Peninsula Care Homes Limited

Cornerways

Inspection report

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Date of inspection visit:
05 June 2018
06 June 2018

Date of publication:
13 July 2018

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

This inspection took place on the 5 and 6 June 2018 and was unannounced for the first day. The inspection started at 7am to allow us to meet with the night staff and see how duties were allocated for the day.

The inspection was prompted in part by notification of an incident following which a person died. The incident is subject to investigation by another agency. As a result this inspection did not examine the circumstances of the incident. However the information shared with CQC about the incident indicated potential concerns about the management of the risks of falls. This inspection examined those risks.

Cornerways is a 'care home', operated by Peninsula Care Homes Ltd, a small local care provider with 4 other services in the Devon area. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People living at Cornerways were older people, living with physical health conditions associated with older age and/or dementia. The service accommodates up to 50 people in one adapted building, with lifts to access the rooms on the first and second floor. 42 people were living at the service at the time of the inspection.

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

At the last inspection on 11 July 2016, Cornerways was rated good in all areas. On this inspection we found this had been maintained.

The home continued to be well led. The management team promoted open communication with people, their relatives and healthcare professionals involved in their care. Healthcare professionals were involved at an early stage to monitor and support people's health. Staff at the service were alert to changes in people's behaviour which might indicate physical ill health. Staff understood their roles and had daily opportunities to contribute to care practice and developments at the service.

The management of the service carried our regular audits of practice. Incidents and accidents were analysed and lessons learned to improve practice and safety. People were protected from abuse and neglect. We found staff had access to information about risks to people and how to avoid foreseeable harm. Risks related to people's care were assessed, recorded and reviewed. Medicines were stored and administered safely.

People and relatives told us the home was safe and they felt well cared for and supported.

People's privacy and dignity were respected. Staff ensured people were encouraged to maintain their independence and had a say in the way their care was delivered. As many of the people at Cornerways were living with dementia, staff had a good understanding of the way people's life and past history affected their behaviour at this stage of their life. Staff used this knowledge to help support people well.

We found enough staff were on duty to meet people's needs and staff had been subject to a thorough recruitment process to make sure they were suitable to work with people. People and relatives told us staff were kind and caring. Staff were attentive when people asked for assistance and had clear understanding of strategies to support people when they became distressed or anxious. The home had a busy but cheerful atmosphere. Although the building was not ideal to support people with dementia the service had made efforts in line with good practice guidance to make it more suitable. This included use of coloured doors, easy read directional signage, a themed dining room and a newly developed secure garden with sensory areas.

Staff had the training and support they needed to care for people and told us the provider was a good organisation to work for. The home was well resourced, and equipment was provided as needed to assist people to be cared for safely.

People received care and support based around their individual needs and requirements. Care plans were person-centred and reviewed regularly. People were able to make choices about their day to day lives. There was a variety of activities for people to do and take part in and people were supported to pursue their own hobbies and interests. Systems were in place to manage and investigate complaints and 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? The service remained good.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service was well led.	**Good**

Cornerways

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 5 and 6 June 2018 and was unannounced for the first day.

The inspection was prompted in part by notification of an incident following which a person died. The incident is subject to investigation by another agency. As a result this inspection did not examine the circumstances of the incident. However the information shared with CQC about the incident indicated potential concerns about the management of the risks of falls. This inspection examined those risks.

The inspection team comprised one adult social care inspector. Prior to the inspection we reviewed the information we held about the service, and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had last completed a PIR or provider information return in April 2018. This form asked the registered manager to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with or spent time with eight people who lived at the service, the registered manager and the nominated individual (referred to in this report as the provider as the registered provider is a limited company), four visiting relatives, nine care and support staff, and one visiting healthcare professional.

