Cedarfoss Homes Limited

Lake View Manor

Inspection report

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13 April 2018

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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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 11 and 13 April 2018.

At our last inspection we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found the service had improved their rating to Outstanding in the key question: Is the service responsive? by demonstrating they provided highly flexible support that was tailored to meet people's individual needs and preferences.

Lake View Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates a maximum of 26 older people, some of whom may be living with dementia. It is located in Pearson Park, a residential area to the north of the city of Hull. At the time of our inspection 23 people were living at the service.

The service had a registered manager who is also the registered provider. 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.

People received care and support that was extremely responsive to their individual needs and preferences. The staff were motivated and committed to provide people with personalised experiences.

Staff worked collaboratively with other professionals to ensure people received care that enabled them to live as full a life as possible, particularly where their skills had deteriorated. A healthcare professional spoke highly of the service provided.

We saw examples where staff and the management had gone that extra mile to support people to grow in confidence and regain as much independence as possible.

The registered manager and staff looked for original ways to ensure people's needs were met, which ensured any obstacles were overcome when possible. The management team and staff were very proud of the support they provided and the positive outcomes that people had achieved.

People felt safe at the service and staff and the registered manager were aware of their responsibilities for

ensuring that people were kept safe. Risks were assessed and managed. Staffing was suitable to meet the needs of people who used the service. Medicines were managed safely.

A suitable system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The environment was warm, clean and comfortable on the days we visited. Suitable equipment was in place to support people with their mobility.

We observed patient and kind support being provided. Staff knew people and their visitors very well.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there, their visitors, staff and other professionals. Staff had supervision and were invited to team meetings.

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 has improved to Good.

There were safe systems in place to manage, store, administer and dispose of medicines. People had access to medicines when they required them.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

There were sufficient numbers of staff to ensure current numbers of people living at the service were cared for in a safe manner.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service has improved to Outstanding.

People's care was based around their individual goals and their specific personal needs and aspirations. People were empowered and enabled to feel a part of their community, and to achieve their goals and wishes.

Support was completely tailored to each individual, and staff understood the best way to support them. Creative approaches were used to maximise people's potential and overcome obstacles.

There was a complaints system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

Good

The service remains Good.

Lake View Manor

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 registered 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 unannounced inspection took place on the 11 and 13 April 2018. The inspection team on day one comprised of one inspector and one 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. Day two was completed by one inspector.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. There were no outstanding concerns from any of these services. We also looked at notifications about significant events that the provider was required by law to inform us about. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

During the inspection we observed staff interacting with people who used the service and the level of support provided to people throughout the days, including meal times. We spoke with four people who used the service and three visitors. We spoke with the provider who is also the registered manager, the care manager, five care staff, two ancillary staff and two visiting health and social care professionals from a local falls team and advocacy service.

We looked at three people's care plans along with the associated risk assessments, and ten people's medicine administration records (MARs). We looked at a selection of documentation relating to the management and running of the service. This included audits, policies and procedures, complaints management, recruitment information for three members of staff including induction and training records. We completed a walk around the premises to check general maintenance as well as the cleanliness and infection control practices.

After the inspection we received information from a dietetic practitioner and a senior community nurse.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "My room safe. I can go to the office to see staff (if needed)." Another told us, "Yes [I am safe]. You can ask any of the staff anything." A visitor commented, "Yes [relative is safe]. [Name] has fallen out of bed so they now have bedrails on the bed and an alarm mat if they get out of bed."

At the last inspection we found improvements were required in some areas of medicines management to ensure that recording was accurate and stock control was efficient. We found improvements had been made to the management of people's medicines. The recording of people's pain patch medicines included the day and date it was due, and applied. This helped to ensure there was no delay in the person receiving the medicine. There was a body map for each person that received medicine through a patch so the site of application could be alternated. Medicine administration records were up to date and had been completed by the staff administering the medicines. One person told us, "Everything is okay with my medicines."

Staff had received training in the safe handling of medicines; this included night staff. We saw information was available about how people preferred to take their medicines. For example, one person's record stated 'place tablets into my hand and I will swallow one by one, then have a drink of water.' All medicines were kept securely in a locked cupboard and fridge (where required) to ensure that they were not accessible to unauthorised people.

Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. One member of staff told us, "I would document what I have seen and bring to my managers attention, or CQC." Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. We saw people were comfortable and at ease with the staff at the service.

