Care Quality Commission

Rose Cottage RCH Ltd

Rose Cottage

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

Rose Cottage provides accommodation and personal care for up to 16 elderly people at any one time. On the date of the inspection 14 people were living in the home.

A registered manager was 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 and associated Regulations about how the service is run

Feedback regarding the quality of the service was excellent from people, their relatives, and health professionals. They all said the service was excellent at meeting people's needs and dealing with any risks which emerged. We found risks to people were appropriately managed.

The premises was maintained to an appropriate standard to keep people safe.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

People spoke positively about the food and we found a choice of meals was on offer based on people's preferences. People's healthcare needs were met and health professionals reported strong links with the service.

People and their relatives reported staff were caring and respectful and treated them well. This was confirmed by our observations on the day of the inspection. Sensitive and dignified end of life arrangements were in place to ensure people were treated well in the end stages of their life.

Some care records required improvement to ensure they reflected people's current needs. We found some care plans contained inaccurate information which risked that staff did not have access to the most current information necessary to deliver appropriate care.

People, relatives and staff all spoke positively about the registered manager and said they were effective in dealing with any concerns. Systems were in place to continuously improve the quality of the service. This included a programme of audits and satisfaction questionnaires. Complaints were appropriately recorded, managed and responded to.

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?

Good

The service was safe. People, relatives and healthcare professionals told us the service was safe and took action to address any concerns or risks which emerged. Staff had a good understanding of the risks to each person and what to do to keep them safe, for example around managing challenging behaviour. Where incidents had occurred we saw they were managed appropriately to keep people safe. Risks associated with the premises were appropriately managed.

Staffing levels were adequate to ensure people's individual needs were met. The experience of staff and level of management support was considered in staffing levels to ensure appropriate skills and knowledge at all times.

Medicines were managed safely. People received their medication at the correct time and staff checked each person's medication to ensure they were receiving their medication as prescribed.

Is the service effective?

Good

The service was effective. People, their relatives and health professionals provided excellent feedback about the effectiveness of care and support. Staff received appropriate training, support and supervision to give them the skills to deliver effective care.

Staff understood people's health needs and liaised with healthcare professionals to manage their healthcare needs. Health professionals reported excellent links with the service and said staff followed their advice.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected.

Is the service caring?

Good

The service was caring. People and their relatives all told us that staff provided a high standard of care, were friendly and treated them well. This was confirmed during our observations which showed staff treated people with dignity, respect and understood their individual needs.

Care plans were personalised and care plans showed the service had taken the time to get to know people's likes, dislikes and personal preferences in detail. Staff we spoke with were knowledgeable about people's preferences.

Summary of findings

Appropriate arrangements were in place to ensure good quality end of life care was delivered. This included obtaining people's views and wishes and ensuring personalised end of life care plans were in place. Feedback about the quality of end of life care was excellent, from relatives and health professionals.

Is the service responsive?

Requires Improvement

The service was not always responsive. People, their relatives and health professionals reported that the service responded well to people's changing needs. We saw mechanisms were in place to ensure information on people's changing needs was communicated to staff, this included handovers, staff memo's and staff meetings. However, some care plan documentation required improvement to ensure it reflected people's current needs. For example, we found one person's care plans had not been updated with key information following their return from hospital. This meant staff may not have access to the latest information on people's needs in order to deliver appropriate care.

An effective system was in place to manage and respond to complaints. People told us they had no need to complain but were confident in the manager's ability to deal with any problems that arose.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the registered manager and told us they were good at dealing with any issues. People were involved in making decisions in relation to the service through periodic meetings.

Effective mechanisms were in place to communicate key information to staff to ensure standards of care were maintained and/or improved.

A programme of audits and quality assurance were in place to ensure that any issues were identified and action taken to improve the standard of care. This included surveys and management audits. We saw issues had been identified and action taken to constantly improve the standard of care.

Rose Cottage

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, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced. At the last inspection in August 2013 the home met all the national standards that we looked at.

