

# Mrs C Day and Mr & Mrs S Jenkins

## Riverside Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 4 April 2017

At the last inspection on 26 and 27 April 2016 the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, Safe care and treatment; and Regulation 18, Staffing. At this inspection we found the provider was no longer in breach of the previously identified regulations and had made improvements to the service and the care people received.

Riverside Court is registered to provide personal care and accommodation for up to 25 older people, some of whom are living with dementia. At the time of our inspection there were 21 people living there.

There was 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.

During the inspection, we found some concerns regarding quality monitoring which had resulted in shortfalls being missed through the auditing process. Whilst we acknowledge there was a programme of repair and refurbishment, the audits required further improvement to ensure that actions had been implemented and to provide assurance of the continuing effectiveness of agreed actions.

Management systems needed improvement to ensure that best practice guidance was taken into account and guided management decisions. In the past year staffing levels had increased and the improvements in activity and stimulation noted at the last inspection had been sustained. Changes to night staff had been made after consultation with night staff who agreed to the changes and both the provider and the registered manager worked some nights to review the deployment needed. No concerns were raised with us about staffing levels at night. The registered manager gave us assurances that staffing levels would continue to be kept under regular review.

Despite these issues we identified improvements overall. The registered manager followed the principles of the Mental Capacity Act (2005) and we observed staff asked people's consent before they provided personal care and support. Effective systems were in place to ensure staff received appropriate support and development and were encouraged to develop their knowledge and skills, to provide effective care that met people's care needs.

People told us staff were kind and caring and they said they were treated with dignity and respect. They were supported to access healthcare through 'doctor's surgeries' held fortnightly at the service. We saw families were kept informed of these and could attend if they wished.

Most people told us they enjoyed their meals and the quality of the food was good.

Care plans were detailed and people were involved in the development and review of their care. Policies and procedures were in place and these were discussed at staff meetings, and at staff supervisions and appraisals.

People using the service, relatives and staff spoke positively about the service. People told us that they had seen further improvements over the past year and thought this was largely due to the appointment of the registered manager and increased staff training. It was evident that the registered manager had worked hard to improve the service and, together with the other members of the management team, they were providing a united management team that worked well together. Although we identified further areas for improvement clear progress was being made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

The registered provider needs to ensure that decisions made in the service are based on up to date, relevant guidance.

We have made a recommendation about risk assessments to ensure people are protected and that they received a safe and effective service that met their individual needs

Processes for the recruitment staff and the administration of medicines were managed safely.

Previously identified breaches in regulation are now met. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

### Is the service effective?

**Good** 

The service was effective.

A programme of staff training and development was in place, to ensure staff had the knowledge and skills to effectively meet people's care needs.

The registered manager followed the principles of the Mental Capacity Act 2005. We saw staff obtained people's consent before they delivered care and support.

We observed a relaxed lunchtime meal and most people told us they enjoyed their meal and the quality of the food was good.

People were supported to meet their healthcare needs.

### Is the service caring?

**Good** 

The service was caring.

People told us they were well cared for and staff understood people's likes and dislikes. There was a relaxed atmosphere at the service.

Staff respected people's privacy and people told us their care was delivered in a dignified and respectful manner.

Relatives spoke positively about the care provided.

### Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were undertaken and this meant that people could be confident the service could meet their needs before they moved in.

Care plans included information about people's life experiences and guided staff on how they wanted their care to be provided.

Planned activities were offered and people were supported to access the community and maintain established links.

The service followed their complaints policy to ensure people received a timely response to any concerns they had.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a registered manager. We found the registered manager had sustained previously identified improvements and had made further improvements overall. An independent consultant had been appointed to provide additional management advice and support.

We found further improvements were needed to ensure that the systems in place to monitor the quality of the service were sufficiently robust, that shortfalls were identified in a timely way and the actions then taken to address these were recorded.

We have made a recommendation about using recognised management tools to develop suitable action plans.

Staff told us the registered manager was approachable and supportive.

# Riverside Court

## 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 4 April 2017 and was unannounced.

The inspection team consisted of one adult social care inspector, together with a specialist advisor who was a nurse and had experience in the care of older people, and an expert by experience. The expert-by-experience had personal experience of caring for someone who uses this type of care service.

Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications about any incidents. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We asked commissioners from the local authority and Healthwatch for their views on the service. Healthwatch represents the views of local people in how their health and social care services are provided. We used this information to plan our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and two visitors. Following our visit to the service we spoke with a relative by telephone. We reviewed four care plans and other records which related to people's care including the Medication Administration Records (MARs) for six people and the controlled drug book. We spoke with one of the partners that owned the service, the registered manager, a senior care assistant and four care staff, ancillary staff and the administrator.

