

Fylde Care 2004 Ltd

Glen Tanar Rest 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 

Overall summary

This inspection took place on 18 and 21 September 2015 and was an unannounced inspection.

Glen Tanar is situated in a residential area within easy access of the promenade and shopping area of Bispham. The home is registered for 21 older people with 19 single rooms and one double room. Most are not en-suite. Communal bathing facilities and toilets are available throughout the home. The building has two floors with lift access to the first floor. There are gardens to the front and rear. At the time of the inspection visit 20 people were living at the home.

At the last inspection in April 2014. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

The registered manager had procedures in place to protect people from abuse and unsafe care. Risks to

Summary of findings

people were minimised because risk assessments were in place. People told us they felt safe living at Glen Tanar and liked living there. One person said, “I feel safe in the home and trust the staff and can talk with them about anything.” Another person told us, “I was falling at home but I feel very safe here.”

We looked at how the home was being staffed. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels. One person said, “There are always staff about when you want them.” A relative said, “The staffing levels are excellent. There are always plenty of staff on duty.”

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home.

Staff managed medicines competently. They were given as prescribed and stored and disposed of correctly. People were able to manage their own medicines if they were able to do so safely. People told us they felt staff gave them their medicines correctly and when they needed them.

People’s health needs were met and any changes in health managed in a timely manner. One person said, “When I was ill the staff could not have treated me better. I was soon in hospital where they sorted me out so that I could come back home.” A relative told us, “The staff are knowledgeable about [my family member’s] condition and were on the ball and got the doctor out. They were spot on about this and they always keep me up to date.”

The environment was well maintained, clean and hygienic when we visited. There were no unpleasant odours. The people we spoke with said they were pleased with the standard of hygiene in place. One person told us, “I like my room and it is cleaned every day.”

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. One person said of the staff team, “They all seem to know how to help us and what we like and don’t like.” A member of staff told us, “We have loads of training. It really helps us to do things right.”

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards

(DoLS). The registered manager discussed an application she had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people’s dietary and fluid intake was sufficient for good nutrition. People were very complimentary about the food. One person said, “We are so well fed here. The meals are lovely - excellent.” People said the meals were very good and they had no problems getting snacks or drinks outside of meal times. One person commented, “The food is good and we can have snacks at any time during the day and night.”

People we spoke with told us staff were caring and helpful. One person told us, “I only came in for a short time but decided to stay. The staff are fantastic. They do everything they can to make you happy.” Another person said, “Glen Tanar is a smashing place to stay. The staff are so good it is like a big happy family.”

Staff frequently interacted with people. People were not left without support and staff were attentive, responding to any requests for assistance promptly. One person told us, “If you want anything the staff come straight away. If they say they will be back in two minutes they always are. We are never kept waiting.”

Staff knew and understood people’s history, likes, dislikes, needs and wishes. They knew and responded to each person’s diverse cultural, gender and spiritual needs and treated people with respect and patience. Staff offered choices and encouraged people to retain their independence wherever possible. People felt they could trust staff and they were friendly and respected their privacy. One person said, “When they shower me they treat me with dignity and respect and allow me to have privacy. The staff talk to us and we talk to them and they listen to me. I would definitely recommend this home to others.”

Staff recognised the importance of social contact, companionship and activities. There was a broad and varied activities programme. One person said, “It’s not a bad place to live, there are plenty of activities to do if you want. I have no complaints.” A relative told us, “This is an excellent home with good activities and a good activities co-ordinator.”

Summary of findings

Staff were very welcoming to people's friends and relatives. One person told us, "My family are welcomed at any time. The staff always make a fuss of them." A relative said, "I am always welcomed in. The staff are so friendly. I would stay here myself."

We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they knew how to and when they had told staff of any concerns they listened to them and took action to improve things. One person said, "There have been little niggles but these have been sorted out."

There were procedures in place to monitor the quality of the service. The registered manager sought people's

views in a variety of ways and dealt with any issues of quality quickly and appropriately. One person told us, "I feel comfortable in speaking up and have completed a survey for the home."

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives felt their needs and wishes were listened to and acted on. They said staff were easy to talk to and encouraged people to raise questions at any time. One person said, "If you have a problem here they have time sit and talk it through with you."

Summary of findings

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 safe.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Good



Is the service effective?

The service was effective

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were happy and enjoyed life at Glen Tanar.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Good



Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Good



Summary of findings

Is the service well-led?

