People were supported by staff who were trained to meet their needs. Members of staff said they had the training to carry out their roles effectively. Training courses were a mixture of e-learning and face-to-face courses. Training courses covered areas such as the Mental Capacity Act, first aid, safeguarding and pressure sores awareness. One member of staff said, "We have a lot of training." A care professional who had recently conducted training for staff complimented the service. Their compliment read, 'I really enjoyed providing the training to your staff, they were very keen to learn and improve.'

People were supported by staff who received an induction to their role, the people and the home. The induction included shadowing with experienced staff. One member of staff described the induction as, "Very hands on, very personal and very tailored towards my needs." Another member of staff explained that they had shadowing experience in each unit. The new staff were supported to complete the Care Certificate. A member of staff said, "I did the care certificate and have just started my QCF level two (in health and social care)." The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. The QCF Level 2 Diploma in Health and Social Care is a nationally recognised qualification.

People were supported by staff who had regular supervisions (one to one meeting) with the management team. The supervision meetings gave staff the opportunity to discuss their development and training needs

so they could support people in the best possible way. A member of staff said, "I get supervision from the team leader. The management are very supportive." Another member of staff said, "We talk about my learning and how I'm settling in." People benefited from the level of training and support the members of staff received. During the inspection staff came across confident in what they were doing and provided care and support people needed.

People had enough to eat and drink. People who were at risk of dehydration and malnutrition had been identified and had their fluid and food intake and output monitored for any changes. People were supported to have a meal of their choice. People were offered an alternative if they did not like their first choice. Staff were attentive towards the needs of people during meal time. People said that they generally enjoyed the meals on offer at Keswick. We observed that people were offered things to eat and drink when they wanted.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs by supporting people to attend healthcare appointments, such as to the dentist, podiatrist, opticians or doctor. One person said, "They remind me about appointments, I have one today at the hospital and my friend is taking me. If she didn't a carer would come and help me." Another person said, "I tell them if I feel unwell and ask for the nurse and she will sort out the doctor if I need it. They arrange most things; hospital, dentist, the foot people, I've seen them all." People had health action plans, which help monitor the health input they received. These showed that when patterns and concerns were picked up people were referred to specialist health professionals. We saw that people had health input from specialist nurses, the district nurse team, and the speech and language team (SALT) when required.

Is the service caring?

Our findings

During the last inspection on 17 March 2016 that people were not always treated with dignity and respect. During this inspection we found that improvements had been made in this area.

People told us that staff were kind and caring. One person said, "They seem very caring and very kind and are always chatting away with the residents, they do have chats with me." Another person said, "They are lovely and reassuring if you feel ill, they held my hand and bought me everything I needed." A relative told us, "They include relatives too which is really nice because it makes me feel part of his life still." Another relative said, "They seem lovely, they can't do enough for you and they are doing a great job looking after my mum." A care professional described Keswick as a, "Lovely, friendly home where staff are all so caring. They know people and have good relationships." 100% of people that completed a recent 'Your Care' Survey supplied by the provider said they were satisfied with the overall standard of care.

There was a caring culture amongst staff. We observed caring interactions between staff and people. We saw one member of staff ensure that a person was comfortable in their bed. We observed staff showing people some flowers that a relative have brought in. This led to a conversation between them about the fragrance of the flowers.

Staff did not rush people; they took time to engage with people in a meaningful way. Staff had time to have friendly chats with people and we heard people given praise and encouragement from staff. One person said staff, "Are very friendly and have a chat." Another person said, "They chat about what you've been up to and who has visited." During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff.

People told us that staff were approachable and were there to meet their needs in a caring way. One person said, "I know I could talk to them about anything, anything concerning me and they would listen. If you have a concern they chat with you discreetly and you can go to the office. They get back to you with any information you have asked for." A relative said, "When she came here I had a few concerns because I didn't know how things worked for people like mum in homes. They were fantastic, sensitive to me and made me feel at ease. They are good listeners."

People were supported to maintain their relationship with friends and families. We saw pictures of a recent Mother's Day lunch. A relative wrote to the registered manager to say, 'It was most successful. From the moment we arrived the room looked inviting as a large table was laid beautifully. The chef presented us with a delicious roast beef meal together with wine. Lovely time. It was great.'

