Field House Residential Care Limited

Field House Rest Home

Inspection report

Thicknall Lane (Off Western Road)
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Tel: 01562885211

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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

We carried out an unannounced comprehensive inspection of this service on 17 May 2018.

Field House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 54 people can live at the home. There were 34 people living at home on the day of the inspection and a number of people lived with dementia.

In August 2017 we inspected and rated the service as Inadequate and we placed them into Special Measures. This was because the provider had failed to ensure systems and processes were place to assess, monitor and mitigate risk to people living in the home. The provider had a condition placed on their registration to provide a monthly review to demonstrate how they were working towards making the required improvements. This was to ensure people living at the home remained safe while improvements were made. The previous manager had left and there was no registered manager in post. The provider had appointed a new manager with the intention of them becoming the registered manager.

We completed a focused follow up inspection in October 2017 to check that the provider and manager had made immediate improvements in the key questions Safe and Well-Led. At this inspection the provider and manager had made improvements and were no longer in breach of the regulations. However, we did not change the rating to the service at that time and the service remained in Special Measures. This was because the characteristics of ratings for 'Good' describe a level of consistency in achieving high standards which could not been demonstrated at that inspection. The provider and manage sent an action plan to show what they would do, and by when, to improve the key questions Safe, Effective, Caring, Responsive and Well Led.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the time of this inspection there was 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.

People living in the home told us that staff assisted them to maintain their safety and made the home safe. People minimised the risk to their safety with support from staff offering guidance or care that reduced those risks. Staff were clear in their responsibilities in recognising and reporting any suspected risk of abuse.

People's care needs were met in a timely manner as staff were always available. People's medicines were managed and administered for them by staff in safe way to support their health needs.

Staff were supported with training to remain knowledgeable about people's support needs. Staff told us the training they received and guidance from managers maintained and improved their skills and knowledge. People were supported to have 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.

People were pleased with the meal choices and enjoyed the food on offer. Where people needed support to eat and drink enough to keep them healthy, staff provided one to one assistance. People had access to other healthcare professionals and ongoing review which provided treatment, advice and guidance to support their health needs.

People were seen chatting and spending time with staff. Relatives we spoke with told us staff were kind and friendly. Staff told us they took time to get to know people and their families. People's privacy and dignity was supported by staff when they needed personal care or assistance. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted people's independence and encouraged people to be involved in their care and support.

People's care needs had been planned, with their relative's involvement where agreed, which had been recorded in care plans and had been reviewed and updated regularly. People also told us they enjoyed the social aspect of the home and the activities offered which had improved since our last inspection.

People and relatives knew how to make a complaint if needed. People also told us they would talk with staff if they had a question or concern. The provider had policies and processes in place to ensure that any complaints received were investigated and responded to, and where needed changes made to improve people's experiences.

Since the last inspection the manager had continued developed the existing quality assurance systems and people had the opportunity to state their views and opinions with surveys and meetings. Audits had been fully implemented to identify and record the required ongoing improvements.

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

People felt safe and protected from the risk of abuse. There were sufficient staff throughout the day and night to support people's needs. The provider made checks to ensure that staff were suitable for their roles.

People received their medicines where needed and the home was clean. The provider had systems in place to manage the risk of the spread of infections.

Incidents and accidents were monitored and used to make improvements in the service.

Is the service effective?

Good

People were supported to make their own decisions about their care. Staff had received training.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and people had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interests and hobbies.

People and their representatives who used the service were encouraged to raise any comments or concerns with the manager.

Is the service well-led?

Good

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided in order to sustain improvements made and drive forward further improvements.

Field House Rest 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.

Field House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Inspection site visit activity started and ended on 17 May 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the information the provider had sent us each month following the inspection in August 2017. We contacted the local authorities who are responsible for funding some people's care for information.

During the inspection, we spoke with nine people who lived at the home and three visiting friends and relatives. We also spoke with five care staff and the registered manager and the provider.

We reviewed the risk assessments and plans of care for three people and looked at their medicine records. We also looked at audits for reviewing people's care, the home environment and maintenance checks, Deprivation of Liberty authorisations, complaints records, an overview of the last two months incident and accident audits, the provider's home improvement plan, staff meeting minutes and 'residents' meeting minutes.

Good

Is the service safe?

Our findings

We inspected this service in August 2017 and we found a number of concerns relating to people's safety. We identified breaches of Regulations 12 and 13, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In October 2017 we carried out a focused inspection in this key question to check that improvements had been made. While improvements were made the rating remained as Inadequate. This was because the characteristics of ratings for 'Good' describe a level of consistency in achieving high standards which could not been demonstrated at that inspection.