Many people living at the service were living with dementia and not all could share their experiences of the service with us verbally. We spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for five people with a range of needs and sampled other records. These records included support plans, risk assessments, health records and daily notes. We observed a morning

handover meeting to see how information was shared and how duties were delegated for the day. We looked at records relating to the service and the running of the service. These records included policies and procedures as well as records relating to the management of medicines, falls, moving and positioning, nutrition and fluid support, food and health and safety checks on the building. We looked at three staff files, which included information about their recruitment and other training records. We also viewed a number of audits undertaken by the service.

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Good

Is the service safe?

Our findings

On our last inspection we rated this key question as Good. On this inspection we found this had been sustained

The service learned from incidents and accidents to improve people's safety. Prior to this inspection the service had notified us of an incident where a person suffered harm. This remained under review by an external body at the time of the inspection. Following the incident the service had sought the advice of health and safety professionals and carried out a full investigation, including interviewing staff on duty, and taking statements. They had taken action to reduce risks to others by reviewing specific risk assessments; carried out supervisions of care staff to ensure they were clear about the home's policies on supporting people who were restless at night; reviewed care plans of others who could potentially have been at risk to ensure risks were being mitigated where possible; issued team briefing documents on meeting people's needs; made provision for alarms for all bedroom doors and pressure mats so they could be used immediately if someone's needs changed suddenly; and reviewed the safety of specific parts of the building with a health and safety consultant to ensure they were taking all appropriate measures to prevent a re-occurrence.

People were protected because the provider had a system in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted a safeguarding concern and what their responsibility was with regard to reporting concerns. Staff told us they would report any concerns to the service's management and would be confident they would be responded to. Policies and contact information for external agencies to report concerns to were on display at the service.

Risks to people from their care or the management of long term health conditions were clearly identified. For example people living with diabetes had clear plans about the effects of low or high blood sugars for the person and how the person's condition was monitored and supported day to day. Staff had immediate access to information about risks to people, as each carried a tablet device detailing their care needs.

People were supported to take risks where they had the capacity to make informed choices about their care and support. One person was at risk of choking, following a stroke. They had been recommended to follow a pureed diet, but had made the decision they did not wish to do so. The service worked with the person to ensure risks were minimised. For example the person was supported by staff to have their meals with staff present, take small mouthfuls and sips of fluid and to ensure they were seated with a safe posture to support swallowing. The person's GP and the speech and language service were aware of the person's decision. The person was eating well and had a stable weight which indicated their regime was successful.

People who presented risks to themselves or others through dementia related behaviour were supported in accordance with good practice. The registered manager told us "It's not the person who is challenging - they may not be being understood." People's plans contained clear strategies for supporting people with distressed or anxious behaviours. We saw these were successful, were well understood by staff, and kept

under regular review.

People's needs were being met in a timely way because there were sufficient staff on duty. On the day of the unannounced inspection there were nine care staff on duty in the morning and eight in the afternoon. The service employed cleaners and laundry management staff, a chef, kitchen porter, activities providers and a maintenance person. Safe systems for the recruitment of suitable staff were in place, and people living at the service were involved in the recruitment process. The registered manager told us they sought new staff with a compassionate and respectful approach to support people living with dementia. This was because they could "train staff to support people but they needed to be caring and value people first." The registered manager told us that there were no staff requiring 'reasonable adjustments' to be made to their working conditions as a result of disability or other protected characteristics under the Equality Act 2010. This is legislation that protects staff from discrimination in the workplace and in wider society.

People's medicines were managed consistently and safely by trained staff only. There were appropriate arrangements in place for obtaining medicines, safe storage and for their disposal. No-one at the service managed their own medicines.

Cornerways is an adapted and extended ex-hotel property, converted over 30 years ago to care use. Systems were in place for the safety of the premises, in particular fro fire and infection control.

Records were maintained securely on the computer tablet system. Tablets were password protected, and could identify a full audit trail of staff members who had accessed records and who had made changes to them at any given time. The registered manager had oversight of the system, so could for example check on the times people had received support to monitor this was

Good

Is the service effective?

Our findings

At the last inspection in 2016 we had rated this key question as good. On this inspection we saw this had been maintained and the service was again rated as good.