Risks associated with people's health and care provision were assessed. The care plans we reviewed included measures to reduce or prevent potential risks to people. For example, risks associated with mobility, falls, nutrition and hydration and skin integrity. During our discussions staff confirmed they were aware of the risk reduction measures in place and how to carry out activities in a way that protected people from harm. Healthcare professionals told us they thought risks to people were well managed by the service. One said, "They [staff] are walking with [Name] with their walking aid. They have changed their room around and put in place a sensor mat."

The provider had systems in place to ensure the details of any accidents or incidents were recorded. Accidents or incidents were evaluated by the registered manager every month. Steps were taken to prevent a recurrence where possible.

People were protected from the risk of cross infection by the infection control and prevention measures in place. Staff had good knowledge in this area. Personal protective equipment was available and used when required, including aprons and disposable gloves. The environment was warm, clean and free from

malodours. People were satisfied with the standard of cleanliness in the home. A visitor told us, "[Name]'s room is always beautiful and clean, it never smells."

Systems were in place to ensure equipment was regularly serviced and repaired as necessary. External contractors had completed all necessary safety checks and tests. Each person had a personal emergency evacuation plan and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

People were cared for by staff who were deemed suitable to work in a care environment. Full employment checks were completed prior to them starting work in the service. This included an application form, references and a disclosure and barring service check. The recruitment process helped to ensure that only suitable people were employed to work in the service.

People told us they felt there was enough staff working at the home to meet their needs. They told us that if they needed help the staff were quick to respond. One person confirmed there was, "No waiting" for assistance. Another told us, "Call button is in my room, used it a couple of times, very efficient." A visitor commented, "Yes, [staff are] always about. I am happy with staff and the numbers." We observed that staff were available at the times when people needed them, so they received care and support that met their preferences and needs. The staff we spoke with told us that the team worked well together. One told us, "This is a good place with good staff morale and teamwork." Another said, "We have safe levels of staffing." There was information in the hallway for people which included photos and names of the staff team who worked in the home.

Good

Is the service effective?

Our findings

People received care from staff that had the necessary knowledge, skills and experience to perform in their roles. People we spoke with told us they felt staff had the right skills to care for them. In discussions staff told us they received the induction and training they needed to enable them to meet people's choices, preferences and needs. One told us, "I have learned a lot working here. I have progressed in my role to a senior [member of staff]." Another said, "We have yearly appraisal and we talk about training, and what we would like to achieve."

Staff were provided with training in subjects the provider considered mandatory. The registered manager told us that essential training included safeguarding, moving and handling, first aid and food hygiene. There was additional training which some staff had completed such as, continence awareness, pain management and falls awareness. We saw minimal gaps in staff training in subjects such as infection control, equality and diversity and Mental Capacity Act. We discussed this with the registered manager who told us the service had a 'Workforce development programme (WFD)' and outstanding training was booked. We reviewed the WFD file and saw this contained the long term training record for all staff. 13 of the 25 staff employed had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers work in accordance with. It is the minimum standards that should be covered as part of the induction training for staff new to care work. Staff were encouraged to study for additional qualifications. Four of the five senior staff were working towards a Qualification and Credit Framework (previously known as National Vocational Qualification) in care at level 5.

People received effective care and support from staff who knew them well, and how they liked things to be done. Although people we spoke with could not recall being involved in the planning of their care, it was evident from the information we reviewed that they and their relatives had been involved in the assessment of their needs. Each person had a care plan as well as a hospital passport. This ensured that should a person require hospital treatment the healthcare staff had important information about people's support needs. Each care plan we reviewed was based on a full pre-admission assessment which demonstrated the person had been involved in creating their plan (where able). This was confirmed by visitors who provided feedback. The care plans were kept under review.

The staff team worked with other organisations to ensure that people received effective care, support and treatment from healthcare professionals to maintain their health. One person told us, "They [staff] do [call a doctor], they don't mess about." The staff had built good links with healthcare professionals including physical and mental health specialists. A community nurse who visited the home said, "The home ensures that all recommendations from professionals have been acted upon. The person I support always looks happy and well when I visit. They are supported to do the things they enjoy and have a good rapport with all the staff who know them well." This all helped to make sure people received the treatment and support they needed.

