

Broadham Care Limited

Felbrigg House

Inspection report

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Date of inspection visit:
31 July 2017

Date of publication:
23 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care service description

Felbrigg House is a privately owned service providing care and support for up to 11 people with different learning disabilities. People may also have behaviours that challenge and communication needs. The service is a detached property close to the centre of Dover. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service Good.

Why the service is rated Good.

The registered manager had good oversight of everything that happened at the service. They promoted the ethos of the service which was to give personalised care and support to people. To support them to achieve their full potential and be as independent as possible.

People indicated that they were happy and felt safe. They were settled, contented and relaxed in the company of staff. People were safeguarded from abuse and protected from the risk of harm. Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse.

Risks to people's safety were assessed and managed appropriately. Assessments showed how risks could be minimised. People were supported to take risks and not be restricted by them. The staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review any accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Before people decided to move into the service their support needs would be assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People indicated that they were satisfied and happy with the care and support they received. People received care that was personal to them. People, and those close to them, were involved in planning and reviewing their care and support. Care plans contained a lot of duplicated information and were cumbersome. Information was difficult to locate. The registered manager was addressing this. This is an area for improvement.

People received their medicines safely and when they needed them. They were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. If

people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People were encouraged to access the kitchen whenever they wanted and were able to prepare their own drinks whenever they wished. They were supported to shop for and prepare meals of their choosing. People were encouraged to eat a healthy and nutritious diet.

People's privacy was respected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs. People were given support in the way they preferred. People had many opportunities to go out and about. People were encouraged to try new experiences and develop new interests to enrich their life and increase their confidence and self-esteem. People's confidence had developed to enable them to make more choices and decisions themselves and become more independent. People led active lives and they showed us pictures of the things they enjoyed doing.

There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on. People and their relatives felt comfortable about complaining. When they did raise concerns they were taken seriously and their concerns were looked into and action was taken to resolve them.

Staff received appropriate training and were supported by the registered manager to carry out their roles effectively. There was always enough staff available to keep people safe. Staff were recruited safely. Safety checks were carried out before staff started to work at the service. This was to make sure that the staff employed to support people were fit to do so.

The registered manager and the provider's representative completed a range of checks on the service, including care plan reviews, environmental checks and audits of medicines to ensure people were safe.

The registered manager had sought feedback from people and their relatives about the service. Staff had given verbal feedback about what was going well and what areas could be improved. The provider had not requested feedback from other stakeholders. This is an area for improvement.

The Care Quality Commission had been notified of important events within the service, as required by law.

Further information is detailed in the findings below.

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 remains Good.

Medicines were managed safely.

Risks relating to people's care and support were assessed and mitigated.

There was enough staff to keep people safe. Staff were recruited safely.

Staff knew how to recognise and respond to abuse.

Is the service effective?

Good ●

The service remains Good

Staff received the training and support they needed to carry out their roles effectively.

Staff had an understanding of The Mental Capacity (2005) and people were able to make choices about their lives.

People were supported to prepare and eat a range of nutritious foods.

People were supported to manage their health care needs.

Is the service caring?

Good ●

The service remains Good

Staff had built up strong relationships with people.

People were encouraged to be as independent as possible and make their needs known.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service remains Good.

People received person-centred care. Care plans were up to date and people participated in a range of activities both in and outside of the service.

People told us they knew how to complain if they needed to.

Is the service well-led?

The service remains Good

There was inclusive culture and people were involved in all aspects of the service.

The registered manager was knowledgeable and experienced.

People and relatives were regularly asked for feedback on the service. The registered manager completed a range of checks and audits.

Good ●

Felbrigg House

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 was a comprehensive inspection which took place on 31 July 2017 and was unannounced. The inspection was carried out by one inspector due to the size of the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the operations and compliance director, two members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with four people. We observed how people were supported and the activities they were engaged in.

After the inspection we spoke with three relatives via telephone to gain their feedback.

We last inspected Felbrigg House on 20 December 2016 when the service was rated as GOOD in the safe domain and was rated GOOD overall.

Is the service safe?

Our findings

Relatives said that they feel very confident in the staff to keep their loved ones safe. One relative said, "They want the residents to experience lots of different things and sometimes there are risks, but that doesn't put them off. Staff take all the precautions they can and (my relative) is living a good life" and "I can't think of anywhere better (my loved one) could be". Relatives were totally confident in the staff to look after their loved ones. Relatives felt that they could now enjoy their own lives knowing their relative was safe.