Many people living at Cornerways were living with dementia. The building presented difficulties in supporting people with significant dementia, in that people's bedroom accommodation was sited over three floors with all communal areas on the ground floor. There were three large communal areas on the ground floor, areas of which had been 'zoned' to attempt to create smaller spaces for people to socialise in or spend quieter time. People's rooms were identified with their names and where people wanted this, information about themselves. People had chosen the colours of their bedroom doors and people's rooms were personalised and individual to make them feel at home. The service had followed some good practice guidance on supporting people with dementia to make sense of their environment, for example with the placement of pictures and directional signs such as "This way to the toilet". Since the last inspection the service had worked to create a small, colourful outdoor garden space, including sensory areas for people to enjoy. The dining room had been themed to look like an old fashioned railway carriage with luggage and a perspective mural image across one wall, in line with people's suggestions.

Some people living at Cornerways also had sensory or physical impairments. We spoke with one person who told us they had limited vision. The person told us they had chosen to move into the service as they had felt they were at risk at home. The person could show us equipment in their room used to minimise social isolation and keep them independent. They also had access to talking books bought to the home by a family member.

We found staff had the skills and experience they needed to support people, and the service sought additional expert or professional experience when needed, for example from visiting district nurses or mental health professionals. Staff had a good knowledge of individual people living at the home and how they liked to be cared for. We observed staff supporting people well, in accordance with their training and good practice. A senior staff member told us how they challenged poor practice and would work with more junior staff until they 'got it right.' They told us "We have high standards and expect everyone to keep them up."

Staff told us and we saw they received sufficient training to meet people's needs. Staff followed a programme of core training, with alerts when training updates were due. Core training consisted of areas such as first aid, food hygiene and safeguarding. There was also training related to specific needs of people at the home, for example supporting people with dementia. This had included experiential learning in a dementia simulation training package. This involved a multi-sensory simulation of how people living with dementia experienced the environment, and it was reported this had been a profoundly moving experience for some staff. Some relatives had also taken part in this to help them further understand people's experiences. The registered manager had identified individual staff learning styles, so included a mix of online, face to face and guided support to ensure staff had the skills needed. Staff were given regular supervision and one to one time to discuss any areas of difficulty. Staff told us they felt well supported and

worked well as a team.

We heard and saw staff supporting people living with dementia in ways that were positive. One staff member told us how a person living at the service benefitted from being supported by 'more mature' staff members, due to their previous life history and events. We saw in the person's daily records a recent incident where the person had become distressed, and staff had sought support from a more 'mature' staff member who supported the person effectively.

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. Staff had received and understood training in the MCA, and we saw good practice in place in relation to its implementation.

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). The service had made applications for authorisations to deprive people of their liberty to maintain their safety, because the service had a locked front door. Two authorisations had been granted, and others were under way, due to delays in the local authority processing of applications.

People told us the meals were good and they ate well. Three relatives told us their relation was now eating much better since being at Cornerways and their health was improving as a result. One person told us they liked a smaller portion meal and the catering staff, all of whom they knew by name, supported them with this. They said "I find a big plate puts me off". This was reflected in their care plan. People with low weight or at risk from poor nutrition were monitored and supplementation or fortified meals were provided in accordance with the advice of dieticians. This included any specific textures required to support people with swallowing difficulties and known likes or dislikes. People were asked about their views about menu planning and choices at residents meetings, and had a choice each day.

Staff at the service worked well with other agencies to ensure people's welfare was maintained. We spoke with a visiting healthcare professional who told us the service responded well to their requests, contacted them appropriately and they had no concerns over people's well-being.

Good

Is the service caring?

Our findings

At the last inspection we had rated this key question as good. On this inspection we found this had been sustained.