Staff understood people's preferred communication styles and communication aids were used to ensure people were involved in their care and the running of the service. Staff were seen to interact with people throughout the support that was given. When supporting people to stand up and walk, friendly, clear encouragement was heard by staff. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or

needs correctly.

People were involved in decisions around their care and support. A care professional told us how staff went, "Above and beyond," to help a person settle in. Staff did this by ensuring that the person had all their belongings. Staff supported this person in an extremely caring way by arranging several visits to collect items from their home. The care professional informed us that this support put the person in control of their move to the service. The support was also completed at the person's own pace, which we were informed was very beneficial to the person.

Staff were positive role models for promoting people's privacy and dignity. We observed staff knocking on people's doors and waiting for a response before entering. One person said, "They knock on the door if I am in the bathroom and wait outside until I tell them to come back. I still have all my dignity here and lots of independence, which I like." Another person said, "If they are helping me in the bathroom they wait outside and knock to see if I need any help. I can lock my door but I don't." Relatives agreed with this. One relative said, "I feel he still has his dignity here, they are very respectful."

During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events in their lives that were important to them.

Is the service responsive?

Our findings

People and relatives consistently praised the staff, care and service provided. One person said, "They know me well because they ask me what I need help with and give me independence when I like it." Another person said, "They know what I like to do each day and I like to keep my routine from home. I am able to do this here." A relative said, "They know what he needs well. They have chats with us and they listen and note things down."

During the last inspection we found shortfalls with the delivery of person centred care at the service. During this inspection we saw that improvements had been made.

Before people moved into the home a comprehensive assessment of their needs was completed with relatives and health professionals supporting the process where possible. The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified in the initial assessment. People's care plans were regularly reviewed with people. Staff took the time to read and understand people's care plans.

People were supported by staff who had a good knowledge of person centred support. Staff were able to tell us about people's preferences without referring to their care plans. For example, staff were able to inform us that one person preferred male members of staff. There was information concerning people's likes and dislikes and the delivery of care. A relative said, "They are getting to know her quickly and I think this is because they have taken the time to talk to us and find out more about her and her likes and dislikes." We saw a compliment from a care professional that praised the staff for the successful transition of a person. The compliment explained that, 'A lot of thought', had gone into the move and the family were, 'Over the moon.'

People were provided with opportunities to take part in a range of activities of their choice inside and outside the home. The activity coordinators had organised trips out as well as inside activities people could get involved with. One person said, "I like the activities a lot they are varied and there is always something going on. Today I played skittles and table tennis, I like art and craft. I would like to do some sewing and things like needle work. We do go out sometimes and we use the garden and you can have visitors whenever you like." Relatives informed us that staff gently encouraged people to be involved in the activities on offer. One relative said, "They encourage her to join in and they have done some physio with her. She has come on so well in such a short time, we are all so pleased." When people do not want to partake in the activities this was respected. One person said, "There is plenty going on but I like to read so I sit in the quiet lounge and I'm quite happy there." Another person said, "I like to be in the lounge where the activities are. I don't really join in much but I do like quizzes and the sings songs." People cared for in bed had opportunities to have time with staff. 100% of people who completed the 'Your Care' survey agreed that they could take part in activities and hobbies if they wanted to.

People were made aware of their rights by staff who knew them well and who had an understanding of the

organisations complaints procedure. People and relatives knew how to raise complaints and concerns. One person said, "We have no complaints. Carers are great. No concerns here." A care professional said, "Nothing negative here. Residents are very happy and contented." A relative said if they had a complaint then, "I would definitely go to the manager she is very approachable and you wouldn't have to wait long to see her as she's always around." Another said, "I have not needed to complain but I know I would go to the management as they seem proactive." People and relative agreed with this and said staff, "listen to you."

When received, complaints and concerns were taken seriously by the registered manager and used as an opportunity to improve the service. There had been two complaints in the last 12 months both had been about communication with relatives. Since these complaints the registered manager said they had worked hard on improving the communication with relatives. The registered manager said, "I (now) feel we have good communication with the relatives." Since this corrective action was taken 93% of people who completed the 'Your Care' survey agreed by saying the service was good at keeping relatives informed.

Is the service well-led?