The service was well led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and willing to listen.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Good



Glen Tanar Rest 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 18 September 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Glen Tanar had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected

the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, two senior staff of the organisation, three members of staff on duty, seven people who lived at the home and three relatives.

We looked at care and the medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

Risks to people were minimised because the registered manager had procedures in place to protect people from abuse and unsafe care. People told us they felt safe living at Glen Tanar and were very happy there. One person said, “I feel safe in the home and trust the staff and can talk with them about anything.” Another person told us, “I was falling at home but I feel very safe here.”

Risk assessments were in place to reduce risks to people’s safety. The risk assessments we saw provided instructions for staff members when delivering their support. There was a transparent and open culture that encouraged people to express any ideas or concerns.

There had been no safeguarding alerts raised about the service in the previous twelve months. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed us they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

People were able to spend time in communal areas of the home and their bedrooms as they wanted. They were also supported to access the local community. They told us they could come and go and were supported to safely do things they wished. One person told us they were given guidance and help whenever they needed it. They said, “I need a safety net and the home and staff are my safety net.”

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. We talked to staff about how they supported people whose behaviour may have challenged services. They described how they considered the best staff action to take in order to provide good support. This kept people safe and respected their rights.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe for use. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. One person told us, “If you want anything the staff come straight away. If they say they will be back in two minutes they always are. We are never kept waiting.”

Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt. Any changes to care needed were made to reduce risks which helped keep people safe.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. We talked with people, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels. One person said, “There are always staff about when you want them.” A relative said “The staffing levels are excellent. There are always plenty of staff on duty.”

Staff we spoke with told us there were always enough staff to look after people and chat to them. They told us the team were close and worked hard to provide good care. A member of staff said, “We are a good team. We have worked together a long time. We have enough staff to sit and talk with people as well as do the practical things.”

We looked at the recruitment and selection procedures for the home for two recently appointed staff. The registered manager explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff. The application forms were fully completed and gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff.

The staff files we looked at showed us references had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to make sure a person is safe to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

People told us they felt staff supported them with medicines well. We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with people about the management of their medicines. Staff said people could manage their own medication if they were able. Two people told us they were managing their own medication. Staff had risk assessed this and discretely monitored how each person was managing this to make sure it was managed safely.

Is the service safe?

We observed part of a medicines round and saw medicines were given safely and recorded after each person received their medicines. There were audits in place to monitor medication procedures and to check people had received their medication as prescribed.

People told us the home was always clean, tidy and fresh smelling. One person said, "I like my room and it is cleaned every day."

Is the service effective?

Our findings

People told us their needs were being met by the staff team and they were confident staff were well trained and knew what they were doing. They said they were able to say how they wanted their care to be provided and were able to choose the things they wanted and didn't want to do. One person said of the staff team, "They all seem to know how to help us and what we like and don't like." Another person said, "We are in good hands here. The staff really look after us."

People told us they enjoyed the food and had a good variety of meals. One person said, "We are so well fed here. The meals are lovely - excellent." Another person told us, "The food is usually very good but we have our own in the freezer if we do not wish to eat the choice of food available on any day."

We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition. People said they had no problems getting snacks or drinks outside of meal times. One person told us, "The food is good and we can have snacks at any time during the day and night." Another person said, "We have plenty of fluids throughout the day and plenty of snacks. Fresh fruit is always available and is kept in the fridge."

We observed the support given to people at lunchtime. There was a set meal of fish and chips at lunchtime, but two people didn't want this so they chose an alternative meal. Lunchtime was a social occasion with lots of laughter and lively and cheerful discussions. People were well supported and staff interacted with people throughout the meal. Staff and residents ate together, chatting throughout the meal. Where someone needed assistance this was discretely provided.

There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. One person told us, "I wasn't allowed marmalade in the care home I was in before but the staff have made sure I can have it now."

Special diets were provided where needed and staff were aware of the people who for example had diabetes or needed fortified foods to assist them to gain weight. Staff recorded people's food and fluid intake so they were able to check people were having a balanced and varied diet.

Staff told us how they encouraged people to eat healthy foods where possible. The cook told us some people were reluctant to eat whole fruit so he frequently made fruit salad which 'went down well' with people.

Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us their healthcare needs were well met by staff. People told us they had regular health checks. They said staff quickly acted on any health issues and monitored these. Care records seen confirmed this. One person informed us, "The staff keep a careful eye on me to make sure I am not going downhill." Another person said, "When I was ill the staff could not have treated me better. I was soon in hospital where they sorted me out so that I could come back home." A relative told us, "The staff are knowledgeable about [my family member's] condition and were on the ball and got the doctor out. They were spot on about this and they always keep my up to date."

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Staff had also completed Mental Capacity Act and deprivation of liberties training, safeguarding vulnerable adults, infection control and dementia training. This meant staff had or were developing the skills and experience to care for people. A member of staff told us, "We have loads of training. It really helps us to do things right."

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and regular staff meetings. They said this was one of the ways the management team supported and encouraged them. They also said as a small team they worked very closely together so discussed any issues regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves

Is the service effective?

and to ensure any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. They understood the procedures to follow where people lacked capacity.

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure

decisions were in people's best interests. People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff did not restrict the things they were able, and wanted, to do.

The registered manager discussed a small number of people who had short term memory difficulties who had restrictions placed on them for their own safety. They had made DoLS applications for these individuals. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

Is the service caring?

Our findings

We saw staff interacted frequently and enthusiastically with the people in their care. People we spoke with told us staff were supportive and helpful. They told us they were happy and satisfied living at Glen Tanar. One person told us “The staff are good. They bend over backwards for you. I am looked after from morning till night.” Another person said, “The staff are very kind and caring, we like them all. We have a good laugh. We are happy here because it gives us as much independence as we require and we are comfortable. We are one big happy family.” A relative who completed an online review of the home stated, “The manager and her lovely staff have made [my family member] happy, well looked after and cared for. Thank you to the staff for their dedication.” Another relative said of their family member “She couldn’t be in a better place with all the love and care that is given by the manager and all her staff – beyond the call of duty. I could not fault this home in any way.”

People looked cared for, dressed appropriately and well groomed. Staff knew and understood people’s history, likes, dislikes, needs and wishes. They knew and responded to each person’s diverse cultural, gender and spiritual needs and treated people with respect and patience. People felt they could trust staff and they were friendly and respectful. One person said, “All the staff are helpful, friendly and polite.” Another person said, This is home from home. All the staff are excellent, really friendly and kind.”

We saw staff talking to people in a respectful, polite manner. Staff were aware of people’s individual needs around privacy and dignity. Staff knocked on bedroom and bathroom doors to check if they could enter. They made sure people’s privacy was assured when providing personal care. One person commented, “When they shower me they treat me with dignity and respect and allow me to have privacy. The staff talk to us and we talk to them and they listen to me. I would definitely recommend this home to others.”

Staff took into account people’s individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual’s unique qualities, abilities, interests, and preferences in the way they were cared for.

We saw good interactions and communication between staff, people who lived at the home and their relatives. People were not left without support and staff were attentive, responding to any requests for assistance promptly. We saw any questions or requests by people were handled appropriately and in a kindly way by staff. We saw staff explaining what they were going to do before attempting any tasks or assisting with eating and drinking. They involved people in decisions about activities and the time the person received personal care.

Staff were knowledgeable about people, knowing their likes, dislikes and preferences in care. They were also familiar with people’s background and their family members. During the inspection a member of staff was supporting one person to speak on the phone to a relative who was abroad on their birthday. They were clearly delighted with this and talked about it for some time afterwards.

Information about independent advocates was available. Staff told us advocates had been involved in specific decisions for people in the home, particularly where people had no relatives.

We had responses from external agencies including the social services contracts and commissioning team and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were supportive of the service. These included that staff at Glen Tanar were professional and helpful. They told us they were pleased with the care provided and had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at Glen Tanar.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. One person told us, "I only came in for a short time but decided to stay. The staff are fantastic. They do everything they can to make you happy." Another person said, "Glen Tanar is a smashing place to stay. The staff are so good it is like a big happy family." A relative commented about their family member, "I can see such a difference. She has so improved and is a different person."

Staff offered choices and encouraged people to retain their independence wherever possible. People were treated as individuals and assisted to follow routines they wanted. We saw people were able to choose when to get up in the morning. Also people told us they chose to stay up late some nights. One person said, "I do like a glass of wine at night and the staff make sure that I can have one." Another person told us, "Staff help me to support my hobbies and give me use of a small lounge to do my modelling. There are activities during the week and we can join in if we wish."