People indicated that they felt safe. They were happy, smiling and relaxed with the staff. People were able to let staff know when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff spent time with them to find out what was the matter. Staff knew people well so that they were able to respond quickly and help people if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. This included which outside agencies were to be informed if there were any safeguarding concerns. Records showed that staff had received appropriate safeguarding training and had access to the provider's and local authority policy and procedure on safeguarding adults. Safe guarding incidents had been reported to the relevant agencies when they occurred and the registered manager took appropriate action.

There was a clear procedure and records were kept to protect people's finances when staff helped people manage their money.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the service or in the local community, when doing specific activities like horse –riding and using transport. There were risk assessments in place for people who had medical conditions like diabetes. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in all these situations. This reduced the potential risk to people and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging.

Accidents and incidents were recorded and analysed for any themes and patterns. When incidents had occurred staff had taken appropriate steps to reduce further risks.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were

checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. Checks were made on the window restrictors to ensure windows could only be opened a limited amount. On the day of the inspection we found one person's window restrictor was not working effectively and the window was opened more than it should have been. The staff took immediate action to rectify the situation and the window restrictor was mended.

People received their medicines when they needed them. People's medicine was stored safely in the office. There were policies and procedures in place to make sure that people received their medicines safely and on time. The registered manager said that staff were only signed off as competent to administer medicines when they had completed the training and were competency checked. Medicine Administration Records (MARs) were fully completed, showing people received their medicine as and when they needed it. Sometimes people were prescribed medicines that had to be written by hand onto the MAR by staff. When staff had entered these medicines on the MAR they were not signed by two staff members to check the entry was correct. Staff said this was an oversight. This is an area for improvement.

Relatives told about how their loved ones medicines for their behaviours and specific condition had been reduced. A relative said, "The doctors and staff are looking at ways of helping people with their behavioural issues by using different strategies and techniques instead of giving medicines. Its working as my relatives medicines have reduced".

Some people were given medicines on an 'as and when basis'. These medicines were given to people if they were experiencing any pain or if they presented with a behaviour that was considered challenging. There was written guidance for each person who needed 'as and when' medicines in their care plan. People were only given medicines for their behaviours as a last resort.

The registered manager was looking at ways of a more personal way for people to have their medicines. They were reviewing the procedures and aiming to give people more autonomy when taking their medicines. They were hoping to support people to take their own medicines.

The registered manager was in the process of recruiting new staff. There were robust recruitment systems in place. Recruitment procedures were thorough and included police checks, proof of identity, and health declarations to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was always enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The registered manager made sure there was enough staff available so people could do the activities they wanted. Staff worked flexibly to make sure people did what they wanted when they wanted to. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness

Is the service effective?

Our findings

Relatives said that there had been a lot of changes within the staff team at the beginning of the year but there was now more stability and continuity and everything was settling down. Relatives said, "The staff are very aware of what they are doing and why" and "They are all so kind. They are an excellent group of staff".

Staff told us, "Training is good. We get lots of training". "There is very good management support" and "We can always ask for help if we need it".

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

Staff had the skills needed to care for people effectively. Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. One staff member stated, "I have the training I need to do my job." Staff said they had regular supervision from the registered manager and any additional training requirements were identified during supervision and acted on. Records confirmed staff were given regular training in a range of subjects relevant to their role and that they were given the opportunity to discuss their role with the registered manager.

Staff had an annual appraisal which identified their development and training needs and set personal objectives. Staff said this gave them the opportunity to discuss any issues or concerns they had about caring and supporting people, and gave them the support they needed to do their jobs more effectively. There were regular staff meetings to encourage staff to be involved in the service and have the opportunity to raise concerns and new ideas.

Staff had received training on how to support individual behaviours linked with autism and when people needed support with their conditions like epilepsy and diabetes. Staff had been trained to give special medicines to people if they did have a seizure and had been trained to give insulin injections to people with diabetes. The registered manager maintained a training plan to help ensure that all staff underwent essential training such as, safeguarding people, manual handling and medicines. Staff had completed the training provided. The registered manager regularly checked staff competencies to make sure the training staff received was put into practice effectively and safely. People received consistent care and support as staff had the knowledge, training and understanding to meet peoples individual and specialist needs.

