

Countrywide Care Homes Limited

Heeley Bank Care Home

Inspection report

Heeley Bank Road
Sheffield
South Yorkshire
S2 3GL

Tel: 01142557567

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13 December 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This inspection took place on 8 and 12 December 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 30 July 2015 and was not meeting the requirements of the three regulations; Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance. At this inspection we checked to see if sufficient improvement had been made. We found that sufficient improvement had been made to meet the three regulations.

Heeley Bank Care home is a nursing service that provides care for up to 67 people. It is a purpose built care service. At the time of our inspection 62 people were living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe and were treated with dignity and respect. Relatives spoken with felt their family member was in a safe place.

Our discussions with staff told us they were aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen.

People we spoke with told us they were satisfied with the quality of care they had received and made positive comments about the staff. Peoples comments included: "We can always have a good laugh with the staff. I love them," and "The staff always knock on my door and give a shout before they come in," and "The staff keep a really close eye on me. It's lovely here."

Relatives we spoke with made positive comments about the care their family members had received and about the staff working at the service.

Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded to their call for assistance when they used their call bells.

At the last inspection we found the service did not have appropriate arrangements in place to manage medicines, so people were not protected from the risks associated with medicines. We saw that improvements had been made.

Since the last inspection the provider had introduced an electronic medication administration record system in place. We saw that some staff were still adjusting to using the new electronic system and would benefit from additional support and training. We shared this feedback with the registered manager; they assured us that appropriate action would be taken to provide additional support and training to staff.

People and relatives spoken with did not express any concerns regarding the cleanliness of the service. The service was clean and had a pleasant aroma.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

There was evidence of involvement from other professionals such as doctors, dentists, opticians, tissue viability nurses and speech and language practitioners in people's care plans.

Individual risk assessments were completed for people so that identifiable risks were managed effectively. We saw one person's care plan needed to be more prescriptive and give staff clear guidance on what to do if the person was getting agitated. We shared this information with the registered manager, they told us the person's risk assessments and care plan would be reviewed.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food. Preferences and dietary needs were being met.

Staff told us they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, hobbies and interests, life history, likes and dislikes.

At the last inspection we found the provider had not ensured that staff were supported appropriately to make sure their competence was maintained. We found that sufficient improvement had been made.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

The provider had a complaint's process in place. People and relatives told us that concerns and complaints were always taken seriously, explored thoroughly and responded to in good time.

Resident and relatives meetings were held at the service and the service produced a regular newsletter. This meant people and their relatives or representatives were kept informed about information relevant to them.

Accidents and untoward occurrences were monitored by the registered manager and provider to ensure any trends were identified.

There were regular checks completed by the provider to assess and improve the quality of the service 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?

The service was not always safe

We saw that some staff were still adjusting to using the new electronic medication administration system and would benefit from additional support and training. We shared this feedback with the registered manager.

We looked at people's individual risk assessments. We found the measures in place to support one person who had behaviour that could challenge others needed to be more prescriptive and give staff clearer guidance on what to do if the person was getting agitated

People told us they felt "safe". All the relatives spoken with felt their family member was in a safe place.

There were robust recruitment procedures in place. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Requires Improvement ●

Is the service effective?

The service was effective.

At the last inspection we saw the system in place to provide staff with appropriate support to enable them to carry out their duties required improvement. We found that sufficient improvement had been made.

Staff received induction and refresher training to maintain and update their skills.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood these policies and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

Good ●

Is the service caring?

The service was caring.

People and relatives made positive comments about the staff. People told us they were treated with dignity and respect.

Good ●

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

People who are nearing the end of their life received compassionate and supportive care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed regularly and in response to any change in people's needs.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

The provider had a robust complaints process in place.

Is the service well-led?

Good ●

The service was well-led.

There were regular checks completed by the provider to assess and improve the quality of the service provided.

People we spoke with knew who the registered manager was and knew they could speak with her if they had any concerns.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

Heeley Bank 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 checked whether the provider was 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 8 and 13 December 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by 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. The service was last inspected on 30 July 2015 and was not meeting the requirements of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014 we checked at that time. The regulations were Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance. At this inspection we checked to see if sufficient improvements had been made.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of safeguarding and incidents. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch had visited the service on 16 April 2015.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with 12 people living at the service, eight relatives, the registered manager, the deputy manager, a unit manager, two nurses, a senior care worker, an administrator and eight care staff. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: people's care records and daily charts, people's electronic medication administration records, staff files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 30 July 2015, we found issues relating to the management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. At this inspection we checked to see if sufficient improvements had been made.

At the last inspection we found that some medicines were not always stored safely. For example, we saw an open medicine trolley in a communal area and the nurse was not in view. We also saw that prescribed thickeners were not stored safely. At this inspection we found sufficient improvement had been made.