People told us they were very satisfied with the services provided by the home, and felt their views and wishes were listened to. People told us staff were caring, friendly and committed. They said "It's very good" and another person told us "I came here myself two years ago. No regrets –I love it." Relatives told us their relation was supported well and in a caring atmosphere. One told us their relation "has got her sparkle back" since moving to the service and was "always clean, now laughing and joking" as they had been in years gone by. In a previous service the person was said to have been crying and unhappy for much of the time. Another relative told us the staff were "Excellent –I can't fault them."

The registered manager told us they tried to build open and honest relationships with all people and professionals involved in people's care. People were enabled to remain in contact with family living away through using technology such as Skype and Facetime. This helped reduce risks of social isolation and help people keep in touch. Links had also recently been established with a local primary school, and people had enjoyed the contact of a younger age group. The visiting children had bought cakes and colouring to do with people living at the service, and photographs taken showed how much the interaction had been enjoyed. The service told us they were looking into whether there were possibilities to encourage intergenerational IT learning for people to help further maximise social contacts.

People were supported to retain contact with religious groups and this included a visiting communion service. For those people of other faiths or none the records identified any religious preferences, including for those at the end of their life.

People were supported to express their views openly and celebrate their life history or personal successes as a part of their individuality. The service told us they took time to identify and 'make people's wishes come true' where this was possible. For example one person living at the service had explained to staff they had been an RAF Morse code operator, and wondered if they could still remember how to do it. The service sourced a Morse code key tapper for the person to use and try out their skills. The person was said to have loved using this and explaining it to others.

The service was open to the community, and increasing involvement with local services and groups. They took part in the National Care Homes open day, and were involved in supporting movements such as John's Campaign, to enable carers to be and remain involved with the person they have been supporting when receiving care at care homes or hospitals. For example the registered manager told us one relation had recently stayed with their parent at the service at the end of the person's life, which had proved a great comfort to them both. A relative had written on a care homes review website "The care my father has received during this time has been exemplary. I have met at least fifteen members of staff and all of them have shown a sensitivity and affection that goes beyond what I have expected. I have shared a room with my father for a week given his terminal condition and have been overwhelmed by the care and attention I've

received also." This told us staff were particularly sensitive to times when people needed caring and compassionate support.

Staff wore name badges, many of which had been hand drawn with large print so people could read them easier. Staff wore their own clothes and this helped with the informal atmosphere. We heard a lot of cheerful banter and laughter during the inspection. For example we saw a staff member supporting a person. They began singing to them "We'll dance the whole night through…" The person being supported said "I bet you'd like to see that" and they both laughed. Staff spoke about people respectfully and positively. They received training in supporting people's rights through the induction process, and the registered manager told us these were frequently raised when reviewing people's care. Staff were aware of people who preferred certain staff to carry out their care, or those who were best at distracting and supporting people who became distressed. They ensured these staff were available to support them.

We saw the service worked hard to engage with people and support their well-being. For example we saw one person was becoming distressed as their partner was not there with them. Staff said to the person "I expect she's putting her face on at the moment" which calmed and reassured them and helped them make sense of the person's absence. People were supported to have positive and meaningful experiences. Afternoon tea was presented in pretty cups and matching saucers, tables were nicely laid. On the day of the inspection people, including those from a military background were taken to commemorate the anniversary of a second world war event at a local historical site. Staff and people told us this was in line with their interests. The service had several male residents and activities were provided that catered for their interests, although these were also open to women to join in if they wished. For example the service was planning a dedicated area where people could watch the world cup as a group if they wished.

Staff knew people well. They could tell us information about people and their life history, people who were important to them and the support they needed and liked. For example a staff member told us about a person they had supported that day. They told us how important it was to the person to look smart and well presented, because of their past history. We saw the person had been supported to maintain their appearance, and was well groomed and neatly dressed. The registered manager told us how they supported people with encouraging colour co-ordinated clothing, and accessories where the person was no longer able to do this without support. On the day of the inspection a hairdresser was at the home, and people were supported with nail care and grooming tasks.