The inspection took place on 1st October 2014 and was unannounced. The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who used the service, five relatives, four members of staff and the registered manager. We spent time observing care and support being delivered. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

Before the inspection, the provider completed 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 this information along with other information we held about the provider. We contacted the local authority safeguarding team and local healthwatch to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with three health care professionals who regularly visit the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the service and did not raise any concerns with us. For example one person told us, "I feel content and safe here." People and their relatives said that if they did have any concerns they would go to the registered manager and they were confident action would be taken. They said that the registered manager was good at dealing with any concerns raised. Policies and procedures were in place for protecting people from abuse and these were displayed so staff could refer to them if needed. Staff we spoke with had a good understanding of these procedures in order to keep people safe, for example the different types of abuse and how to escalate concerns to keep people safe. We found staff had received training in safeguarding in order to give them these skills, to recognise and act on abuse.

Appropriate action had been taken following allegations of abuse, in order to keep people safe. For example, we looked at how a safeguarding incident from June 2014 had been managed. The incident had been appropriately raised with management, referred to the local authority and CQC and risk assessments had been put in place to protect the person from harm. These included clear actions to keep the person safe, such as providing the person with one to one time with staff, and the involvement of other health professionals for specialist advice. This showed the service had taken appropriate action following incidents to keep this person safe.

Risks were managed appropriately to keep people safe. We looked at five people's care records and found risk assessments were in place. These covered the key risks specific to the person, such as nutrition, manual handling and falls. Staff we spoke with had a good understanding of the key risks associated with the people we asked them about and what measures were in place to keep them safe. This showed us that risk management processes were adequate in assessing and managing risks. Risks were communicated in a variety of ways to bring them to the attention to staff, including using a diary system, daily handovers and thorough staff meetings. Staff told us the communication methods in place were effective in protecting people from harm.

Documentation was in place which detailed any behaviour people showed that challenged the service. Staff we spoke with had a good understanding of people's triggers and behaviours. During the inspection, where people became agitated we saw staff used distraction techniques to comfort them and reduce their anxiety. We spoke with a visiting health professional who told us staff were good at following their advice with regards to managing behaviours that challenged. Another health professional also told us behaviour that challenged staff was managed well by the service. This indicated appropriate arrangements were in place to manage behaviours in order to keep people safe.

Staffing levels were adequate to meet people's needs. Staff, people who used the service and relatives told us they thought there were enough staff. For example, one relative said, "There always seem to be plenty of staff, they are visible and attend to people when they need things." A person who used the service told us, "They are always there to help; when the buzzer is used people always come quickly." During the inspection we observed care and found there was adequate staff to meet people's needs; for example, in supervising communal areas and attending to people when they needed assistance. The registered manager showed us how they managed the rota system to ensure that experienced staff were always on each shift. This helped to ensure the staff team had an appropriate level of skill and knowledge at all times. Either the registered manager or deputy manager was available seven days a week to ensure that staff had access to management support at all times. Staff confirmed this was the case.

Plans were in place to respond to emergencies. These included the arrangements for out of hours support should a manager be required. Each person's mobility needs was regularly updated as part of the emergency file so that staff were aware of the assistance they would require in the event of an emergency; for example, changes had been made following a reduction in a person's mobility.

Medicines were managed safely. We found staff checked people's medication prior to supporting them to ensure they were getting the correct medicines. People reported they received their medication at the time they needed them and we saw this was the case. For example, one person required medicines at 07.00 and we saw this was adhered to. Medication records were signed for, indicating that people were receiving their medication and any refusals were documented. Staff asked for people's consent before administration and provided them with drinks as appropriate to ensure they were comfortable in taking their

Good

Is the service safe?

medication. We looked at a sample of 10 medications and found they were all in date and stored appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs.