We looked at documents associated with the management of the service such as training records, staff rotas, audits and policies and procedures. We looked around the premises including communal areas and people's bedrooms.

# Is the service safe?

## Our findings

At the last inspection in April 2016 we found that improvements were needed to staffing levels. The service did not always have sufficient staff to provide the supervision and support people required to keep them safe during the night. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked to see what improvements had been made and found that staffing had been managed safely.

After our inspection the provider had initially increased staffing levels to three waking night staff, which had addressed our immediate concerns about people's safety and welfare. Following a review of staffing levels the provider had taken the decision to change night staffing to two waking night staff, with senior staff on call to give assistance or respond to emergencies as required. The registered manager told us that before the decision was taken both the registered provider and the registered manager had undertaken night shifts to see what the work entailed. They said they had also consulted with night staff and minutes from a staff meeting confirmed this was the case. No incidents or accidents had occurred since new night staffing arrangements had been introduced.

People confirmed there were enough staff on duty at all times to assist them and to attend to their needs in a timely way. With regard to night staffing one person told us, "Safe for me is sleeping well at night knowing if anything went wrong someone is always there." Another person said, "If any of us need anything we only have to ask for help or let them know." One person did raise the issue of other people who were living with dementia sometimes disturbing them, but said this problem had reduced recently. They said, "Now there is always someone to call." Another person said, "There are enough staff but sometimes there is a crisis and to be fair I do not expect miracles and the staff do the very best they can."

Following our inspection the registered manager sent us a copy of the staffing tool they used to assess people's dependency levels. They assured us that staffing levels were kept under regular review, to ensure people's needs were flexibly and safely met.

At our last inspection in April 2016 we reported there had been an incident involving a person who used the service going missing overnight. We concluded the service did not have safe systems in place to prevent this happening. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider submitted an action plan to CQC. They told us that they had put additional security measures in place and staff policies incorporated additional security checks at the beginning and end of each shift and were discussed at staff meetings. In addition to these measures, an independent consultant had been appointed to visit the service and give advice on improvements.

At this inspection the registered manager provided us with evidence of the action they had taken. With regard to environmental issues, which were raised at the last inspection an independent health and safety review had been undertaken. We saw that recommended measures had been addressed and there was an



on-going programme to refurbish the building and replace windows. During our inspection we requested that action was taken to protect one window against breakage in line with guidance from the health and safety executive on falls from windows and balconies in health and social care. Action to rectify this was taken while we were in the service.

We recommend that the provider uses guidance from a reputable source to control risks to people who use the service.

Individual risk assessments and plans were in place to reduce the risk of avoidable harm to people who used the service. For example, people had personal emergency evacuation plans to assist with the emergency planning for anyone who might need assistance in an emergency.

A safeguarding policy was in place and was displayed on the noticeboard which meant it was easily accessible to people, staff and visitors. Records showed staff had received safeguarding training and they knew what to do if they had any concerns. One care worker told us, "I would always raise any concerns with the manager." This meant staff were able to take the action required to protect people from avoidable harm.

People told us they felt safe and well cared for and that their rights were protected. Comments we received included, "It is a wonderful place to live, just like being in my own home but safer," "I like living here, we are one big happy family and I know I have all the protection I need. I never feel anything but safe all the staff are so kind and gentle. The thought that I may not be safe has never entered my mind." One person who used the service told us, "I like the way they do things here. We are infirm people and as such have the most fabulous safe environment in which to retire." Another person commented, "There is no harsh care here. We are all safe"

We reviewed a sample of medicine administration records (MARs) and found these had been completed correctly. A policy on the safe handling of medicines was in place and met guidance based on nationally recognised guidelines on managing medicines in care homes. Staff had received training and they had a good understanding of the safe storage and administration of medicines. For one person, we saw they were prescribed medicine for Parkinson's disease. Information from the Parkinson's Society 'Get It On Time' campaign was held on file together with the MAR. Staff were able to explain the importance of time-specific medication in order to help control symptoms. This meant the person could be assured staff had the knowledge they required to safely administer their medicines. Another person required covert administration of medicines. A risk assessment had been carried out with support from the community mental health team, with agreement to administer the person's medicine in a disguised form in their food.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited. We found that further attention to detail was required to ensure the action plans put in place were robust and progress could be measured.