People and their visitors told us that staff asked for people's consent before offering support and our observations confirmed this. One person told us, "I choose everything." Another said, "I pick bedtimes, what

to wear and where I eat my meals, usually in the dining room." A visitor commented, "My [relative] can do what they want when they want as this is their home."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The management team and staff had a good understanding of DoLS. The registered manager had recognised that some people received constant support and supervision and had made appropriate DoLS applications to the local authority.

The service cared for some people living with dementia but was not purpose built as a dementia service. The provider had implemented some measures to adapt the service to create a dementia friendly environment. Clear signage was in place around the home which included directional arrows and original pictures of the service such as the stairs, toilets and bathrooms; to help people orientate around the building. We saw a wipe board menu in the dining room showing pictures and times of meals available. Boxes of games, twiddle muffs, knitting materials and books were readily available for people to access. A Twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulating activity for restless hands for people living with dementia.

People told us that they enjoyed the food that was provided and were offered drinks and snacks throughout the day, and our observations confirmed this. When we asked people about the food one person told us, "We have a choice of three things, I enjoy everything." A visitor said, "Food is really nice, [relative] enjoys it - the cook asks him in a morning what he wants to eat." Staff, including the cook, demonstrated a good knowledge of people's dietary requirements. They knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

Good

Is the service caring?

Our findings

We received positive comments from people living at the home about how staff cared for them. Comments included, "Yes [staff are caring], I don't know [all staff's] names. I can't remember, but I see pretty much the same ones. [They are] all good" and "[They are] very good girls." Visitors told us, "[Staff] are always chatting to him and they think he is funny" and "They [staff] treat people respectfully and are very caring. I always get a kiss off staff. I don't come away worrying about [my relative]."

Staff were warm and very kind to people when they interacted with them. Throughout the inspection staff were smiling, happy and approachable, and clearly knew people well. There was a calm and relaxed atmosphere in the service. We saw staff called people by their preferred names, and knocked on people's doors and waited before entering. Staff spoke with people whilst they moved around the service and when approaching people staff greeted them by name and chatted to people.

Staff responded promptly to any requests for assistance and were emotionally supportive and respectful of people's privacy and dignity. One person told us how staff knocked on their door before entering, and how they felt comfortable when staff assisted them to bathe. A visitor told us, "They [staff] always close his door when they are seeing to [relative]."

People's differences and preferences were respected and understood by staff. One member of staff told us, "Some people that live here are Catholic and read the bible. [Name] is from [Country] and we often talk about the culture of that country and how they lived. [Name] respects that culture and Lent." People were able to maintain their identity; we saw people wore clothes and jewellery of their choice and could choose how they spent their time.

People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's religion, gender, communication and important relationships. Diversity was respected with regard to people's religion and spiritual needs, and the care plans we reviewed showed that people were able to maintain their religion if they wanted to.

Staff and the management had built up close relationships with people's families. We saw the staff and management had worked hard to support two people to make contact and organise visits with relatives who lived in other countries, and had been estranged for some time. The registered manager had communicated with healthcare professionals and the relatives, and was an integral part in bringing the people and their relatives back together. This was concluded with one person's relatives traveling from overseas to visit the person at the service. We saw a comment from the person's relative that said, 'We had a lovely visit with our distant cousin [Name] this afternoon. Thank you. [Name] seems in good shape. Your staff were very kind.' All of the visitors we spoke with told us they could visit anytime and were made to feel very welcome by the staff team. One told us, "We visit at all different times, and lots of other family visit - we are always offered a drink and a biscuit."

Care plans were in place and were specific to people's needs and abilities. We saw information for staff to

follow in relation to how they should engage with people. For example, one person's communication support care plan stated, 'I like you to speak slowly and clearly.' The care plan also included the language people preferred to speak. This approach supported staff to provide responsive care to people who had communication difficulties.

People told they were supported to be as independent as they wished to be. One person told us, "I get washed and dressed myself, and have a computer in my room which I use a lot." Staff told us they had a good understanding of people's abilities and this meant they knew how to promote people's independence in a variety of ways.

People had access to independent advocates if they wished. Advocates provide independent support for people to express their views and ensure their rights are upheld. One person was visited by and advocate during the inspection. The advocate told us, "Staff seem very considerate and made sure [Name] understood what was happening. They asked him where he wanted to sit and if he wanted to speak [with me] in private."

