Country Court Care Homes 3 OpCo Limited

Tallington Care Home

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

The inspection took place on 15 February 2017 and was an unannounced inspection. The home is registered to provide accommodation with personal care for 39 people. At the time of our visit there were 38 people living at the home.

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 home is run. At the time of our inspection visit there was a change of management across a number of the provider's homes. The registered manager of Tallington Rest Home was going to manage another of the provider's services. The registered manager did return to the home to support us with this inspection. This was because there was only a peripatetic manager in post for one week, until the replacement manager started at the home. The registered manager had submitted an application to deregister from this location to the Care Quality Commission (CQC). However, at the time of our visit this had not been processed by the CQC and therefore this person was still the registered manager of Tallington Rest Home.

People and their relatives told us that they felt safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff who were competent to do so. The risk assessments recorded what action staff should take if someone was at risk. Referrals were made to appropriate health care professionals to minimise risks and meet people's health needs.

There were sufficient staff to keep people safe and meet their needs. The registered manager had followed safe recruitment procedures. Medicines were given to people on time and as prescribed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. Staff understood the processes in place for ensuring decisions were made in people's best interests. Staff and the registered manager were ensuring these steps were taken for people living at the home. Staff sought people's consent and recorded this.

Staff were caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and they had positive working relationships with them.

People and their relatives were involved in the assessment and reviews of their needs. Staff had knowledge of people's changing needs and they supported people to make decisions or changes to the way their

planned care was delivered. Staff offered choices to people regarding all aspects of their care and support, and upheld these choices. People told us that they had access to activities and hobbies.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the service's quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report abuse and had received safeguarding training.

There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

The service provided staff with training and they received supervision and their practice was observed in by the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought people's consent and recorded this.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and dignity .They took time when delivering support and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to identify if people had concerns about the home.

Is the service well-led?

Good

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

Tallington Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2017 and was unannounced. The inspection was completed by a single inspector and an Expert by Experience. 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 spoke with eight people living at the home, three relatives and one visiting health professional. We also spoke with the registered manager, two care staff, the activities coordinator and the chef. At the time of our visit, we also spoke with the provider's representative. We spent time observing care provided to people during the day.

We reviewed the care records of four people, training records and staff files, as well as a range of records relating to the way the quality of the service was audited. We also contacted social care professionals within the county for their views.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Tallington Rest Home. One person told us, "I feel very safe" and another agreed, "I am very safe indeed, they look after us and check us". We were also told, "I feel very safe, there is always someone around and the place is locked at night so no one can get in".

Staff had knowledge of how to protect people from harm and told us that they were confident that they could refer concerns to the registered manager. Staff were able to explain the processes that they had in place for protecting people from harm. Additionally they told us that team meetings had time dedicated to discussing any concerns staff had. Staff undertook relevant training to keep people safe from harm and we saw records that confirmed this.

People told us that they felt staff understood the risks that were faced by them as individuals. They told us that that staff supported them to minimise these risks. For example one person told us, "I walk but not very steady, they walk with me". Another person confirmed and said, "At night they [staff] put it [commode] by my bed with my frame, so I can manage".

There were some people living at the home whose behaviour could be viewed as challenging by others. We saw this was detailed in the individual care records, with an appropriate risk assessment. For example one person became distressed when receiving personal care especially if it was in a small place, like a toilet. We saw that this person's care record stated that personal care should be carried out by two staff. One staff member to talk to the person whilst the other staff member delivered the care. When we spoke with staff they told us that this was how care was delivered. Staff also told us that they would give this person extra time and also use the larger bathroom so that there was more space. This meant that the person was less distressed and could receive care that they needed. Where appropriate, people whose behaviour was sometimes viewed as challenging had a behaviour chart in place. This chart gave detail of when the person became distressed and any known triggers. This supported staff to see trends in behaviour and any changes and meant care could be reviewed accordingly.

People who were at risk of developing pressure areas were risk assessed appropriately. We saw evidence that one person had an airflow mattress and people had pressure cushions. This relieved pressure and helped to minimise the risk of deterioration to the person's skin. We saw that people who required a change of position to relieve pressure received this support. For example one person remained in bed for long periods of time due to their health. The care record stated that this person should be repositioned every two hours. When we checked this person's records we saw that this had been carried out. Staff confirmed that they supported this person in bed, and told us about what changes to the person's skin they needed to be aware of. Where people required the support of community nurses to manage any areas of concern we saw that the staff had referred the person to them.