At this inspection we found the provider had maintained and continued to make improvements. People continued to be protected from abuse, consistently had risks associated with their care and support identified and assessed, and were supported by sufficient staff, deployed effectively to ensure they remained safe.

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person told us, "I never feel unsafe." People's friends and relatives were confident that people were safe and staff ensured people remained safe. One relative told us, "I am happy they are kept safe here, they walk around pretty well and they [staff] do keep an eye on her just in case." Consideration had been given to providing a safe environment for people and another relative told us, "We don't have any concerns about [person's] safety." Personal fire evacuation plans had been completed and staff knew how to support people in the event of an emergency. Fire safety procedures and checks were also in place.

Care staff we spoke with showed a good understanding of their responsibilities to keep people safe in line with the provider's policy and procedure. They were able to describe what action they would take if they were concerned about the way a person was being treated. One member of staff told us, "I would speak to the manager." Another staff member told us, "I know the manager would deal with any concerns straight away." The manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

Where people had risks associated with their care the required equipment had been identified and put in place. Where people needed support from staff to maintain their safety, staff were available and knew the support and guidance to offer, for example using aids to support their walking. Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheelchairs. One person told us, "I have a frame so I can walk better and don't fall, the exercise is very good for me."

Other risks associated with people's care and support had been identified. For example one person had associated risks with mobility which had been assessed accordingly and documented correctly within their folder with guidance for staff provide care safely. We saw that staff were supporting people with their mobility and knew how to support people to remain safe.

We reviewed pre- admission plans which were completed prior to people coming to live at the home. These

showed they had been completed with relevant information that would assist the staff team in developing the care plans. This showed the provider how they were able to meet the needs of the person safely and assist staff that were providing care.

All people were supported by staff to take their medicines every day and we saw staff checked with people before administering them. Staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health.

Clear and detailed records had been completed for people's routine prescribed medications. When people needed medicines 'when required', protocols were not in place in relation as to why and when the medication should be administered. Following the inspection, the registered manager provided evidence that these had been reviewed and were in place. Where people required a short term course of medicines we saw that these had been ordered and administered. People's medicines records were checked frequently by the management team to ensure people had their medicines as prescribed. We saw that on admission to the home each person's medicines were checked in by the senior staff and documented in the care plans.

Where an incident or accident had happened these had been documented and each report had been reviewed by the registered manager. This review had then identified how or why the incident may have occurred and whether, for example, a referral to other health professionals was needed. All staff we spoke with told us that any changes were always addressed without delay and they were informed of any changes at the time or as they started their shift. The provider also recorded an overview of all incidents and accidents to identify any trends or health and safety concerns within the home. We saw the provider used this as learning from any untoward incidents, in order to reduce the risk of recurrence, such as if people were falling regularly in a particular part of the home or at a certain time of day.

All people we spoke with told us staff were available at the times they needed them. We saw staff were available in the communal areas and responded to people's requests and call bells in a timely way. One relative told us, "They have more staff on duty since the last CQC inspection and they have time to get [person] to come out of their room more." We saw staff assisted people without rushing and made sure nothing further was needed. One person told us the number of staff had increased and said, "I feel there are enough of them [staff] now."

People's dependency levels were assessed and staffing levels were determined based on this. This was so the management team knew how many staff were needed. This was reviewed monthly, or as needed by the registered manager for accuracy and any changes such as when holiday or sickness cover was needed. When recruiting staff a completed application form was used and they were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at two staff files and saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

The home was clean and free from clutter on the day of the inspection. People rooms and communal areas were cleaned by staff. People's laundry was collected and washed at the home within a separate laundry area. We observed good food hygiene practices and staff ensured the overall cleanliness of the home environment was of a good standard to help reduce the risk of infection.

Good

Is the service effective?

Our findings

We inspected this service in August 2017 and we found concerns relating to people's consent to care. We identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were also needed in relation to staff training and people's meal time experiences. At this inspection these improvements had been made. People's consent to care had been sought and recorded, staff had received training and people enjoyed their meals.

People had agreed to their care and support and had signed consent forms where needed. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, these people had been involved in any decisions made. All staff we spoke with understood the Mental Capacity Act 2005 (MCA) and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

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. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty.

People that we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "The carers are very good, very caring and they know their stuff." Relatives said that staff and management were knowledgeable about their loved ones care needs and the support they needed. One relative told us, "A lot of the carers are quite new, some are agency but they are all very knowledgeable, kind and caring."

Staff told us about the needs of people they supported and how they had the knowledge to support and respond accordingly. Staff we spoke with told us the training was focused on topics, such as first aid and safe moving and handling and externally recognised qualifications in care to further enhance their learning. New staff followed an inhouse induction, which evidenced when staff had completed task and had been reviewed by the registered manager.