When staff first started working at the service they completed an induction over 12 weeks and then a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

The services PIR stated that the registered manager has introduced a 'client consultation' for when new staff start work. The registered manager was consulting with people to find out their views before the staff's member probationary review so people could have a say about whether or not the new staff member should be permanently part of the staff team.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people, when necessary, but these had not yet been authorised by the local authority.

People were able to make day-to-day choices about what they wanted to do, eat and wear. Staff assessed people's capacity regarding each aspect of their care. When people did not have capacity, best interest meetings involving people's loved ones were held to ensure that appropriate decisions were made on people's behalf. When people medical interventions like blood test or medical procedures had to be done the people important to them were involved in making the decisions.

Relatives said, "They respond very quickly when there are any medical concerns, they are on the ball. They immediately knew when (my relative) was unwell. They were quick to act and get them seen by a doctor".

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted and people were supported to attend appointments. When people had to attend health care appointments, with doctors, nurses and other specialists they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their needs. People had a health action plan which highlighted any health issues and how they were to be monitored and met. All aspects of their health and medicines were looked at and reviewed regularly.

A relative told us, "Before the new registered manager came (my relative) could not go into the kitchen. Now they go in and can help themselves to drinks. Staff have set up a snack box so they can go and help themselves to snacks when they want to. This has made a difference to (my relative)" and "If (my relative) doesn't like what is on the menu, they just give them what they want. They do encourage them to eat healthy food and try different healthy options".

People indicated the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked. Care plans gave good detail about the food people enjoyed. People were offered choice around their meals and drinks. Menus were on display in the dining area in a format people could understand. People could help themselves to drinks and snacks when they wanted to. There were pictures of different types of food, snacks and drinks kept in the kitchen so people could indicate effectively and quickly to staff what they wanted. On the whole people could freely access the kitchen. Staff included and involved people in all their meals. Staff positively supported people

to manage their diets and drinks to make sure they were safe, healthy. People often went out to eat in restaurants and local cafés. People's weight was monitored regularly to make sure they remained as healthy as possible.

Is the service caring?

Our findings

Relatives said, "When you walk in the home, it's always quiet and peaceful. There is a lovely atmosphere".

People trusted staff and had positive relationships, relatives trusted staff and could now go on get on with their own lives because of that trust. People indicated and said they thought the staff were caring and that they liked staff. People chose to sit next to staff. They went to staff when they wanted something. People smiled a lot. People were very relaxed and comfortable in their home and with the staff that supported them.

There was friendly chatting and laughter during the visit. The service was very much centred on this being people's home where they lived their life as they wished to. The staff interacted with people with warmth and compassion. People responded well to staff interaction. Staff spoke with people in a way that encouraged increased confidence and praised people on their achievements. There was a feeling of equality. All the people were supported and empowered to develop their independence. Staff were doing activities 'with' people and not 'for' people like cooking and making drinks. People were encouraged and supported to go shopping, do their laundry and generally lead a fulfilling life which promoted their independence and skills.

The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Staff took their role as key worker very seriously and spoke about how they cared for and supported people. Key workers met regularly with the people they supported to find out what they wanted to do immediately and in the future. They told us how they planned trips out and supported people to get the things that they wanted.

Throughout the inspection people came in and out of the registered manager's office. They sat for long periods of time with the registered manager who chatted and involved them in what was going on. Some people were involved in doing office jobs like filing. People were included and praised for their involvement. One person had recently passed an interview to be a 'Quality Checker' for the provider. This meant they would visit the providers other services and check that people were receiving the care and support that they needed and were happy with the service provided.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people's preferences and how to communicate with them effectively. Staff spoke with people, and each other, with kindness, respect and patience. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs, through noises, gestures and body language, and supported them in the way they wanted.

People's privacy and dignity was maintained. Staff explained to people what they were doing before they

carried out each personal care task. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that two people currently had an advocate and the registered manager was looking for advocacy support for another person whose family circumstances had changed. Most people relatives supported them to make important decisions.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care. One relative told us, "The staff are always pleased to see us. They make us feel very welcome and are keen to tell what (our relative) has been up too. They show pictures of what has been happening. It's lovely" and "We had a fantastic day for (my relatives) birthday. The staff made such an effort. Everyone was involved".

Is the service responsive?