We saw that any personal information relating to people or staff was stored securely in a locked room. Some documents were stored on computers which were password protected. This meant that information was stored confidentiality. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which comes in effect in May 2018 and will give people more control over how their personal data is used. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Outstanding ☆

Is the service responsive?

Our findings

People received care and support that was exceptionally person centred and responsive to their needs. This was because staff and management were committed and focused on what individual support people required whilst living at the service. People were placed at the centre of their care and were able to develop skills and grow in confidence and we saw many examples of this.

People's care plans confirmed that an assessment of their needs had been undertaken before their admission to the service. The care plans we reviewed were highly person centred and contained information on a range of aspects of people's support needs including diet and nutrition, decision making, safety, mobility and falls. The care plans were reviewed on a continuous basis. One visitor told us, "Yes, I am involved in [Name]'s care plan. It includes [Name]'s history, marriage, children, and hobbies such as gardening. You can always make suggestions. There is everything you could want here. [Name of registered manager]'s philosophy is different – it is a very caring, well thought out home."

The registered manager and staff had developed strong relationships with people and we saw evidence that staff fully understood what may cause people any distress or anxiety, and may therefore be a barrier to achieving something positive. We saw examples of where staff had developed various ways to work with people to overcome these barriers and help people progress and grow in confidence and independence whilst living at the service. For example, one person was admitted to the service as an emergency; they had with multiple needs including an inability to walk without two staff to support them, vomiting and an increase in seizures. We saw the person's needs had been addressed quickly by regular contact with healthcare professionals and looking at the person's hopes for the future. After one week the person had stopped vomiting, was walking with the support of one member of staff and their seizures had stopped. We saw the person now enjoyed an active social life with daily and weekly shopping trips/walks and discos. The service continued to liaise regularly with healthcare professionals to ensure the person's care plan was reflective and updated as needed.

Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "We are able to spend time with people. We respect how they want to do things. Our aim is to give people a better quality of life. People want for nothing."

We saw positive examples of responsive care that had improved people's health and wellbeing. One person had been diagnosed with a specific medical condition. They had a fear of hospitals and healthcare professionals, and their understanding of the illness and required treatment was limited. The service worked closely with the person's community nurse to help them understand the need for tests and what this would involve. The person agreed to the tests and the registered manager supported them throughout their hospital stay, purchasing a portable DVD player and their favourite films to watch whilst in hospital. A healthcare professional told us, 'I have been so impressed with the professional and supportive way in which Lakeview Manor and in particular [Name of registered manager] have approached this person's illness. In view of their limited understanding of the illness and possible prognosis care had to be very

carefully planned and executed. The home has strived to achieve this with minimal distress to the [person] and have been successful so far in ensuring that all recommendations from professionals have been acted upon. I could not recommend this home highly enough."

The registered manager and staff team worked in close partnership with other organisations to make sure they were following current good practice and providing a high quality responsive service to people which led to positive outcomes. We saw one person's health had deteriorated after a fall prior to being admitted to the service. This resulted in further falls and the person presenting with aggressive behaviour. The service worked closely with the local safeguarding team to secure a referral to the Dementia Academy for the person. Staff worked with the Dementia Academy who helped staff to identify (using Dementia Care Mapping) the person's need for improved pain management, which the service implemented. The person did not present with any further aggressive behaviour. The Dementia Academy provides a single point of access for those living and working with people with dementia to receive information, training and promotes workforce development. Dementia Care Mapping is an observational tool and a process, which is designed to help staff to consider and improve the quality of care for people living with dementia.

We saw this improved knowledge in pain management had led to positive outcomes for other people using the service. A pain observation tool was introduced and a full review of pain management was carried out with all people who did not have the capacity to express the need for pain relief. The tool included observing the person and scoring their presentation in areas such as facial expression, vocalisation and behaviour changes. This gave an end score which highlighted levels of pain. We saw this had led to less alerts being submitted to the local authority for people presenting with aggressive behaviour.