The atmosphere in the home was lively and cheerful during the inspection. Staff recognised the importance of social contact, companionship and activities. They were frequently interacting with people and involving them in social and leisure activities. There was an activities coordinator who worked between Glen Tanar and the other homes in the organisation. People told us they found the activities coordinator energetic and enthusiastic and they looked forward to him coming to the home. A relative informed us, "This is an excellent home with good activities and a good activities co-ordinator."

Staff supported people to engage in activities and interests in the home and short trips out in the local community. People said they enjoyed the activities which were broad and varied. One person told us about using computers with support to keep in touch with family and to look at information about Blackpool of years ago. People also told us about a recent trip into Blackpool which they enjoyed. Activities in the home included board games, jigsaws, reminiscence, armchair exercises and singalongs. Staff celebrated birthdays, and other special occasions. One person was celebrating their birthday during the inspection with a cake and party.

People told us their relatives were encouraged to visit and made welcome when they came. One person said, "My family are welcomed at any time. The staff always make a fuss of them." A relative said, "The staff don't know when we are coming but we are always made very welcome. We come at different times but we never have any concerns and staff always take the time to chat." Another relative said, "I am always welcomed in. The staff are so friendly. I would stay here myself."

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed soon after admission with the person and their relative, if appropriate. We looked at the care records of three people we chose following our discussions and observations. Each person had a care plan and risk assessments in place that gave details of their care needs, likes and dislikes. We saw these were regularly reviewed.

From the care records and talking with people it was evident they and their relatives were involved in care planning. One person said, "I have a care plan and was involved with its completion and signed it." Care plans showed the care and support people needed and the information was personalised. Risk assessments including nutrition, falls and pressure area management had been completed. Changes in care and support needs were reviewed regularly.

We saw from the records and talking to people staff responded in good time to health needs. They made referrals to other health and social care professionals as needed and they supported people with appointments and any treatments. People and their relatives told us any health needs were quickly dealt with.

We looked at the complaints policy and saw people had been given information on how to complain. We asked them if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they knew how to and when they had any concerns staff listened to them and took action to improve things. One person said, "There have been little niggles but these have been sorted out." Another person told us, "We haven't had any problems so we've not needed to complain." A relative told us, "The staff do listen here. We complained about things going missing from [my family member's] bedroom so were given a key, so things are sorted now." The

Is the service responsive?

registered manager showed us there had been one complaint over the last year. This had been quickly dealt with and appropriate action taken to the satisfaction of the complainant.

Is the service well-led?

Our findings

People told us the registered manager and staff team were approachable and willing to listen to people. They said staff were easy to talk to, were open to discussion and encouraged people to ask questions or raise any concerns. One person told us, “We are able to speak to the staff. We have meetings in the home but on an ad-hoc basis, we are listened to.” Another person said, “I was in another care home which I didn’t like. This is excellent there is no comparison. I made a mistake going to the other home first. The staff really care about us here.” A relative said, “[My family member] is really happy here. All the staff are good and they have been here a long time. There isn’t a constant staff turnover.”

The registered manager and staff team regularly spent significant periods of time talking with people and checking what they wanted from the service. Staff had frequent informal chats with people about their views of the home. There were also occasional residents meetings. People and their relatives felt their needs and wishes were listened to and acted on and were well supported. One person told us, “If you have a problem here the staff have time to sit and talk it through with you.” One relative said, “I was well supported when [my family member] was ill. The manager and staff were so on the ball with how they looked after us both.”

The home had a clear management structure in place. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people who lived at Glen Tanar. The registered manager had developed and sustained a positive culture in the service. We saw she had a relaxed and confident style and gave instruction or guidance in a clear, friendly way. Staff were motivated and supported people well. People, their relatives and staff were encouraged to give their opinions on any issues.

The registered manager sought people’s views in a variety of ways. We saw the manager had asked people and their relatives to complete a satisfaction survey about the care provided. The responses to these had been positive. One person said, “I feel comfortable in speaking up and have completed a survey for the home.”

People who lived at Glen Tanar and their relatives had completed an online review of the home. They showed us a copy of this. One person had written, “The manager is wonderful and gets involved with us all to make sure we are smiling and laughing. Another person had written, “The manager and staff go beyond what they are expected to do. Nothing is too much trouble.”

The registered manager told us she had a good staff team. In turn staff said they were given good guidance and well supported by the registered manager who was helpful and approachable. Staff meetings were held to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One member of staff said of the manager, “She will always listen to any ideas and give things a try.”

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered manager and senior managers in the organisation. Audits included monitoring the home’s environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people’s care and support.