All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. They told us that in addition to the management team always being available to talk to, they also had structured routine meetings and one to one supervisions to talk about their role, responsibilities and learning and development needs. One staff member told us this had been an improvement since the last inspection and they now all worked well as a team and said, "It's really good holistic working".

We found the meal time experience had improved and people now had unhurried, relaxed and calm meal times. Where people required assistance and prompts with their meals, staff were attentive to these needs. People were happy with the food and choices offered. The chef provided two main meals at lunchtime, with other alternatives available, and some people told us they were asked the day before for their preferred option. One person told us, "I do like it here, the food is very good, lunch today was lovely and there was a choice of meals and desserts."

We saw that people in the dining room were served their meals which they appeared to enjoy. People were helped to maintain their independence with eating and drinking and we saw aids in use, such as plate guards and adapted cups. One person told us, "I like the 'plate show', the come in and show me the meals then they put gravy on it if its required." Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs. People had access to drinks during the day or people were able to ask staff for them. Food was available out of the normal kitchen time periods, such as sandwiches, toast and soup.

People saw their GP as needed and other health professionals to review their health care needs. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly. People had also been reviewed by opticians and dentists when they required it. One relative told us, "[Person] has the dentist come to see her, she has lost part of her false teeth set but they are sorting that out. She sees the doctor when she need to." Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

People could freely move around the home and were able to access a garden area which was secure. The provider was in the process of making further improvements to other areas of the home and gardens. People spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including a cinema room.

Good

Is the service caring?

Our findings

We inspected this service in August 2017 and we found improvements were needed as people were left alone for long periods of time and staff had limited time to socialise with people. At this inspection these improvements had been made and people were supported by staff that were available at the times they needed them and spent time with them.

People we spoke with told us they enjoyed living at the home and had developed positive relationships with the staff. One person told us, "I get on with the carers, they are all lovely." People told us how the staff were kind, caring and attentive to them. One person told us, "The carers are fantastic, I like them all, they are so friendly and we have a laugh." In communal areas we saw people involved in activities and enjoying their time together and with the staff supporting them. One person told us, "I like sitting in the lounge and we all get on, I have plenty of people here to talk to." Relatives told us there were no restrictions on visiting. We saw that visitors were welcomed by staff at the home who took time to chat with them.

During the day we saw staff spending time with people, such as sitting with a person and painting their nails, while they were chatting and laughing together. We saw staff encouraged people to be independent, such as promoting a person to fetch their own drink. People were supported in an inclusive environment and care staff were happy to talk about things that were important to the person or answering questions from people. Staff spoke with people about things that interested them such as current affairs, the royal wedding and religious events that were in progress, which people enjoyed chatting about.

Staff knew people's individual communication skills, abilities and preferences. They used a range of ways to ensure people could be involved in how they felt about the care the home provided and whether they had a sense of belonging and feeling that they mattered. One relative told us, " Mum can't see or hear well and the carers are very helpful and attentive. Staff showed genuine concern for people's wellbeing. One staff member told us, "It's good that we are able to meet the residents needs now without them waiting." During the inspection visit, the staff that were on duty showed compassion with meeting people's needs and demonstrated a caring attitude.

People told us staff involved them with their daily care, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. One person told us, "I like to come back to my room after my meals as I like to spend some time on my own," which they got to do. We saw staff addressed people with empathy and assured, for example, people being transferred by hoist that they were safe, diverting them with friendly conversation. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff.

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. One person told us, "I don't need any help from the carers but they always check on me and have been very helpful." Staff promoted people's levels of independence and knew how to best encourage their individual skills. All staff

we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before delivering their care and support. One staff member told us, "I take time to chat with them when I am in their rooms and I know them all pretty well and how they like things done." They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day. One person told us, "I didn't sleep very well last night so they [staff] are going to help me back into bed. I like it here and the really look after me well."

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. When staff were speaking with people they respected people's personal conversations or request for personal care. Respect was shown in the way private information was displayed in the office and on the staff area notice boards. People's personal information was not displayed publicly within the home and their privacy was respected.

Good

Is the service responsive?

Our findings

At the last inspection in August 2017 we found concerns that people's care had not reflected their individual needs and preferences. We identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and people received care that reflected their needs and preferences.

People we spoke with told us they received the care and support they wanted. In three care plans we looked at, they showed how people's health and well-being had been reviewed consistently and improvements were noted in people's weight and skin conditions. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates. One relative told us, "There had been no care plan meetings, not until the last CQC inspection, then [after that] we had a meeting and went through everything."

