Croftwood Care UK Limited

Gleavewood Residential 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

We inspected Gleavewood Residential Care Home on 20 February 2018. Gleavewood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 30 people. At the time of the inspection 26 people were living at the service some of whom were living with dementia and other chronic conditions.

A registered manager was 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 and associated Regulations about how the service is run. At the time of the inspection the registered manger was working in the capacity of 'compliance manager' and the day to day responsibilities for managing the service had been delegated to the manager of the service.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia. Staff felt supported by the management. They had regular supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People chose how to spend their day and they took part in activities such as; exercise classes, quizzes, manicures and themed events, such as Chinese new year celebrations and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, security and identity checks were completed before they started work. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology, such as sensor mats, were used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

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.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

People were protected from abuse.

Potential risks to people were identified, assessed and planned for.

Medicines were managed and administered safely. The service was clean and infection control protocols were followed.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. People's end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Gleavewood Residential 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 20 February 2018 and was unannounced. The inspection team consisted of one inspector.

On this occasion we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included notifications we had received. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges and dining areas of the service. Some people could not fully communicate with us due to their conditions, however, we spoke with eight people, two people's relatives, four care staff, the cook, a kitchen assistant, a cleaner, the manager the deputy manager and administrator. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four people's medication records, accident and incident records, four staff files and other records relating to the management of the service, such as training records and audit documentation. We also 'pathway tracked' the care for two people living at the

service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People said they felt safe and that they had no concerns about their safety. One person told us "I feel safe here; as safe as I would anywhere". A relative told us, "I think it's very safe. I've never heard raised voices or seen anything negative. There's always someone to help".

There were sufficient numbers of staff on duty to meet people's needs and ensure people's safety. Existing staff were contacted to cover shifts in circumstances such as staff sickness and annual leave and agency staff were used when required. Feedback from people and staff indicated they felt the service had enough staff on duty to meet people's needs and our own observations supported this. However a visitor told us that sometimes they could not find any staff on the first floor. We also observed that when one staff member took their break in the evening, there were no staff present on the first floor. When we brought this to the attention of the registered manager told us there should always be at least one member of staff present on each floor and took immediate action to address this issue.

Staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training and this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available to staff. Documentation showed that the provider cooperated fully and transparently with relevant stakeholders in respect to any investigations of abuse.

The arrangements in place for the storage, administration and recording of medicines were safe. Medicines were stored securely in a locked cabinet in each person's room. People received their medicines in line with their personal preferences. For example records stated one person preferred staff to dispense their medicines into their hand and we saw staff did this. Staff who administered medicines had received appropriate training and their competencies had been assessed. We saw staff did not sign the Medication administration records (MAR) until they had administered the medicines to people and that the entries they made on the MAR were accurate and complete. Regular audits of the MAR took place and appropriate action had been taken when errors had been identified. There was guidance for staff to follow in relation to under what circumstances they could administer as and when needed (PRN) to individuals. When PRN medicines had been administered, the reason for doing so had been recorded.

Documentation in staff files demonstrated that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, suitable references had been obtained and appropriate security checks had been undertaken to ensure that potential staff were safe to work within the care sector.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded and each person had an individual personal emergency evacuation plan (PEEP) in place detailing their ability to evacuate the building in the event of a

fire. Staff completed fire safety training and took part in simulated fire evacuations so they knew what action to take in the event of a fire and how to use the fire safety equipment. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls, risk of developing pressure ulcers and risk of malnutrition. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service and cutting up food for people to reduce the risk of choking.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. We saw that the service had an infection control policy and infection control audits had been completed to identify areas for improvement. People told us that they felt the service was clean and well maintained. Staff told us that protective personal equipment (PPE) such as aprons and gloves was readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. The manager told us that infection control training was mandatory for staff, and records we saw supported this. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns. For example, actions were taken to ensure that one person who had choked on their food had been referred to a Speech and Language Therapist (SALT) to assess whether they had any swallowing difficulties. A sensor mat had been installed in the room of another person who had experienced falls in their room to alert staff if they got out of bed.

Good

Is the service effective?

Our findings

People felt they received effective care and their individual needs were met. A relative told us, "I think staff know what they're doing. There's a good mix of established, older staff with experience of people and the newer ones who need to learn and seem keen and willing. They always keep me informed of what's going on". One person told us they had confidence in the staff and commented "They can't do enough for you".

Staff had received appropriate training, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. New staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around the care of people with dementia. Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines. Feedback from staff and the manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. The manager told us and staff confirmed that issues relating to safeguarding, whistleblowing and the Mental Capacity Act (MCA) were discussed with staff at every supervision meeting. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

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. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been sent to the local authority. Staff understood when an application should be made and the process of submitting one. Care plans reflected people who were under a DoLS with information and guidance for staff to follow.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Access was also provided to more specialist services, such as opticians and podiatrists if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Staff knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured when people were referred for treatment they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. We saw that if people needed to visit a health professional, for example at hospital, then a member of staff would support them to arrange this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available. We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom or the lounge. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served.

One person told us, "The food is good; plenty choice, if you don't like something there's always something else". Another person added, "I get offered choice if I don't like the meal". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. People's weight was regularly monitored, with their permission. Staff had previously liaised with the Speech and Language Team (SALT) to ensure that specialist diets were catered for, such as for people who required pureed food. Nobody at the service required a specialist or culturally appropriate diet. However, staff stated that any specific diet would be accommodated should it be required. One staff member commented "There's no allergies or specialist diets at the moment; no soft food. One person doesn't like red meat but we know that".