People's independence and retained skills were supported, and understood as important to the person's self-esteem and self-worth. Where people had abilities to maintain their own needs these were highlighted and encouraged. For example one person's care plan said they could wash their own hands and face but needed support with shaving. Another plan said "I do most of my own personal care and will let you know what I require support with." People and staff told us this was understood and acted upon. One person told us how they enjoyed a regular shower rather than a bath and this was respected. Although the service had routines, they were flexible to meet people's changing wishes. We heard one person asking a staff member if they could have a bath that day, even though it was not their 'usual time'. The staff member said in a good humoured way "Of course, we'll try to squeeze you in this morning" and did so. This showed us staff supported people flexibly.

Visitors were welcomed to the home at any time. Relatives we spoke with told us they felt involved with the service, and could attend meetings to discuss any improvements needed. Information about changes being made was on display in the entrance hallway, for example recent improvements to the garden, with photographs of the progress. People living at the service had been consulted about potential changes and had their input actioned. This included suggestions about sensory areas at wheelchair height, and

encouraging wildlife such as birds with new feeders. The service was planning a celebration for a family member of someone living at the service who was over 100, and told us about how one person's family came in each day to support their relative to eat . The registered manager told us relatives were all "part of the extended family."

Good

Is the service responsive?

Our findings

At the last inspection we had rated this key question as good. This had been sustained.

The home continued to provide care that was responsive to people's needs. People or their relatives told us they were well cared for and their preferences about how they wished to be supported were respected.

The service had a computerised care planning system and each staff member had access to the person's plans or risk assessments at any time. These gave alerts to staff if people's care needs had not been met in a timely fashion, for example if the person needed repositioning every two hours or needed more regular fluids.

Each person had a care plan that described their care needs and the support required from staff to meet these. Care plans were person centred and fully reflected people's current medical, nursing, emotional and social needs. For example, people's plans included details of when they liked to get up or go to bed. We had arrived at the home at 7am and found a small number of people were already up and in the lounge with a cup of tea. These people told us they had got up early because they liked to do so, and we saw this was reflected in their plans. One said "I've always done it. I like to get up and get on with the day." In the handover we heard one person had had a disturbed night so was having a 'lie in' that morning, rather than getting up at their usual time.

Care plans included personal hygiene, skin care, nutrition and hydration, mobility and manual handling, as well as any health conditions, such as diabetes. Each care plan topic provided staff with clear guidance and information about people's specific needs, what to be observant for to indicate a person's health might be declining and what actions to take. The care plans were reviewed regularly with the person and/or their relatives as appropriate and contained information about the lives people had led prior to moving into the service. This helped staff understand the person and their behaviours and wishes in the context of the life they had lived.

People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. People's changing care needs were identified promptly and were referred to relevant professionals when required. Where people's behaviour had been uncharacteristic or distressed, the service took immediate action to assess if this was as a result of a health issue, for example testing their urine to check if the person had an infection that was affecting their behaviour.

We looked at how the organisation complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Most people receiving support were living with some dementia, and for some people this affected the way they communicated. People's plans explained where they may find it difficult to express themselves, find the correct words or misinterpret what they see, or need additional time to process information. One person had used a dry wipe board to assist their communication, and this had later been taken up by district nurses

supporting the person as it had supported effective communication. Specialist tools, such as the Abbey pain scale were in use to support people who may be unable to indicate they were in pain verbally. A staff member told us "It's worth so much when you can just get through to people –even for just that moment. It makes it all worthwhile."

The registered manager told us in their PIR they were looking forward to exploring the use of new technology, particularly with supporting people to understand and be able to influence their environment. For example one person had been supported to try a voice activated device to provide them with music of their choice. Although this had not worked for this person the service were able to see possibilities to expand this in the future.