Our findings

People and relatives spoke of the service and the management with high regard. There had been improvement made with people's support since our last inspection of the service. The management had worked in line with an action plan to ensure that these improvements were met. There had been improvements with regards to people's safety and the delivery of more person centred support. The implementation of the MCA was more consistent and people were supported with dignity and respect. The registered manager said, "We have worked very hard since the last inspection."

Despite these improvements we found gaps in some people's records, particularly when it came to the monitoring of people's health needs and the recording of people's preferences. We found the impact of this to be low as staff had a good knowledge of people and were supporting them to meet their needs. This was a recording issue, which needed to be improved. Following the inspection the registered manager sent us examples of improvements they had made in this area.

We observed the chef writing an inaccurate record on feedback from people about their lunch. The comment in the feedback book was not reflective of the views of some of the people we spoke to and did not reflect what the chef was told by one person. Our concern with this was that people's views may not be taken on board when decisions are made. We spoke to the registered manager about this and they said they had addressed this with the chef. Other people we spoke to had not raised concerns about the quality of the food and said they were satisfied with the quality of meals.

We recommend that the registered manager ensures that records are a reflection of the support provided to people and their views.

The service had a positive culture that was person-centred, open, inclusive and empowering. People and relatives told us that the registered manager and staff knew them well. The registered manager told us about the home's missions and values of providing straightforward care tailored to the need of people. The registered manager said, "I want to make a difference. I don't want people's life's to end when they move to a residential home. I want to give people a little bit more. Not just safe, effective support." Staff we spoke to understood and followed the values to ensure people received kind, compassionate and person centred care. This ethos was implemented during the day to day running of the service. The registered manager explained to us that the implementation of group supervisions had helped with staff understanding of the vision and organisational message.

People were involved in the running of the home. People were encouraged to complete the 'Your Care' survey, which asked for people's views about their care. This survey produced positive results. There was also a quarterly resident/relative meeting, which was a forum to discuss any aspect of the service. One person said, "They have meetings for residents and for relatives and we sit in the big lounge and chat about what we like and don't like." A relative said, "There are relative meetings and we can put our points across and ask questions and they give us feedback on the last meeting and what they've done."

Staff were involved in the running of the home. We saw that the home had carried out a recent staff survey which the registered manager was in the middle to composing an action plan on points highlighted. Results from this survey included 90% of staff saying they were clear of expectations. Another result included 87% of staff saying they were proud of working in the care sector. Team meetings were used in an effective way to concentrate on important themes when they arose. Staff were given the opportunity to raise concerns in these meetings, which were followed up by management. We saw that staff had the opportunity to forward ideas on how to improve people's care. The registered manager also explained to us that they were looking at utilising the skills of staff a lot more with service delivery.

People, relatives and staff felt that they could approach the management team with any problems they had. People said that the registered manager was approachable. Relatives told us that problems were acted on. Relatives described the registered manager as, 'Welcoming,' and, 'Proactive.'

People and relatives told us that the registered manager was always on hand and visible in the home. The registered manager interacted well with people. People responded well to her and were pleased to see her. This reflected what we observed on the day of inspection.

The management team had an inclusive manner about them. The registered manager and deputy manager worked regularly with people and had a shared understanding of the key challenges, achievements, concerns and risks, which were highlighted in their PIR, particularly in terms of ensuring that the staff team were adequately trained to meet people's needs.

Training and support was available for staff who wanted to develop and drive improvement within the home. A number of staff were working towards additional health and social care qualifications in which they said they were being supported by the provider.

The registered manager listened to and responded to feedback. On the day of inspection some people gave negative comments about one of the meals on offer. The registered manager accepted that the menu choice on the day of inspection was not always reflective of people's preferred choice. They said that they would stop serving the meal that people did not like with immediate effect. People told us this was a one off and because people were offered an alternative the impact on them was minimal.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the home and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effectively.

The care and support provided to people was regularly monitored so continuous improvement could be made. The home carried out audits on care plans, staff files, medication, health and safety, catering, infection control and accident and incidents. Each audit included an action plan which identified when the work needed to be done by. There was another monthly audit that was carried out by the district manager, this ensured that senior management had an oversight of the delivery of support at the service. The registered manager ensured that systems were reviewed to aid continuous improvement.