Our findings

Relatives said, "We are very lucky to have found Felbrigg House. (My relative) has settled very well. They have come on in leaps and bounds". "We couldn't be happier. We are kept up to date. They answer all our questions. We are involved in planning (our relatives) care and attend all the reviews" and "The staff deal with difficult situations very well".

Staff were responsive to people's individual needs. Each person had a personalised care plan and a health plan. Staff responded to people's psychological, social, physical and emotional needs promptly. The care and health plans contained a lot of duplicate information and were cumbersome. Some information was difficult to find as there was so much of it. The registered manager had identified this as an issue and was going to streamline the plans to make them more accessible and manageable. This is an area for improvement.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking. Everyone had a hospital passport. These contained specific and key information about people to assist hospital staff in case people needed to be admitted to hospital.

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and other stakeholders involved in their care as possible.

People received the care and support they needed, in the way they wanted. Staff told us that some people's daily routines were very important to them, and they could become distressed if they were not followed. These were clearly documented in their care plan. Care plans contained details about people's specific preferences.

People who were important to people like members of their family and friends were named in the care plan. The registered manager and staff had close contact with people's families and they were fully involved in people's care.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. People decided what they wanted to do.

Relatives said, "They really try hard to give people new experiences. (My relative) is doing things I never thought they would do".

Relatives told us about the new experiences their loved one had and how old interests had been re-visited. One relative said, "(My relative) loved train rides and horse-riding when they were little. They have not done these things for years but they have recently been on train and went to see a show and have a meal in London. They have also over the past six months been horse riding. It makes such a difference to be living a

life that's fun and exciting".

One person had never had a long dress and liked to dress up. The provider had organised a prom evening for the people in their services. The person was supported to buy a long dress which they wore and they had a really good time at the prom.

One person had been very reluctant to go out-side the service. Staff had spent time with the person and tried different activities until they found out what the person liked. They were now going out playing golf, swimming and going to the beach. The person's life had improved and they were experiencing new things. Two people had recently been on short break to Alton Towers. There were pictures of them laughing and enjoying the rides.

People regularly went to a local disco and there was a range of indoor activities that people participated in individually and in groups. Each person had a book full of pictures to show what they had been doing. People shared these with their families and friends.

Relatives and staff said they would have no problems about complaining if they needed to. They felt confident that any issues would be resolved and that registered manager would take them seriously and act on them. Usually if people had any concerns they were discussed and resolved without the need to make a complaint. There was a clear complaints process and this was also in a user friendly format with pictures and symbols. In the last 12 months the service had received three complaints. These had been dealt with in line with the services complaint procedure. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then resolve the issue.

Is the service well-led?

Our findings

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

Relatives said, "The management is exceptional. The provider regularly visits to checks everything is as it should be. I was very impressed that the provider came to meet with us and chatted about what we wanted for (our relative)" and "When the previous manager left the provider stepped up and made sure the home was being managed properly". "The new manager is very positive. There is more structure at the home now and staff know what they are doing".

Staff said, "The registered manager is fantastic. The residents come first here. The registered manager really strives to give residents a choice about everything. They encourage and support residents to do things they have not done before" and "The registered manager is very approachable. They always have time to listen".

The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff.

People indicated and relatives and staff told us that the service was well led. They said that the registered manager had an open door policy where they welcomed family to drop in at any time.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

The PIR stated that the provider recognises the importance of rewarding good work practises. Three members of staff had recently received reward for their contribution to the service. The service also won the annual competition organised by the company for the best garden. Staff told us they felt valued and recognised by the registered manager and the provider.

The people and staff had good links with health and social care professionals, such as with GPs and the local team who supported people with learning difficulties. There were links with the local and wider community.

There were regular staff meetings to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. Staff told us

they were encouraged to provide feedback about the service at staff meetings and handovers at each shift kept them up to date with the people's current care needs and highlighted any changes in people's health and care needs.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. A wide range of audits were carried out. The registered manager and staff audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. When any areas for improvement had been identified, these had been acted on. There was also an Operations and Compliance Director who visited regularly and carried out audits and checks and supported the registered manager.

People and relatives were regularly asked for their views about the service. Their views were taken seriously and acted on. If any issues were identified, they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright and if they wanted anything. There were regular meetings when people could air their views. The provider had recently had face to face time with staff on an individual basis to seek their views about the service and discussed what was going well and were they thought improvements could be made. The views of stakeholder had not been asked for. The Operations and Compliance Director told us they were going to address this issue. This is an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hallway and on their website