The registered manager analysed accidents and incidents so that any emerging themes could be identified and addressed. This showed the service had a system in place to monitor incidents. Time specific action plans were not always produced as a result of the audits undertaken. This meant that the service could not easily measure the progress of the improvements they were undertaking. The registered manager told us that audits were discussed at staff meetings, supervisions and staff handovers. This meant the service learnt from incidents, to protect people from harm and demonstrated a commitment to continuously improve practice in the service.

Since our last inspection the registered manager had updated staff files to ensure information was easily

accessible. New staff were required to complete an application form and have an interview before being employed. References were obtained and we confirmed that people's right to work in the United Kingdom had been established. The registered provider completed Disclosure and Barring Service (DBS) checks before new staff started working. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable.

While we are satisfied that previously identified breaches in regulation are now met there are some areas where further improvement is needed. The service was yet to demonstrate that it was consistently safe.

# Is the service effective?

## Our findings

People we spoke with said they were happy with the staff at Riverside Court and their needs were met. One person told us, "Since I came here I have started to thrive again. I think it's because my care is so good and I am happy." Another person said, "I have been here for a number of years and do not want to leave, ever. This is now my home and I have improved not got worse so they must be doing something right."

We found that the improvements to staff development and support, which we identified at the last inspection, had been sustained. Staff had received training on a range of topics. Examples included moving and handling, first aid, food hygiene, dementia and diabetes. The registered manager acknowledged the importance of developing staff to encourage better outcomes for people. Three staff had completed a 'train the trainer' award for moving and handling to enable them to provide in house training for other staff. Staff had also completed nationally recognised training in the prevention and treatment of pressure area care.

Staff told us they felt well supported. The registered manager had a system of staff supervisions and appraisals in place, together with a training matrix to help them keep track of the training needed. The registered manager knew about the needs of specific staff who had barriers to effective learning and development. They had plans in place to make sure that staff had any additional support they required to complete essential training and achieve their potential. The registered manager also observed staff practice, which allowed them to assess the staff member's ability to deliver effective care. The registered manager told us that any actions would be discussed at individual supervision sessions and staff meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was applying the principles of the MCA. Records showed staff had completed MCA and DoLS training, and the registered manager had undertaken advanced training. We saw the registered manager spent time with the staff team both individually and at staff meetings to support them to understand the principles of the legislation and how this applied to people they supported.

Throughout the inspection we saw staff routinely sought consent from people and offered choices. All of the staff we spoke with demonstrated an understanding of the legislation. They were able to tell us which people who used the service had a DoLS in place and why. This meant staff understood the legislation and how it applied to people who lived at the service.

We saw mental capacity assessments and records of best interest decisions in place. These were detailed and demonstrated evidence people and their families had been involved in the decision making. One example included a best interest decision to give someone their medicines covertly.

We received some mixed views regarding the food provided. One person said, "The food is variable but on the whole not bad." Other people however told us they thought the quality of the food was good and most people said they were offered a varied diet. Comments included, "We have a variety of menus and a choice every day. It isn't like a restaurant but most days the plates are empty," and, "I get help to eat my food and this means I get more."

We observed that the food provided looked appetising and there was a relaxed atmosphere over lunch. People had access to regular drinks and snacks. One person told us they could not always eat their lunch because the medicine they took made food unpalatable. They said, "If I want something half way through the day like an omelette then the cook will always do this for me."

People who used the service had access to a range of health care provision which included chiropody, community nurses, dietitians and speech and language therapy (SALT). The service had also worked with the local community mental health team to ensure people who needed more specialist support received this. The GP visited fortnightly to undertake medicines reviews, and for consultations.

Their visits were displayed on the noticeboard so families can arrange to attend if they wished to do so. The community nurses also carried out visits monthly, to review people living at the service. This showed us that people were supported with their health care needs. One person told us, "If we need to see the doctor it is always the same day because the manager has an excellent relationship with the local practice." Another person said, "It is staggering how good the local medical practice is, we do feel very fortunate."

When we visited the stairwell was being decorated. The registered manager told us about further improvements to enhance the quality of the building, which included new windows, an upgraded heating system and general repair and refurbishment. The administrator told us that as improvements were made they gave consideration to the specialist needs of people living with dementia. For example, by fitting plain carpets to assist those people living with a cognitive impairment and helped to increase the 'dementia friendly' approach of the service.

# Is the service caring?

## Our findings

People we spoke with at the service told us they were well cared for. Comments included, "The care is really good and they [the staff] know what they are doing," "I prefer to try and do as much as possible including my medication but it's nice when someone pops in to ensure that I haven't forgotten," "Our care here is second to none and I know loads of people who would like to come here because it is the best in the area" and, "The staff here would be with you within a heartbeat if there was a problem. We are so lucky."