There was information available to staff for dealing with emergencies, and staff told us where this was. Staff could tell us what they would do in the event of an emergency and this was consistent with the documents we viewed. Additionally the home had in place generic assessments for the health and safety and

maintenance checks for around the home, which served to ensure people were kept safe.

People told us that that there were enough staff. One person told us, "There is always someone about" a relative confirmed, "It seems okay to us". When we asked people if staff responded to their call bell, people told us that staff were very responsive. One person told us, "They [staff] come quite quickly". A relative told us, "They [staff] come quickly enough, we see [staff]" and another relative agreed and said, "A very quick response".

Staff confirmed that staffing levels were appropriate to support people and their needs. We observed throughout the day that call bells were answered swiftly. We saw that staff were available throughout the day. Staff would sit and talk with the person who had called them and not just check on them. The registered manager confirmed how they managed staffing levels and how this was based on people's requirements. We saw from records that these requirements were met.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff that were deemed suitable were employed to work with people living at the home.

People told us that they were supported by staff to receive their medicines. One person told us, "They [staff] definitely wait with me and make sure I get them all down". Another person said, "I have eye drops and pills, they are good at waiting with me".

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines during lunch and they followed a methodical procedure and updated records as they went. We observed staff asking people discreetly before administering medicines and staff waited until the medicines had been taken. We saw that medicines were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records also showed people's personal preferences on how they liked to take their medicines. Where a person required a medicine as and when it was needed, a PRN medicine, these were administered effectively. Staff asked a person if they wanted a specific medicine and recorded the response. We saw that a PRN protocol was in place and staff were able to tell us about this.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and their abilities and expressed confidence that staff were trained to meet their needs. One person said, "They [staff] look after us so well, very knowing" another person confirmed and told us, "They [staff] are definitely capable people". A relative agreed and said, "They know him well, we are impressed".

The registered manager showed us their records for staff training and the timetable for when this was due. Staff confirmed to us that they received the relevant training and that they felt they could ask for additional training if they wanted it. Staff told us that new staff completed the Care Certificate, (the Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.). Existing staff were supported to undertake formal care qualifications in health and social care. This meant that staff had access to effective training that supported them to undertake their specific roles and care for people living at the home.

Staff told us that they received an induction period when they started at the home. The registered manager confirmed this. They went on to tell us that they worked with more experienced team members to learn how to support the people living at the home. Staff and the registered manager told us that if someone felt they needed more shadowing experiences then this was put in place.

The registered manager told us that they carried out competency checks and spot checks with staff, and we saw evidence that this had been undertaken. The registered manager told us, and staff confirmed that these competency checks supported to determine if they required any further training.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, competency checks, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues.

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 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.

A number of people who lived at the home either had a DoLS authorisation already in place, or they had an application that had been applied for. We saw that people's care records reflected the stage of the authorisation. We saw that two people were restricted from leaving the home during the day or night. The care record explained the reasons why and what staff should do if either person wanted to leave. Staff confirmed that they knew that these restrictions were in place. They explained that they would distract the person with activities or with a visit to the secure garden.

Staff told us that they had received training in the MCA and could explain the principles of the Act. We saw, where appropriate, people had best interest meetings in place to support with decision making. These meetings also identified what the least restrictive plan was, for example one person required bed rails. Records confirmed that there was a best interest decision and that this was the safest and least restrictive method, this was accompanied by a risk assessment for the person. This meant that staff had all the appropriate information for people and could ensure they received effective care.

People told us that their consent was sought for the service that they received. One person told us, "They [staff] ask if they can help me, I can say yes or no". Another person confirmed and said, "I do not have to do anything I do not want to". We saw that people's individual care records showed that consent had been discussed, and people had signed with their agreement. Where appropriate a family member or advocate has signed on the person's behalf. We checked records to ensure that these nominated individuals had the correct permission and that this was in place.