People's health matters were addressed either by nursing staff at the home or other professionals. Care staff told us they recorded and reported any changes in people's care needs to the nursing team, who listened and then followed up any concerns. For example, contacting the GP or specialist nurses for appointments or telephone consultations. Staff then responded to any changes suggested or directed when required. One relative told us about an incident related to a person's health care needs and that it, "Was dealt with very well and we were notified and kept informed." People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The unit lead shared information about any changes and helped manage and direct staff.

People's needs had been assessed prior to them moving to the home and people's records detailed their current care needs which had been regularly reviewed and any changes noted. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where a person's weight had changed, information about this was included in their care plan so staff could access and understand how it affected the person. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they had a good understanding of this. One relative told us, "The care plan is reviewed regularly."

People told us about their hobbies and interests and the things they could do day to day and how they chose to take part in group activities. One person told us, "I like to read mainly. I do the exercises when the ladies [external activity] do it too." People told us they enjoyed their hobbies and one person told us, "I like doing the exercises and I like to walk, I walk all day. I do get to go for a walk outside sometimes too."

People had celebrated events and one person told us, "I am looking forward to the royal wedding at the weekend, we have cakes we are going to decorate and the home is being decorated too." People's religious choices were known and were supported by staff or visiting practitioners. The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given

share this information with others when required. Staff told us they addressed the needs of each person as an individual, such as ensuring the person knew they were engaging with them by using eye contact or touch and were patient with people's communication styles. The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. All staff and the registered manager said where possible they would deal with issues as they arose. One relative told us, "If I have any questions or concerns they are responded to immediately." The manager had recorded, investigated and responded to complaints and shared any learning with the staff team.

People had been supported to have an end of life care plan which was person centred and recorded the wishes of the person in the event of their death in detail. Where there was a completed, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place there were records of the discussions which had been done in a timely and sensitive manner. DNACPR records shows medical staff the person wishes not to be resuscitated if their heart stops. In addition, relatives are invited to visit whenever they wished. Where people had no information, or family involvement the registered manager had identified this as an area where a best interest assessment and decision will be put in place to best the support the person.

Good

Is the service well-led?

Our findings

At the last inspection in August 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure systems and processes were in place to assess, monitor and mitigate risk to people living in the home. The provider had a condition placed on their registration to provide us with a monthly review to demonstrate how they were working towards making the required improvements. This was to ensure people living at the home remained safe while improvements were made. The provider sent these to us as required.

In October 2017 we carried out a focused inspection in this key question to check that improvements had been made. While improvements were made the rating remained as Inadequate. This was because the characteristics of ratings for 'Good' describe a level of consistency in achieving high standards which could not been demonstrated at that inspection.

There was now 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.

At this inspection we reviewed the improvements that had been made and spoke with people about living at the home. People and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. People were not always able to tell us who the home manager was, however the current manager was still new within the service. People told us that overall they were satisfied with their care. People, staff and visiting relatives we spoke with felt everyone in the home worked well together and that they were listened to.

Since the last inspection the manager had continued to develop the quality assurance systems which now demonstrated how they monitored and assessed the standard of care people received. Audits had been fully implemented to identify and record the required ongoing improvements. The registered manager told us and we found that they had completed the actions from our last report and were going forward with their own continuous improvement plan.

People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during planned meetings, planned care reviews, and questionnaires. One relative told us, "We are asked to go on to the home's website and complete a feedback form." The most recent questionnaires were being processed and the provider was in the process of collating the responses. We looked at the minutes ? of a recent meeting involving people who lived at the home and the action points which showed how people's views and feedback were listened to.

The staff team told us that the management team and provider made sure people were cared for. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to. Staff reported that the manager was approachable, they had a clear understanding of leadership structure

and the lines of accountability within the home. Staff told us they felt there was an open culture amongst the staff team and one member of staff told us, "I am happy to chat to the manager or a senior."

Staff members knew the process to follow if they had needed to raise concerns about a colleagues' working practices. They understood the provider's whistleblowing procedure and their responsibility to pass on information of concern. Staff were aware of other organisations they could approach if they felt that the provider did not take the appropriate action. One staff member told us, "If I had concerns about another carer, I would not hesitate to report it."

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. The registered manager had submitted these audits as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made regular visits to ensure these audits were a true reflection of the home and the care provided.

The provider and home management team met on a regular basis to review their audit and where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made. For example, the ongoing improvements to the home environment and acting on any complaints or feedback. The meetings also supported the registered manager to exchange ideas for suggested improvements. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. In addition, information was shared about events that had happened in the home, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies.

Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. Where required other health teams had been referred to, such as mental health teams in support of people's care.

The registered manager had been in contact with specialists within the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary. The last inspection rating was clearly displayed in the home.