Relatives we spoke with confirmed staff treated people in a caring way. One visitor told us, "I visit at various times of the day and not just regular days and I have never ever seen or heard anything that would worry me. My relative is thriving and if ever needed I will get a call to say about a doctor calling and then another to say what the treatment will be. This care and all the staff are absolutely amazing."

During our inspection we observed positive interactions between staff and people who used the service. Staff were polite and sensitive to people's needs. We saw a care worker speak calmly one person who was distressed and quietly reassured them before they supported them with the care they needed. This approach was reflected in the person's care plan. This meant staff had clear advice about how to respond to the person's distress and they used this to support the person. Staff also helped people to move around including taking them to the dining room or lounges. During interactions with people it was clear staff knew about the residents and their likes and dislikes. We were told of 'mystery trips' and examples where people had been taken to visit places which held some significance for them such as a school where one person had worked as a teacher. This showed us that people were offered opportunities to enhance their daily lives.

People told us that staff always protected their privacy and dignity. Comments included, "They always knock and make sure I do not feel embarrassed," "I have never felt awkward or vulnerable during any of my care sessions. I am just blown away by the kindness and gentle manner that they [staff] all have" and, "They [the staff] are trained to do the job for me so my privacy and dignity is protected and that is so important."

People told us that they were supported to be as independent as they wanted to be. One person told us, "I am encouraged to continue to be independent but that doesn't mean that the staff will not do things for you. Sometimes I need special craft items and they will go and get it for me."

We observed staff were enthusiastic and responded to people's needs promptly. We saw that staff had worked closely with local GPs and community nurses to ensure people received good end of life care and were supported in their preferred place at this important time.

## Is the service responsive?

### Our findings

People were positive about the care they received and said staff discussed with them how they would like to spend their time. One person told us, "If any of us fancy doing something then it's a 'can do' attitude, which is great." Other comments included, "We have lots of trips out in the mini bus and they are such fun and there are always things going on. Today it is carpet bowls and I am going to win" and, "We get the hairdresser and other services here and the local GPs are always popping in so we are not cut off from things. Soon we are going racing, dogs that is."

People were assessed before admission so they could be confident the service was suitable for them and could meet their needs before they moved into Riverside Court. A care plan was developed using the information gained from the initial assessment and this included information gathered from family members and other healthcare and social care professionals when appropriate. Care plans were detailed and they contained information about people's previous life experiences and their current choices about how they wanted to live. Care plans included information about triggers that might cause people distress and had guidance for staff on the approach they should take to help reduce people's anxiety. When we inspected we saw staff followed people's care plans in practice and they provided a calm and reassuring presence to people living there.

People confirmed that staff listened to them and acted upon their choices and care preferences. People were encouraged to bring in their personal belongings and items of furniture and we saw people's rooms were very individual and highly personalised.

Care plans were kept under regular review and were updated three monthly or earlier if required. This triggered a review of the person's hospital passport. This document is used to transfer essential information about a person in case of admission to hospital or attending an outpatient appointment. This provides hospital staff with any communication needs, anxieties, and likes and dislikes a person may have. People had a range of fluid and food charts and bowel charts in their files according to their health care needs. For one person, we saw their bowel chart had not been completed since February 2016, and another chart had not been completed since October 2016. It was not clear whether omissions were made on charts that required regular completion, or whether they were no longer required, and therefore should have been removed for filing.

People's families and friends were encouraged to participate fully in any of the activities and events that the service arranged. Activities were displayed on a notice board in the hallway and on the board in the dining room. Examples we were given included tea parties, trips out, games evenings and residents and relatives meetings. In their provider information return (PIR) the registered manager told us they were hoping to also develop a regular quarterly newsletter and introduce a family lunch club on a monthly basis.

Some people chose to access outside amenities such as hairdressing. One person attended bingo in the local club, together with a member of staff. This showed us that people were encouraged and supported to maintain their established links in the community where they lived. The registered manager told us they had

also arranged for one person to join a local support group and attend monthly meetings. The group had also offered to attend the service and provide staff with an information session on living with Parkinson's. One person said to us, "I go to a local group in the town and this has been sourced by Riverside [Riverside Court]. It gets me out and makes it feel like I am still part of a community. They try hard to be connected with the community and maybe that is why folk realise how good it is here."

A complaints policy was in place and this was displayed in the service and included in the information made available to each person when they came to live at Riverside Court. This meant people had written information available, to make them aware of their right to complain and they were supplied with information as to how any dispute would be addressed by the service.