People told us that they enjoyed the food and received enough to eat and drink. One person told us, "They cook very well" and went on to say, "I ask if I want a snack". A relative said, "[Person] eats well, they [staff] do [person] a sandwich if [person] refuses the cooked meal". Another person confirmed that choices were sought at all meals. They told us, "I eat most things or I will ask for something else, I do not like fish or sausages and they [staff] come and tell us what is for dinner and give an alternative".

The chef was able to tell us about the different diets people had, and that some people received a pureed meal or one that was fortified, depending on their needs. The chef, and staff, confirmed that a choice was available at all meals and we saw that people were asked their preference. Drinks were readily available throughout the day, including hot and cold drinks. People confirmed that they had a choice of squashes, water and tea, coffee or hot chocolate. People could either help themselves or were offered drinks by staff.

At the time of our visit some people were having their food and fluid intake reviewed, this was to make sure they were receiving enough to eat and drink. We saw that these people had care plans in place to manage their food and drink. We saw these had been completed and staff were aware of the people at the highest risk. Additionally we saw that staff weighed people on a regular basis. If the person had been unable to weigh in the conventional manner appropriate steps had been taken to see if this person was at risk. We noted that where people had become at risk after they had been weighed there were actions. Referrals had been made to the appropriate agencies such as the GP or dietician. Where a professional had put in place fortification of food or an alternative diet, this had been actioned. This showed us that staff were responsive to the changes in people's weights and appetites and sought the most appropriate support for that person.

People and their relatives told us that they were supported to access any healthcare that they required. One person told us, "[Staff] are very good at getting the doctor out for us. I've not seen a dentist but the optician gave me new glasses. The chiropodist lady is every six weeks here". A relative confirmed and said, "[Person] has the district nurse in each week to do their shin dressings".

Whilst we were on our inspection visit a visiting health professional was also on site. They told us that they

had a very positive relationship with the registered manager and staff. They said that if they left instructions for the people that they visited staff acted upon them quickly. They also said that staff knew the people well and therefore gave very detailed updates as to how a person had been between visits.

Staff told us that they felt confident to call health professionals when they felt it appropriate. Staff also confirmed that they would ask people first if they wanted help. We saw in care records that there were visits from other health professionals and that staff responded to instruction that was left. For example, where people required support from a chiropodist we saw that visits were regular and had been recorded.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "[Staff] are friendly to me" and another told us, "[Staff] are very nice and kind to us". We were also told, "You could not ask for better staff". A relative told us, "[Staff] are friendly and stop to chat to [person]" with another relative saying, "[Staff] are super with [person].

Staff told us that it was important to get to know the people that they cared for. They explained that they would ask a person before delivering any care and always tell the person what they were doing. Staff told us that they encouraged people to carry out tasks for themselves. They told us that they did this to ensure people remained as independent as possible and for as long as possible. One person told us, "I like to be independent and do as much as I still can". A relative told us that the person they were visiting was unable to use one arm following ill health. They told us that staff supported him to still eat his food but using his good arm, rather than just doing it for him.

Throughout the visit we observed staff with the people at the home. One relative told us, "The staff are always upbeat". We saw that staff got down to people at their own level in their chair and talked with them, made people laugh with jokes and were considerate in their approach. One person had fallen asleep at a table in the dining room, with their head resting on the table. A staff member gently woke the person and asked them if they wanted to move, and gave options as to where. The person said they wanted to remain at the table, staff offered the person a cushion which was refused. We observed that the staff member returned a short while later and asked the person again. The person said they wanted to go to the lounge and staff supported them to a more comfortable seat.

Staff knew the people and about their lives. Staff told us that one person had been a matron, therefore they liked to 'walk the floor' throughout the day. Staff would talk to this person about jobs they were doing and ask if they were doing it well. This made the person more relaxed as they felt they were helping the staff out. Another person at the home had wanted to be more useful around the home. Staff had talked to this person about what kind of jobs they used to do. As a result the person now helps on the homes reception a few days a week. When we spoke with this person they told us that they really enjoyed this and that it reminded them of work. This showed us that staff not only took time to get to know people but used this knowledge to keep people active and as independent as they could.