We looked at the systems in place for managing medicines in the service to see if improvements had been made since the last inspection. The provider had introduced an electronic medication administration record (EMAR) system since the last inspection. Staff recorded on the system when they administered a medicine to a person. People told us they received their medication regularly. One person commented, "The staff take care of all my medicines; they give them to me on time and extra ones if I need them in the night."

Our observations of the medication rounds and feedback from staff showed that some staff would benefit from further support and training with regards the new EMAR system. Staff raised concerns about the length of time it took to complete a medication round and other tasks such as booking in and booking out of medicines on the system. Staff were concerned that this took time away from them providing care to people. We shared this feedback with the registered manager; they assured us that appropriate action would be taken to provide additional support and training to staff.

We saw the protocols, for all medicines prescribed as "when required" were no longer stored with medication administration records and were now kept in people's care plans. The protocol was to guide staff how to administer those medicines safely and consistently. It would have been helpful for these to be readily available for staff to look at whilst administering medication. We reviewed a sample of the protocols in people's care plans. We saw that some people's protocols could be more personalised. For example, they reflected the care staffs knowledge on how the person communicated they were in pain. We shared this information with the registered manager, they told us people's protocols would be reviewed and stored with people's medication so they were readily available to staff.

We did not find any concerns in regards to the management of controlled drugs. We saw there were robust arrangements in place to ensure people received medicines at the right time.

An external pharmacist had reviewed the management of medicines at the home in November 2016 and provided the service with actions to complete and recommendations. The external pharmacist report showed the service needed to ensure the checks they completed were more systematic and methodical. For example, managers needed to check regularly that staff were completing the topical medication administration records for creams and that creams were being stored appropriately. The registered manager assured us that action was being taken in response the external pharmacist report.

People we spoke with told us they felt "safe" and had no worries or concerns. Their comments included: "The night staff look in on me, they just pop their head through the door," and "This is the best place for me, my [relative] worries less now I am here" and "It was a good decision to come and live here, it is a safe place, definitely."

Relatives spoken with felt their family member was in a safe place. Their comments included: "My [relative] is now in the safest place, I have no worries," "They [staff] keep my [relative] safer here than I could at home," "Mum is happy to have her own room, it has given her more confidence and she feels safer," "I can say categorically this is a safe place for my [relative] and" and "I have an absolute confidence that [family member] is safe and well cared for 24 hours a day."

People spoken with did not express any concerns about the staffing levels at the service. People told us staff respond to their calls for assistance in a timely manner. One person commented: "When I use the buzzer I don't have to wait very long at all."

Relatives gave mixed views regarding the staffing levels at the service. Some relatives did not express any concerns about the staff levels whilst others thought it could be improved. Relatives told us the management of staff had improved since the last inspection because managers had endeavoured to ensure that staffing was consistent in each unit, so that people could get used to being supported by the same staff. They felt this was beginning to have a real benefit for people. Relatives comments included: "If my mum calls for help via the red button the staff come straight away," "There are enough staff," "The staffing improved a few months ago" and "Sometimes staffing levels look low, I am not sure how many there should be."

Staff spoken with did not raise any concerns regarding the staffing levels at the home. Our observations during the inspection told us that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to.

The provider used a spread sheet to calculate the staffing levels at the service. This spread sheet is used to calculate the number of staff they need with the right mix of skills to ensure people receive appropriate care. For example, number of nurses and number of care assistants for each unit. The registered manager told us that a dependency assessment was completed on a monthly basis for each unit and a copy was sent to the provider's head office. The registered manager provided us with a copy of the assessment completed in November 2016.

It was clear from discussions with staff that they were aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen. Staff comments included: "I really appreciate the training that takes place around all aspects of safety," "The managers make sure that we all undertake training with regards to keeping people safe," "I have worked in other homes, this is by far the best for keeping people safe" and "Peoples welfare and safety are our top priority."

We looked at people's care records and found people had individual risk assessments in place. The purpose of the risk assessment was to put measures in place to reduce the risks to the person. We found that one person's care plan needed to be more prescriptive and give staff clearer guidance on what do if the person was getting agitated. We shared this information with the registered manager. The registered manager told us the nurses at the service were due to complete training in supporting people with challenging behaviour. They felt this would enable nurses to provide clearer guidance to staff on the way to support people who were living with dementia and had behaviour that could challenge others.

People and relatives spoken with did not have any concerns regarding the cleanliness of the service. One relative commented, "The home is spotless; the cleaning team are very diligent." Hand gel was available in communal areas. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. We saw that some items were not been appropriately stored in the medication room on the first floor. We shared this information with the registered manager so appropriate action could be taken.