Activities were available at the service each day, in accordance with people's wishes and a timetable was available for each month showing what was happening. Some people were independently involved in following activities of their own choice, for example one person told us they caught the bus to Brixham every day as they enjoyed getting out and about. The registered manager told us there were trips out from the service at least once a month, and other activities were provided at the service each day. We saw evidence of people's craftwork on display, games and visiting entertainment services. People also enjoyed cookery, poetry, a visiting animal service, quizzes and pub games. The service also had a small 'Tuck shop' where people could buy toiletries or other personal items if they were unable to go out when they were needed.

The service had a complaints procedure that ensured complaints were listened to and acted upon. People and relatives told us they would feel able to raise any concerns or issues with the service's staff or management.

No-one at the service was receiving end of life care at the time of the inspection.

Good

Is the service well-led?

Our findings

At the last inspection we had rated this key question as good. This had been sustained.

The service was well led. People told us they were satisfied with the support they received from Cornerways. Relatives told us they were "Very, very happy" with their relations care and "We have not been disappointed. They have exceeded our expectations."

Peninsula Care Homes Ltd is a small local care provider with 4 other care or nursing homes in the Devon area. The service was under the day to day management of a registered manager and close observation of the nominated individual, who acted as representative from the registered provider company. Both had a visible presence in the home. The registered manager told us the service had the resources they needed, and if anything else was identified the provider was quick to respond. They had the authority to make day to day decisions, for example on staffing levels which meant the service could respond rapidly to a change in people's needs by putting additional staff on the rota.

People told us the registered manager was approachable, committed and dedicated. Staff said "(Name of manager) is a really good manager and always available", and "She's brilliant." Staff told us Peninsula Care Homes Ltd was a good provider to work for and was really supportive. One staff member comparing Cornerways to a previous employer told us "It was only when I came here I realised how much the other place didn't do right." Another member of staff told us "I absolutely love it. I wish I came here years ago."

We found the management of the service was effective in delivering good leadership of the staff team. There was a clear sense of shared ethos and culture, which was evident in the language staff used, and support they gave people. The registered manager told us she placed a great emphasis on developing staff and supporting them to take decisions on their own initiative, rather than constantly referring to her. They had undertaken a course on culture change in services supporting people living with dementia by a national recognised organisation, and had used this to ensure staff had a clear understanding of best practice in dementia care. We saw evidence of good practice throughout the inspection. This had included staff supporting people in line with knowledge over people's social and personal history, treating each person as an individual and a positive focus on valuing people no matter what their disability. Staff understood their roles and daily duties were allocated to ensure a fair division of work and ensure accountability of each task needing to be completed. There were regular staff meetings and handovers to ensure effective communication, and give opportunities for challenge or development. Future plans for development included additional leadership training to update the registered manager's skills from a specialist training consultancy.

People received safe and high quality services because the service had an audit calendar, which ensured regular audits were carried out at the service. We saw recent audits had included of medicines and care planning. A monthly analysis was undertaken of falls or other incidents to ensure any trends were identified and support sought for individuals, for example from the local falls team as a result. The registered manager told us they also carried out regular spot checks, such as at night, to monitor practice.

In their PIR the registered manager told us "The home believes that continual learning and moving forward is crucial to our success, and so will seek to learn from others." They were member of the Devon Kitemark scheme forums, which is a local initiative aimed at increasing good practice in dementia care services. The registered manager attended a registered manager's forum and had links with other services such as Skills for Care. Within the provider organisation the managers of all five services run by Peninsula Care Homes Limited met regularly to share good practice and peer review each other's services to ensure consistency. The service was aware of changes in standards that had happened since their last inspection and had worked on developing safer systems to ensure they were compliant with new legislation on information storage and disposal.

People were encouraged to give their views about how well the service was working and what could be improved. People living at the service and others such as staff were able to give their views about the operation of the service through a series of questionnaires. The results of these were analysed and included in a quality report for the service. The analysed results we saw gave a picture of people satisfied with the services they received. Where people had expressed a wish for improvements the service had taken action, for example with improvements to the garden area.

The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to us and so the service
fulfilled its responsibility under the Care Quality Commission (Registration) Regulations 2009.