We spoke with people regarding their involvement in planning their care. Most people we spoke with said that family dealt with this for them, however one person confirmed that staff asked them about their care, "[Staff] are very good at asking me if I am happy with my care". Another person said, "My family are involved with all that [care planning]" A relative told us, "[Registered manager] talks me through their package, I have seen the care plan and commented on it, and [manager] says I can see it anytime".

When we viewed people's records we saw evidence that people were involved in their care. The registered manager told us that each month people's records were checked and reviewed, with the person and their family if they wished. We saw that staff took of reviewing care individually, and spent time with a specific

person during the day. This meant the people had a variety of staff to work with. It also supported staff to know all the people not just those they were the key worker for. The registered manager carried out a more formal annual review and audits of the records. We saw on the day of our visit that care records were detailed and up to date. This meant that the registered manager and staff involved people in planning care that was meaningful to them, and carried this out.

People told us that they had their privacy and dignity respected and upheld. One person told us, "[Staff] are polite and ask me first". Another person said, "[Staff] always knock even if the door is open". A relative confirmed this and stated, "We always see [staff] knock first".

Some people shared a room with someone else. We saw that records showed how staff involved people when they had matched them for a shared room. We saw that the conversations were recorded when a person had said they were happy to share a room. We saw that in these rooms there was a curtain that could divide the space in half. One person who shared a room told us, "They shut the [privacy] curtain for me when I am washing". Staff also confirmed that at times when care was not being delivered people could still draw the privacy curtain, just as someone could close their door whilst resting.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. We noted throughout the day that staff were discreet with people when they asked if they required help. This showed us that staff were committed to ensuring a person's privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

People told us that they had choice in the things that they did. One person told us, "I can choose if I want a shower", another person said, "I get to choose what to do often, like when I want my bed, my food, I pick my clothes out". One person said, "I have a favourite chair in the lounge, so I can sit with my friend". Relatives also felt that people had the choice in the things that they did. One relative told us, "[Person] buzzes to get up and plans their own bed time. They'll decide to sit in their room or join in the entertainments".

We reviewed the care records of four people that lived at the home. We found them to be detailed, up to date and that they included information that was needed by staff to best support people individually. Staff confirmed to us that they found these care records to be helpful and they continued to work with people daily to keep the records relevant and individualised to them.

Staff told us how they supported people to make choices and decisions using the care records and their knowledge of the people living at the home. Sometimes they would suggest things they knew that the person liked, or show them objects. For example they would show the person the activities plan, which had pictorial aids, to decide what activity they wanted to do. This showed us that staff felt it was important for people to choose how they spent their day, to support their independence.

People led very active lives and were supported to maintain hobbies and interests. There were a number of different activities going on at one time. One person told us, "I like the painting and the music things", another person said, "I like the knitting and the bingo, we do all sorts". Someone else commented, "The activities are lovely, I like bingo, music, dancing, the hand bell ringers were wonderful. I cannot knit but I roll up the wool balls. I went in the van to the garden centre a few weeks ago, and the school children sung us carols". People's relatives agreed and told us that they felt the activities were good. One relative told us, "The therapy dog comes along to see them but they prefer the telly". Another relative confirmed, "They play bingo and other things".

On the day of our inspection visit we observed the knitting circle, which the activities coordinator facilitated . Whilst undertaking the knitting, the activities co-ordinator was playing a word game with people. Everyone was getting involved and everyone was laughing and singing as they played the game. When we spoke with the activities co-ordinator they told us that the memory games were important for the people living at the home to keep their minds active. They told us that they felt it was easier to engage them whilst they were doing something else, as then it was more fun.

The activities co-ordinator had a planned activities schedule, which was up to date. This showed all the different activities that were available. However, the activities coordinator told us this was very flexible and they could do what people wanted. The activities co-ordinator was joined in the afternoons by an additional staff member, so that meaningful one to one activities could be carried out with people who did not want to join the group activities.

People told us that they were able to maintain their religious beliefs. One person told us, "I go down for the

church service", and another person confirmed and said, "The church service is very nice". We saw that the activities coordinator had dedicated time within the activities plan to ensure that people could access the service, if this was what they wanted. They told us the service was very well attended.

A visiting health professional spoke with us about a person that was new to the home. They told us that they were concerned this person may not have their social needs met. When they arrived at the home on the day of our visit they spoke with the activities coordinator. The activities coordinator had already been to see this person and had explained activities and found out what the person liked to do. They were supporting this person to join the afternoon activity and meet people living at the home.