We saw evidence that regular checks were undertaken of the premises and equipment. For example, wheelchairs and the nurse call system were checked regularly. There were also a range of checks completed on the fire system on an annual basis. We saw that action identified to improve the safety of the service was completed.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible. The provider's quality assurance manager also reviewed these records to ensure appropriate action had been taken.

Is the service effective?

Our findings

At the last inspection on 30 July 2015, we found issues relating to support provided to staff. It is important that staff receive appropriate supervision in their role to make sure competence is maintained. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Staffing. At this inspection we checked to see if sufficient improvements had been made.

At the last inspection we found that staff had not received appropriate support with regards to supervision and appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We also noticed the procedures in place to check the competency of staff who administered medication required improvement. At this inspection we found sufficient improvement had been made.

The registered manager used a staff training spreadsheet to monitor the training completed by staff. We looked at staff records and saw staff received training relevant to their role. The training provided covered a range of areas including the following: practical moving and handling, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, fire safety and infection control. We saw evidence that the provider's quality assurance manager had been monitoring staff training at their visits to ensure this was kept up to date.

People spoken with told us they were very satisfied with the quality of care they had received and saw the doctor when they were not feeling well. Peoples comments included: "They [staff] make sure I see the dentist and optician whenever I need to" and "The staff know what they are doing, they care for me so well."

In people's records we found evidence of involvement from other professionals such as doctors, optician, dentist, tissue viability nurses and speech and language practitioners.

Relatives also made positive comments about the quality of care their family member had received. One relative commented; "We have every faith that my [relative] is in the right place. I can rest at night now, knowing [family member] is in good hands."

People could choose to eat their meals in the dining room or in their room. All the people spoken with made positive comments about the quality of the food at the service. Their comments included: "The kitchen staff go out of their way for specific requests," "They made me a lovely cake for my birthday," "I like the food here," "There is plenty to choose from and they [kitchen staff] will alter things to suit me," and "They [kitchen staff] do a lovely spread when it's your birthday, it makes you feel special."

Relatives spoken with made positive comments of about the quality of the food and how staff encouraged and supported people to eat. Their comments included: "They [staff] offer me lunch every time I come, the food is great," "Mother lost weight at home, she has put weight on since living here," "My [relative] loves the food, he never leaves anything" and "Staff always makes sure mum eats her food, they are great with her."

There was a process in place to obtain people's preferences at mealtimes where able. Staff were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met.

On the first day of the inspection we observed the arrangements in place at mealtimes. We saw there was a relaxed environment whilst staff were serving lunch in the dining room on the ground floor. During the meal one person called out loudly, we saw staff supporting the person and distracting them so they became calmer.

We saw the atmosphere in the dining room on the first floor dementia unit was not as calm and conducive to eating. For example, we saw staff were supporting people to eat that were sat in lounge chairs. One person was walking around the dining room asking people for money to go on the bus and another person was wrapping their meal in a tablecloth. This person also stood up and started walking around the room. A care staff member who had been focussing on serving meals came to support both people. They were both encouraged to sit down and eat dessert. We shared this feedback with the registered manager. On the second day of the inspection we revisited the dining room and saw people were being appropriately supported.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision-making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment. Any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests and as least restrictive as possible.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom.

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.

The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. The service had a robust monitoring system in place to monitor DoLS applications, approvals and reviews.

During the inspection we observed staff explaining their actions to people and gaining consent. We did not observe any evidence of unlawful restriction. For example, people being restricted from leaving the premises.

We noticed the temperature of the service particularly on the nursing and the dementia unit located on the first floor could be improved. We saw that staff had tried to reduce the temperature within the units by opening windows. We shared this feedback with registered manager so the provider could take appropriate action.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

In the reception areas of the service there was a range of information available for people and/or their representatives. This included: Healthwatch, Alzheimer's Society and the provider's complaints procedure.

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "We can always have a good laugh with the staff. I love them," "My family come whenever they want, the staff will always make sure they get a drink or some food," "The staff always knock on my door and give a shout before they come in" and "The staff keep a really close eye on me. Its lovely here."

We saw people could choose where to spend their time. People told us they could choose to get up and go to bed when they wanted. One person commented: "I stay in my room most of the time, but I do walk around the home and go outside whenever I want to. I like to work in the garden in fine weather."

Relatives spoken with also made positive comments about the staff. Their comments included: "Mum gets up and goes to bed just when she wants," "The staff go above and beyond what is needed," "The staff are first class, nothing is too much trouble," "We have been fully involved in writing mothers care plan," "they [staff] share everything with us," "There is a key worker system here, [my relative] loves his keyworker," "The staff are great with [my relative]," "We are so grateful for the support given to us," "They [staff] look after my wife better than I could," "All the staff are great" and "The staff are really lovely, I love some them - honest. We share the care of [my relative]."