We saw staff that administered medication had completed training so they were safe to administer and reduce risk to people. The registered manager carried out observations on staff to assess their competency when dealing with medication administration. We found there were no protocols in place which described when people should be offered their, “as required" medicines such as pain relief, or the times they should be offered. However, staff we spoke with had a good understanding of when to offer ‘as required’ medication to those people we asked them about. We observed one person who was in pain; this was recognised by staff and pain relief was offered which confirmed staff were aware of people’s, ‘as required ‘ medicines. However the lack of protocols risked that different staff may provide an inconsistent approach to the administration of this type of medicines. Stock levels of, ‘as required’ medication were not always recorded on MAR charts, which meant regular stock checks of these medicines would be difficult. We raised these issues with the manager who immediately agreed to ensure these areas were addressed.

We saw safe recruitment procedures were in place to ensure staff were suitable for their role. This included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work.

We found the premises to be safely managed. There were appropriate facilities for people such as spacious living areas, bathrooms and bedrooms and the premises was well maintained and free from clutter. Bedrooms were personalised, for example with pictures of people’s relatives displayed. People told us they liked the home and their bedrooms. We examined the provider information return (PIR) prior to the inspection which listed a number of improvements to the premises to keep people safe. We saw that some of these had been implemented such as key pads on the doors to hazardous areas and radiator guards. Further improvements were planned to the decoration of the premises and making the garden area more secure and accessible. This showed that the provider was committed to continuous improvement of the premises. Periodic maintenance and checks of equipment were in place, such as fire alarms, lifting equipment, gas and electrical and call systems to keep people safe.

Good

Is the service effective?

Our findings

People and their relatives we spoke with told us the service provided effective care. For example, one relative told us, "I come every day, I am very happy with it; I don't think [the person] could get better care. Staff provide appropriate assistance at mealtimes; they assist (the person) even though it takes a long time." People and their relatives said staff had appropriate skills and knew how to deliver effective care. For example, one person said, "Suitable staff group, staff have good skills." Another relative said, "Staff are always well informed. Three healthcare professionals also told us they were confident the service provided effective care for people. For example, one healthcare professional told us, "The quality of care and understanding from the home was excellent."

Staff we spoke with said they were provided with regular training and it was useful in maintaining and advancing their skills and knowledge. For example, one staff member said, "There is always some training happening so we keep up to speed with things." We saw staff had completed a range of training which included infection control, health and safety, care planning, safeguarding and dementia awareness. Arrangements had been made with external organisations and agencies to provide specialist training such as the local authority and healthcare professionals. Staff reported they had regular supervisions and appraisals and said they felt well supported. We saw records which confirmed these took place.

People's nutritional needs were met. People reported the food was good. One person said, "Food is alright, I like it" and another person said, "I can have a choice at breakfast, like a sandwich or porridge." People reported they could have food at a time that suited them, for example one person came down for breakfast at 11.00 and staff accommodated this. We looked at the menu which confirmed there was sufficient choice. For example, at breakfast people could have a cooked breakfast or cereals. There was one lunchtime meal option each day, which varied on a four week cycle. We saw that where people did not like the choice of the main option, an alternative could be provided, for example one person didn't like fish pie so a different dish was made. There was adequate choice in the evening such as sandwiches and pasties. The chef was aware of people's specific dietary requirements such as who required their food blending to ensure the service met their needs. The menu was on display in the dining area and we observed staff brought it to the attention of people who used the service.

We observed lunch and saw people were offered appropriate support and assistance such as with food and drink. Staff ensured people were comfortable, for example adjusting their chairs and the table so they were in easy reach of their food. There was a pleasant atmosphere at lunch with staff engaging with people in a friendly way and food was served and supported in an unrushed manner.

Staff we spoke with understood the needs of the people they were caring for, for example who was at risk of malnutrition and what measures were in place to protect them. Where people were assessed as at risk, charts were in place to monitor people's food and fluid input. We looked at some of these, which provided evidence that where people did not eat their meals; staff offered them food later in the day to ensure they did not go hungry. This helped to ensure people were supported in maintaining good nutrition. People were weighed monthly and their weight monitored to determine whether they were at risk of malnutrition. This information was used to update risk assessments and/or refer onto the community matron or dietician if weight loss was identified.