Staff at the home encouraged people to have visitors at any time. Relatives confirmed this and told us, "I come at all sorts of times, and it is fine". Another relative said, "We have no restrictions on visiting". We concluded that the home was committed to ensuring people had a wide range of activities and could choose what they wanted to do. This meant people were able to remain independent and have a varied and active social life.

No one we spoke with had made complaints about the service, but said they would feel confident to raise complaints should they need to. One person told us, "No complaints have been needed; I would see the manager anyway". Another person said, "I have had nothing to complain about in three years". Additionally we were told, "They listen closely when I am not happy about something". Relatives confirmed and told us, "We have not needed to complain" and another confirmed, "We have not had to complain, we would know what to do".

We saw that there was a complaints process in place and this was on display. We reviewed the complaints from the previous 12 months and saw that three complaints had been logged. We saw that all these complaints had been dealt with in a timely manner and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People told us that the manager was always available and that they could talk to them at any time. They told us, "[Registered manager] is very nice; I can talk easily [to them]". "[Registered manager] is so nice, I am sad they are leaving". "[Registered manager] is lovely and will tell me anything, I can go for advice too". The relatives confirmed this and told us, "They definitely listen to families, we can ask anything". We saw that feedback from relatives was positive when they were asked if they would recommend the home. One feedback record stated 'Tallington Rest Home has exceeded any expectations; they have gone completely above and beyond'.

At the time of our inspection visit the registered manager was leaving to work at another of the provider's services. We asked the registered manager about how they had managed this process given that people spoke so highly of them. The registered manager explained how they had a meeting with staff and people living at the home to explain the changes and to reassure people. A full handover had been carried out and people knew that a new manager was joining the team.

Staff also felt supported by the registered manager, they told us that they were approachable and helpful. One staff member told us, "[Registered manager] is brilliant I have learnt so much from her". Another staff member said "I feel so supported by the manager". A visiting health professional told us that there was excellent communication with the staff and the manager that allowed them to do their job effectively.

Staff were confident that they could raise any concerns about the home to appropriate people, if they had cause to. They told us where they could find this information and none of the staff we spoke with told us they had cause to use the whistleblowing policy. Staff were aware of the core values of the home and spoke passionately about them. These included promoting independence and individualised care. Staff took pride in their work, and gave us examples of where they encouraged choice and independence.

There were regular team meetings in place and staff said that they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw that there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

The registered manager told us that they felt much supported by their manager. They said they felt listened to and had the support they needed to carry out their own role.

People told us that they were asked their opinions about the home, and we saw that regular 'residents meetings' and 'relatives meetings' happened. The registered manager told us that the 'relatives meeting' was not that well attended, and they were looking into how to improve this. One person told us, "They [registered manager and staff] do have a meeting sometimes with us; it is interesting they get things done". Another person confirmed and said, "We do have meetings, they ask if we have any problems or ideas, the menu got changed so they do listen". Someone else told us, "We can have our pennyworth at them and they

listen".

The registered manager told us that they felt these meetings were important to learn what people thought of the home. We saw from records that the meetings were well attended and covered a wide range of topics. There was also a section of the agenda for people to add their own ideas and a section for the registered manager to give updates on the home.

The registered manager had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance, and audits around health and safety, including accidents. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision. Each month the registered manager had to send a report to the providers for them to be assured that quality was being monitored. This also enabled the provider to have a consistent approach with all of their services. The registered manager had a good understanding of the key challenges that the service could face in the future, and explained how this was managed.

The provider carried out unannounced visits at the home that looked at the progress of the home. This visit included audits of the quality assurance system; care records and the management oversight. These visits occurred regularly and we saw that where changes were needed these were actioned by the registered manager promptly.

There was a business continuity plan and risk register in place for the service. This meant the registered manager had effective processes in place in case there was a disruption to the running of the home. The registered manager told us that a large amount of the quality assurance for day-to-day care was done in an informal manner, which included observations, which enabled the registered manager to act in a responsive manner.

The service had submitted all the relevant notifications, to the Care Quality Commission, that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.