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way. It was clear from our discussions with staff that they enjoyed caring for people living at the service. Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. We spoke with the deputy manager who was the Gold Standards Framework coordinator at the service. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best. The deputy manager told us their previous role had been working in palliative care. They told us that a nurse and two of the care staff had also completed training in end of life care and 'breaking bad news' training. They were also palliative care links for the service.

Details of advocacy services available for people to use had been included in the service's guide, which was available for people or their representatives to take away. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

Peoples told us they received care and treatment from external healthcare professionals when required. People also told us how much they enjoyed the activities provided at the service. Their comments included: "I love the dancing and the music, the Elvis night was great, can't wait for him to come again," "We play all sorts of games; bingo and dominoes are best," "I am looking forward to the next tea dance at the theatre," "I have been on two trips, to Cleethorpes and Bridlington," "They [staff] take me out on shopping trips" and "I have loved it when the animal farm bring all the animals." On the first day of the inspection there was entertainer. This showed the service promoted people's wellbeing by taking account of their needs including daytime activities.

All the relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. Their comments included: "We make all the medical appointments, the staff have mum ready and we take her," "My [relative] sees the GP regularly," "Mum is seeing the dentist regularly at the moment," "Whenever mum is off colour they [staff] check it out with the doctor straight away" and "The staff call me if ever there is a problem with Mums health."

Relatives also made positive comments about the activities provided at the service. Their comments included: "My [relative] is really encouraged to join in the leisure activities, I can't believe it, we never thought she would," "My [relative] had only been here a day, the next day we were at the seaside having a marvellous time, it was fantastic," and "[two activities workers] are so dedicated at what they do, they work so hard to make the activities work for everyone."

People's care records showed that people had a written plan in place with details of their planned care. We saw that personal preferences were reflected throughout their care plan. There was a record of the relatives and representatives who had been involved in the planning of people's care. People's care plans and risk assessments were reviewed regularly and in response to any change in needs.

The complaints process was on display at the service. Details on how to make a complaint had also been included in the 'service user guide'. The registered manager provided a home manager's surgery which was held every Thursday from 2pm and 4pm for people or their representative to call in. If they required an evening or weekend appointment this could be facilitated.

People and relatives told us that concerns and complaints were always taken seriously, explored thoroughly and responded to in good time. Relatives comments included; "I have complained a few times. I have always been satisfied with the outcome," "You can go to the [registered manager] about anything; her door is always open," and "My [relative] is happy here, but I would go to the office if I had any concerns. We have in the past and things get dealt with."

Is the service well-led?

Our findings

At the last inspection on 30 July 2015, we found issues with the effectiveness of checks completed at the service. It is important to have effective systems in place to assess and monitor service to ensure compliance. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance. At this inspection we checked to see if sufficient improvement had been made.

At the last inspection we found that some of the checks completed at the service required improvement. For example, the checks to ensure staff received appropriate support. At this inspection we found that sufficient improvement had been made. We saw there were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. These checks were used to identify action to continuously improve the service.

The provider regularly assessed and monitored the quality and safety of service provision. We reviewed the report completed in November 2016 by the provider's quality assurance manager. The report covered a range of areas including: notifiable incidents, premises, environment, infection control, health and safety, complaints, staff training and supervision, records and documentation. It also included, discussions with people living at the service, relatives and staff. Any action agreed at the last visit was reviewed to check it had been completed.

People knew who the registered manager was and knew they could ask to speak with them if they had any concerns. Their comments included: "I have been invited to meetings, but who needs them? I am happy with everything," "We only have to ask for something and we get it," "The manager is always asking us if we want anything to change," "The manager [name] is lovely, she is so helpful," and "There is a new manager called [deputy manager], she is absolutely lovely."

Relatives also made positive comments about the way the service was managed. Their comments included: "I know without a doubt that [name] the manager would take any of my concerns seriously," and "I have no complaints, it is excellent how things are run here."

The registered manager told us the service held regular and residents meeting, but not many people chose to attend so they were looking at different ways to engage with people. The service produced a regular newsletter so people, relatives and visitors were kept informed about what was happening at the service. We looked at the service's newsletter for December 2016. It included the following: a list of activities for December, details of staff achievements, the time and day the home manager held their surgery, resident's birthdays, a recipe and a word quiz.

All staff spoken with made positive comments about the staff team working at the service. Staff spoken with told as the registered manager operated an "open door" policy so staff could speak with her if they had any concerns. We saw that regular staff meetings were held at the service. Regular staff meetings help to ensure that people receive a good quality service at all times.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.