People reported they had choice. For example in their daily activities, where they wanted to spend time and what they wanted to eat and drink. One person told us, "If I want, I can stay in my room, I like to have breakfast in my room, I don't like sitting with the others sometimes."

We looked at five care records and saw mental capacity assessments were in place detailing whether people had capacity to make decisions for themselves. Staff understood the main requirements of the Mental Capacity Act (MCA) and how to protect people's rights with limited mental capacity in helping them to make decisions. Do Not Resuscitate orders were in place for some people. We found these were in date and had been correctly filled in and discussed with the person or their family. Funeral arrangements were in place for each person which showed people and/or their relatives had consented about end of life arrangements.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the recent

Good

Is the service effective?

DoLS Supreme Court judgement and had made a recent application for a person deemed at risk, as they were frequently asking to leave the premises. We looked through the document and saw staff were aware of the measures agreed to protect the person's rights and manage the restriction. We observed one other person who was periodically asking to leave the premises, they had only been at the service for a few days on respite, but the registered manager confirmed they would submit a DoLS application to ensure their rights were protected. In the meantime, we observed staff took the person out regularly to reduce the restrictions in place on them.

People and their relatives said the service was good at involving other health professionals in their care. One relative said, "Links with health professionals are very good, the community matron regularly visits." We spoke with three visiting health professionals who told us the service contacted them appropriately to assist in providing specialist advice and that their advice was always followed. One healthcare professional told us, "They are very good at following advice and constantly improving and learning." We saw in people's care documents that contact with health professionals was recorded so staff could follow their advice. Information in relation to healthcare visits were also mentioned in the staff handover so staff were aware of any advice or key risks. We saw the service worked with the district nursing team to provide appropriate equipment such as pressure relieving mattresses. This helped to ensure people's healthcare needs were met

Good

Is the service caring?

Our findings

People and their relatives consistently told us that staff provided a high standard of care, were friendly and treated them well. One relative said, "Interactions between staff and residents are all good." Another person said, "Very impressed, people are always clean and well dressed and the staff are lovely". Another person said, "Staff are kind and considerate, I would certainly recommend the home."

The health professionals we spoke with also told us they thought the service had a good staff team who held good values and personal attributes. Staff told us they thought the service provided a high quality and caring home for people and were able to tell us about the people they were caring for which indicated they knew the people they cared for.

We used the Short Observational Framework for Inspection (SOFI) to observe interactions and activities in the home. We found staff treated people with dignity and respect and displayed a caring manner. Staff asked people regularly if they were okay and required any further assistance with anything. Where people required privacy, such as during the doctor's consultation, we saw arrangements were in place to ensure they had a private consultation. Staff interacted well with people and spoke calmly and patiently. We saw staff comforted people who became upset and were interested in their emotional wellbeing. For example, they regularly checked if people were too hot and cold and supported a person who was too hot in taking off their cardigan and getting a fan. We found staff were attentive to people's requests and needs. On hearing one person wanted to go for breakfast, staff immediately guided them to the dining room. People looked well cared for, for example they were wearing appropriate clothing, and their hair was brushed.

Care plans contained personalised information which indicated they had been developed in conjunction with people and their relatives. One care record said 'likes juice, but not too cold' indicating that specific and personalised information had been obtained through close consultation with the person/family. Care plans were signed by the person and/or their relative indicating they were involved in the care plan process. People and their relatives told us they felt listened to by staff and were involved in decisions in relation to their care.

People reported that they were able to see their relatives when they wanted to and relatives reported no restrictions on visiting the service and said they always felt welcome. The service had put systems in place to enable relatives to video chat to their relatives to enable more interaction between them.