The people we spoke with told us they had not needed to complain, but knew who to speak with if they had any concerns. One person said, "If I needed to complain I would know; it has been explained." Another person said, "Yes I know how to complain. I cannot remember anyone doing that though." A relative told us the registered manager acted upon any issues raised with them. They said, "I needed to have a word about something that was bothering my relative and it was sorted out at once. It wasn't a complaint but was treated as one. Very impressive."

The registered manager told us in their PIR that they had received 45 written compliments since the last inspection. Of these, 15 had been received in the service from families and friends of people who used the service. Fifteen complaints had been received and were investigated through the formal complaints procedure. One complaint regarding an alleged theft of money and personal items remains under investigation. This was reported to the police, safeguarding and to CQC. Other concerns raised and satisfactorily resolved included concerns regarding activities during morning time. We saw that action had been taken to increase staffing during the mornings to give staff time to spend with people on an individual basis.

The registered manager told us that complaints were shared with people and staff within the scheduled meetings and in staff supervisions as appropriate. This meant that compliments and complaints were used as a learning tool to ensure improvements in the service and to provide additional information regarding the standard of the service.

## Is the service well-led?

### Our findings

Riverside Court was owned by a family partnership. The provider demonstrated improvement at the last inspection carried out at the service in April 2016. Although we identified some issues at this inspection overall there had been improvements at the service.

There was a manager in post who was registered with CQC on 26 April 2016. The service has not previously had a registered manager and this had impacted on the quality of the service. However, this issue had been addressed with the recruitment and registration of the current registered manager.

At our last inspection in April 2016 we identified that systems had been developed to audit care, which enabled the registered provider to monitor the quality of the service closely, and make required improvements. We said these systems were at an early stage and their on-going impact on maintaining safety and quality needed to be monitored over time.

At this inspection we found that breaches identified at the last inspection had been met. However, we identified that effective management systems to monitor the quality of the service were not fully embedded. The registered manager was making improvements to the service, but some areas of concern that we identified at this inspection had not been picked up through the audit system that was in place. We noted that the action plans produced in relation to audits were not sufficiently robust to ensure that recurring issues would be addressed. Our observations demonstrated that improvements had been made but there were still areas for improvement.

We recommend that the provider uses a reputable tool to develop effective management systems.

Our observations showed that although further improvements were needed, the registered provider was making progress. There was a cohesive management team in place. People spoke with us about the improved ethos and culture and how it had enhanced the experiences for staff and people who used the service.

People who used the service were positive and enthusiastic about the registered manager. One person told us, "The staff here get more training now and that is good for them and us and has promoted a culture of openness and honesty which the staff appreciate." Another person said, "The manager is a "saint" and all the staff are now working as a team. We can see it and feel it." Other comments we received included, "We regularly get asked about what we would like, be it food, décor, trips, everything. This makes me feel valued," "All the staff is happy and it is nice to see the [staff] enjoying their work" and, "We are really lucky that the management employ such wonderful staff."

Up to date policies and procedures had been produced and we saw that these included a review date. We saw that some of the policies and procedures were quite complex documents and in some cases made reference to staff such as nurses that were not employed at the service. We questioned how staff used these documents in their day to day practice. The registered manager told us that policies and procedures were



discussed at staff meetings, supervisions and appraisals, to ensure staff understood the practice guidance that was there to support them to deliver good care.

Despite these assurances we saw some staff needed further support to fully embrace the policies and procedures and apply these in their day to day practice. For example with regard to person centred care, we saw in the staff minutes that night staff felt there was an expectation they should get people up and dressed in the morning. They said that day staff complained if they hadn't got enough people up. This reflected a task based approach to care and not person centred.

The registered manager described significant efforts on the part of the management team to enhance the quality of care provided. They said they had been supported in their task by the appointment of an administrator. An independent consultant had also assisted with identifying areas for improvement and helping them to drive improvements. We discussed they also needed to develop systems to effectively ensure they were kept up to date with legislation and good practice guidance and so they could develop a proactive leadership style. For example, by ensuring they had regular updates from joining a reputable trade association.

The measures the registered manager had taken so far were largely successful and demonstrated clear improvement. However, effective management systems needed to be fully embedded to ensure improvements were sustained and give the registered manager sufficient time to develop their own skills and knowledge.

The Statement of Purpose was displayed on the notice board which meant it was easily accessible for people and their visitors. It gave an overview of the vision, mission and values of the home and staff were clear about these. The registered manager had made the required statutory notifications and these showed us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

The registered manager demonstrated that they were committed to driving continuous improvement to ensuring people who used the service received a high quality service. They said that staff training and development was a key factor in achieving this and that they would continue to focus on this aspect to ensure people who used the service received consistent, safe practice from a skilled workforce.