We found that staff understood the actions they needed to take when someone was reaching the end of their life. Care plans contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished. We saw one person had played for a local rugby team and maintained a passion for the club all their life. At the end of their life the service had contacted the manager of the club, and they had visited the person with the championship cup they club had recently won. Another person had lived with an illness for many years which required frequent hospital admissions. We saw evidence to show the service had worked closely with healthcare professionals to secure support at home for the person. A nursing plan, end of life medicines and regular GP visits at home meant the person had no further hospital admissions and died peacefully at the service. We saw a comment from the relative of another person who had received end of life care at the service. This said, 'We felt staff did much more than required by their job description and their empathy for all of us was very evident in their care of us as well as [Name].'

Arrangements for social activities were innovative, and met people's individual needs to ensure people could live as full a life as possible. People were encouraged and enabled to engage in activities meaningful to them and that they were passionate about. The service had gone the extra mile to find out what people had done in the past and enjoyed. We saw some excellent examples of individual and group activities facilitated for people, enabling them to make positive relationships, pursue their interests and aspirations. One person had been observed to be nursing another person's baby doll late at night. The service purchased a 'baby born' doll for the person. A 'birthing' was arranged when the doll arrived and the person had named the baby doll. We saw the doll was in a crib at the side of the person's bed. We saw this had provided the person with comfort.

The service had formed a relationship with a local sixth form college to help train students who were planning a career in health and social care. Six people from the service attended the college every month and worked with students on various socially stimulating activities such as dancing, arts and crafts and

reminiscence sessions. Another person had a wish to visit their lifelong supported rugby team. A meet and great with some of the players was arranged for the person who had not watched their team play for over 20 years. This meant that people using the service were supported to achieve their aspirations and feel proud of their achievements.

The provider took account of complaints and compliments to improve the service. A complaint policy and procedure was in place and visible in the service. People told us they were aware of how to make a complaint and were confident they could express any concerns.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. We saw that people's communication needs were recorded as part of the service's care planning process which indicated people's ability to communicate and any support they needed. This approach helped to ensure people's communication needs were met.

Good

Is the service well-led?

Our findings

During our inspection we found the service was well-led, with an open and transparent culture. The people who lived there, their visitors and staff members felt well supported. The leadership, governance and culture were used to drive and improve quality, person-centre care.

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

It was clear from our discussions with the registered manager and care manager that they were highly driven and passionate about their roles. They had an active approach within the service and we saw they were visible and involved. We observed that they presented knowledge of their role and responsibilities, and were both able to discuss the needs of people who use the service in a detailed way. During our inspection we saw they appeared to have positive relationships with people who used the service.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by the care manager. When we spoke with staff about the service they consistently told us it was a good place to work. Comments included, "Everyone is here for the residents. We work well as a team", "I enjoy coming to work and I think it (the service) is well led. We always get a thank you at the end of our shift." and "It's like working with family. They (management) are good and have tried to make any changes easy. [The service] is more person centred and there is more activity. It's more about the people that live here."

People who used the service, visitors, staff and other professionals spoke positively about the registered manager and said they were approachable and visible. One person told us, "I know them (registered manager) I have their name in my diary." A member of staff said, "The management is good." A visitor told us, "I think [Name of registered manager] is very good, you can tell they care by the way they talk to the residents."

All staff we spoke with told us they were well supported through supervision, training, team meetings, and a management team that were approachable and accessible at all times. Staff told us they liked the values of the management team. One said, "We have staff meetings monthly. We can bring up anything we want at these meetings." Another told us, "I wouldn't know anything I know without [Name of registered manager]. She is brilliant."

The registered manager and care manager undertook audits across all areas of the home to continually identify areas for development and improvement. These included medicines, maintenance of the environment, infection control, safeguarding, care plans and accidents and incidents. Actions were identified and promptly addressed.

People were asked for their views and people and their visitors told us they felt listened to. People, relatives, staff and other professionals were asked for their views through satisfaction surveys. We reviewed the last satisfaction surveys results completed early in 2018 and saw the feedback was positive. The provider sent out a newsletter every three months. The last newsletter in March 2018 updated people on plans for activities, fund raising and forthcoming events.

The registered manager worked closely with other organisations in order to support people who lived at the service. For example, they worked with local authorities that commissioned services for people and the local safeguarding team, when required. Where any concerns had been raised the registered manager liaised with safeguarding and healthcare professionals in an open and transparent manner. This meant any concerns were addressed in a confidential and sensitive manner.

The registered provider had all the required policies and procedures and these were written in line with good practice guidelines and were regularly updated. The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.