We saw appropriate arrangements were in place to manage end of life care. People's end of life preferences were clearly recorded in a specific section of their care plan. These showed involvement of people and/or their relatives. Arrangements were in place with health professionals to provide a 'gold box' which contained best practice guidance for the multi-disciplinary team to manage. The registered manager told us that nobody was on end of life care at the time of our inspection but they were able to confidently describe the arrangements and told us they always ensured people were not left alone at the end of their life. One relative we spoke with told us they thought the end of life care was particularly good telling us, "Here they always are very caring and compassionate and never leave anyone on their own at the end of their life." This indicated appropriate end of life arrangements were in place. A visiting health professional also confirmed to us that the service treated people at the end of their life with great dignity.

Requires Improvement

Is the service responsive?

Our findings

People and relatives reported that staff delivered good quality care and were effective at responding to any issues or problems. One relative told us, "Any problems, staff are on it straight away." Another relative said, "They provide good care; pressure area care is particularly good, they always turn people in bed to reduce the risk."

We spoke with the registered manager about the pre-assessment process. They told us they always completed pre-assessments prior to people being admitted to the service. We saw these were in place which helped staff to meet people's needs as soon as they moved into the home. We found staff met people's individual needs. Care plans were in place which guided staff on how to provide appropriate care. These included plans for personal care, mobility and health needs. We saw people were cared for in line with their care plans, such as meeting their personal needs.

We found care plan documentation required improvement in some areas as it created a risk that staff would not consistently provide the most up-to-date care. Updates in care plans were not always responsive following changes in situations. One person had recently returned from hospital, with changed needs. Although care staff demonstrated a good understanding of the person's needs, the temporary care plan put in place following their return from hospital did not contain adequate information to provide appropriate care. For example, staff had assessed they were now at high risk of developing pressure sores but had not put in place an appropriate care plan to reduce this risk. Some care plans required more detail, such as behavioural care plans on how to de-escalate behaviours that challenged staff. For example, one person's care plan showed they became distressed and displayed agitated behaviour but did not provide any information on how to de-escalate the situation.

Detailed daily records were in place; these confirmed people received daily care and support such as with bathing and personal care. We found advice from family members was incorporated into plans of care so staff knew people's personalities and any risk factors. This helped to ensure their individual needs were met.

We saw the service was good at responding to people's changing needs by contacting the relevant health professionals such as district nurses or community matrons. For example, we saw following changes in the skin condition of a person who was nursed in bed, the service had contacted the district nursing team who had then organised for a mattress assessment to take place. This resulted in a new mattress arriving during our visit. Health professionals we spoke with said the service was responsive and staff always made the necessary changes to care, and followed their advice to keep them safe from harm. One health professional told us, "I would recommend this home to others and have done so in the past", "Staff are great, really good at communication" and, "Staff always follow the direction given to them.

Staff handovers took place twice a day which helped to ensure responsive care. We observed a handover and saw staff went thorough each person and any changes in their care needs. This ensured staff could provide responsive care. For example, they discussed that one person had used the call bell 10 times in the night and that they may need extra care and support during the day. We looked at handover records which confirmed that people's activity was recorded so any information or risks could be passed onto the next shift of staff. Staff confirmed handovers were a good source of information.

Annual care plan reviews were undertaken to evaluate whether a care package was appropriate. These involved people or their relatives. We saw their comments had been recorded so care and support could be improved.

People and their relatives mostly told us there was enough to do in the home and cited some of the activities on offer. One person told us, "A lady plays lovely tunes on the keyboard and we occasionally have a lady and gentlemen who come in to provide entertainment." Some people said they would like more varied activities to be available. One person said, "We sometimes throw a ball around which is silly, I would like to do some dancing I think." Some activities were available for people, for example staff and people who used the service told us that games were played, reminiscence and chats about past life's and occasional trips out into the community. Staff said they thought there was generally enough for people to do, but sometimes during busy times they wished they could spend more time interacting with residents.

We found an effective complaints system was in place. Complaints had been responded to appropriately within the timescales stated within the policy. People and

Requires Improvement

Is the service responsive?

relatives told us they were generally happy but would go to the registered manager if they had a complaint and were confident action would be taken. We looked at how complaints were managed and saw the service had clearly documented any improvements or lessons learnt from complaints. There was evidence that complaints were brought to the attention of people through signage and resident meetings. A significant number of compliments had also been received and these were recorded so the service knew areas where it exceeded expectations. A suggestions box was in place which provided an additional mechanism for people to provide comments on the service.