People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout the service, and other parts of the service were accessible via a lift and stair lifts. There were adapted bathrooms, wet rooms and toilets and hand rails in place in these to support people. Signage outside the rooms of people living with dementia helped them to recognise which was their room. The registered manager told us they had plans to introduce more signage to help orientate people living with dementia as to the day of the week and time of year.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us "The staff are very kind. The girls come in for a chat. I'm happy; I can't think of anything they could do any better". A relative told us, "The care is very good, good staff and they are interested in the people here. Some people are a bit of a challenge but they still have a good rapport with them".

Staff recognised that dignity in care also involved providing people with choice and control. We observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I do what I want. I'm going out today and go out whenever I want. They do not tell me what I can and can't do. I decide for myself". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We always ask people what they want to wear, what they want to do it's their choice".

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. For example, staff told us how they adapted their approach to sharing information with some people with communication difficulties. Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. We saw that one person who had capacity to make their own decisions had stated they did not want a photograph of themselves on their medication records and their wishes had been respected.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. A relative told us, "I've no concerns with the staff. none at all. They are absolutely fabulous and look after mum's welfare". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style.

We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. When asked about their privacy being respected, one person told us, "They do protect my privacy and they always knock before coming in".

Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

Staff encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. Visitors told us they were welcomed and always offered a drink. One relative told us, "We visit on most days and we are always made welcome". Staff engaged with visitors in a positive way and supported them to join in the communal activities in the lounge, or have private time together.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one. One person told us, "They took me to church last weekend".

Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. One person commented "Yes I'm involved in the care plan. We went through it again only the other day".

Good

Is the service responsive?

Our findings

Staff undertook a preadmission assessment of people's care and support needs before they began using the service. This assessment was used to develop a more detailed care plan which recorded the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

Plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. One person told us, "I've just gone through my care plan the other week". A relative confirmed they had been involved in compiling a care plan when their relative moved into the service and commented we go through the care plan regularly".

Staff told us and we saw they knew people well and had a good understanding of their needs, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that the communication needs of others who required it were assessed and met. We saw that there were menus on the table illustrated with pictures of the food on offer and pictures outside people's rooms of thing they liked to do or sports they used to enjoy playing to help orientate them to their room.

Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. People and their visitors told us there was a varied range of activities on offer. People told us they had enjoyed participating in activities including exercise classes, trips to the theatre, trip to a dementia friendly museum, a visit from a zoo that brought exotic animals such as snakes, trips to the local shops, manicures and themed events, such as a food tasting to celebrate the Chinese new year and visits from external entertainers. We saw people engaged in an exercise session with an external trainer. There was a lot of laughter and people appeared to enjoy the stimulation. The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms. One person told us, "I don't join, I prefer my own company but there's always something going on and they always ask me if I want to join in. The girls come in for a chat and I like that".

Technology was used to support people to receive timely care and support. The service had a call bell

system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time. People who were at risk of falls had sensor mats in their rooms to alert staff when they got out of bed.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I know how to make a complaint; I'd go to the manager". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us they had raised concerns with the manager about an issue and although they had been provided with an explanation, they did not feel that the issue had been addressed. We raised this with the manager and who assured us that they would speak with the person again about their concerns and seek a resolution.

People's end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. Where possible people were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that people's wishes, with regard to their care at the end of their life, had been sought and documented. Arrangements were in place for anticipatory medicines to be prescribed and stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the manager and felt the service was well-led. One relative told us "I know who the manger is and I'm happy with the management". A relative told us "I'm more than happy with the care here. I'm so happy with the whole place; I've recommended it to four or five people". Staff commented they felt supported and could approach managers with any concerns or questions. A member of staff told us "I love my job" and commented that they felt the manager was "lovely". Another staff member echoed this and told us they also felt the manager was "very caring and understanding" and said the manager "listens".

The manager told us they felt supported in their role and told us they found the registered manager who was also their line manager to be "really supportive" and said, "I enjoy working for them". They told us the registered manager visited the service at least twice a month to complete quality assurance visits but also called in and telephoned them frequently to see how things were going.

There were systems in place for the quality of the service to be assessed, shortfalls identified and improvements made. Audits were in place to assess areas such as health and safety, infection control, care planning, staff personnel and training files. The results of the audits were analysed in order to determine trends and action plans were introduced to address any shortfalls identified. The completion of the action plans was overseen by the manager and the monitored by the registered manager.

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people and their relatives. There was a suggestions box, and meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager visited the service to complete quality audits on a regular basis. One member of staff told us, "The manager and the deputy come and help out on the floor when we need them". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. The manager told us that whistle-blowers would be protected and viewed in a positive rather than negative light. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Up to date sector specific information was available for staff. We saw that the service also liaised regularly

with the Local Authority, and local healthcare professionals for advice and guidance around people's care. The service was part of a care home scheme run by a local GP surgery set up to reduce admissions to hospital. Through this scheme the management and staff had direct access to healthcare professionals including a consultant practitioner that they could contact out of hours. They also had access to, and met regularly with, other care home managers in the local area to share information and learning around local issues and best practice in care delivery. Additionally, the service engaged with the local community and representatives from the local church and the school.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.