Good

Is the service well-led?

Our findings

The home had a registered manager in place. People spoke positively about the registered manager and the owner. One person said, "Nice home, more of a family, can go to the manager with problems." Another person said, "The manager is nice, there is a very nice atmosphere here." People told us they knew who the manager was and said they were often visible and involved in care tasks and activities. During the inspection we saw the registered manager participated in care and support tasks and provided entertainment. The registered manager was able to tell us in detail about daily life in the home. This showed us they had a good understanding of how the service operated.

There were mechanisms in place to communicate with people and involve them in decision making in relation to the service. For example, periodic 'resident and family' meetings took place. We looked at the minutes of a recent meeting and saw that discussions had taken place about future activities, and a consultation about the decoration of the building. Relatives we spoke with told us the registered manager listened to them and they also felt involved and, "Part of the family." We saw a periodic newsletter was also sent to relatives informing them of news about the service and any upcoming events.

Effective mechanisms were in place to communicate key information to staff to ensure standards of care were maintained/improved. Management and staff meetings were periodically held and documentation showed these were forums for communicating key information to staff. Care issues were discussed and solutions documented to ensure all relevant staff were consulted and informed about any changes to improve the care provision. This also ensured that any key risks were communicated to staff about people who used the service. Staff confirmed to us they regularly had team meetings; and night staff also said they were also included in staff meetings and felt part of the team. A staff memo book was also used to communicate important information to staff. Staff had to sign to demonstrate understanding of the memo, such as changes in the number of 'Do Not Resuscitate' orders in place. This helped to ensure effective communication of important information to ensure a consistent level of care was provided.

Policies and procedures were in place which included an employment handbook indicating the values of the organisation and the provider's expectations of staff. These helped to ensure staff worked to consistent protocols and helped them to provide a consistent level of care and support. People and relatives praised the staff team and said they had a good personal attributes.

Systems of quality assurance were in place to monitor whether the service was providing high quality care. For example, a resident and relative survey had been conducted in 2014 and the results analysed so the registered manager knew areas where the home was doing well and areas where improvements were needed. We looked at the result of this survey and saw 100% of respondents were satisfied or very satisfied, indicating people were unanimously happy with the care received. Where negative comments had been received in relation to some individual aspects of care and support these had been analysed and clear actions had been put in place to address these. For example, one person had commented that there was no bacon on the breakfast menu, and documentation and discussions with staff confirmed this was now a daily option.

The provider undertook monthly visits to the home and conducted an inspection of the service. We looked at some recent reports and saw clear action plans had been produced to improve the quality of the service, for example around care plans and the environment. We talked through some of the actions produced from recent reports with the registered manager and saw evidence improvements had been actioned. As part of the inspection we also examined the provider information return. This contained a range of improvements the service was committed to making. We found some of these had already been completed such replacing flooring and purchasing radiator guards, and others were planned in the next few months. This showed that the provider was committed to continuous improvement of the service.

A range of audits including medication, care plan audits and health and safety checks were undertaken. We saw evidence action was taken where issues were identified such as the lack of signatures on medication records.

An adequate incident management system was in place. Incidents such as falls and episodes of behaviour that

Good

Is the service well-led?

challenged the service were recorded and we saw actions were taken and care plans updated. This ensured the service leant from incidents to protect people from harm.

The registered manager told us they ensured they worked to best practice through a range of mechanisms. This included consultation with other health professionals such as district nurses, for example with regards to end of life care. The registered manager also subscribed to a range of journals to access new guidance on best care practice. We found more could have been done to access and implement guidance specific to the type of people who used the service, for example the Dementia Quality Standards issued by the National Institute for Health and Care Excellence (NICE). This would help the provider to monitor whether it was providing high quality dementia care.