Comfort Care Services (Colchester) Limited

The Haven

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 3 December 2015 and the inspection was unannounced. The Haven can provide accommodation and personal care for up to 27 older people, some living with dementia. At the time of our inspection there were 26 people living at the service.

There was not a registered manager in post; the previous manager had recently left the service. A new manager had been appointed and they had started to make preparation to apply for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 our last inspection on 21 April 2015 we found that this service was not compliant in some areas. There were concerns about the staffing levels and their staff training and how people's medicines were managed.

During this inspection we found improvements had been made as the provider had taken action and were offering an improved service.

Summary of findings

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work within the care profession.

Staff knew what to do if they suspected someone may be being abused or harmed and medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's preferences and needs so that they could engage meaningfully with people on an individual basis. The service offered people a chance to take part in activities and pastimes that were tailored to their preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that complaints they made would be addressed by the manager.

The service had good leadership; we found an open and positive culture that supported people in a person centred way. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and was supported by the operations manager and the providers visited the service regularly the check the quality of the service. People were asked for their views so that improvements identified were made where possible.

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. Staff had received training in how to recognise abuse and report any concerns. The provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to their health, welfare and safety.

The service managed and stored medicines properly, and there were sufficient procedures and practices in place to help ensure the home was clean and to reduce the risk of cross infection from one person to another.

Is the service effective?

Good

The service was effective. Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity and their freedom of movement restricted, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring. Staff treated people well and were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred to do. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good

The service was well-led. People and their relatives were consulted on the quality of the service they received.

Summary of findings

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

The Haven

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 3 December 2015 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had the experience of supporting an elderly relative at home and when they moved into residential care.

Before the inspection, the manager 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.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with seven people who used the service, three people's relatives, the manager, the operations manager, three care staff and the chef. We also spoke with two visiting health care professionals.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People living at the Haven all told us they felt safe living there. When we asked what made them feel safe one person told us "Because all these people [staff], they look in, they never leave you alone." and "I feel quite safe and secure here." Some people were not able to talk to us because of their complex needs in relation to their living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

During out last inspection on 21 April 2015 we found that records did not always correctly reflect the actual staff that were on duty, which meant that we could not be confident that there were sufficient staff on duty to help keep people safe.

During this inspection we found that the number of staff on duty corresponded to those listed on the rota. We saw that, that week's rota and future rotas were completed and each shift was staffed appropriate to people's dependency needs. The manager told us that they used a nationally recognised dependency tool to calculate people's needs and ensure appropriate staff levels. This was reviewed monthly and extra staff were used if people's needs changed. For example, if someone moved into the service that had complex needs and needed extra support.

There were sufficient staff on duty to keep people safe and protect them from harm. When asked if people felt there were enough staff to help them, one person told us, "I think so, yes, I can always find someone… I ask if I need anything and they [the staff] say 'Yes, we'll get it for you'." Another person said, "They're very helpful the staff here, If I want a cup of tea they'll say 'I'll fetch it for you in a moment' and they do." A third person told us "There's just enough staff, I feel wanted, they [the staff] ask me if I need help, if am I comfortable and things like that."

A relative said, "There was a period where it was a bit thin [the staff on duty] but that seems to have improved." Another relative told us "Yes, they [the staff] have training programmes quite frequently which is all to the good".

Staff also told us they thought there were enough staff to meet people's needs throughout the day. One said, "I someone goes sick, we get agency staff, we have been what to do if we need someone [agency staff] to come in."

During our inspection in April 2015 we identified a number of shortfalls in the management of people's medicines. We found that there were a number of unexplained gaps on the medicine administration records (MAR). It was not always possible to establish whether the person had received their prescribed medicines or the member of staff had forgotten to sign the MAR.

As required the provider sent us their action plan which informed us that they had discussed the importance of managing medicines safely in a senior carer's meeting, made sure that weekly audits were carried out by the management of the service and recorded. They also requested the pharmacy who supplied their medicines to come and carry out an audit, which they did and offered helpful advice.

During this inspection we found that medicines, including controlled drugs, were managed safely by the service and records were found to be complete. We observed staff administering medicines to people and saw that they did it in a patient and caring manner. After lunch we observed a staff member advising a person, who was attempting to chew their tablets, how best to swallow them with their drink.

The manager told us that, although only the senior care staff administered medicines, all the care staff received basic medicines training so that they were aware of good practice and understood the importance of allowing and supporting the senior to do the medicine round without interruption.

This was evidenced from records which showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely every six months. The manager audited the medicines weekly.

Staff told us, and records confirmed, that they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was on display from the local authority detailing how to report a concern.

Good

Is the service safe?

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local safeguarding authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to mitigate the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, were used where it was felt necessary and safe to help stop people falling out of bed.

Records showed that people assessed as being at risk of developing pressure areas were receiving the care they needed to prevent deterioration. Specialist equipment was being used, such as pressure reliving mattresses and seat cushions. We observed that pressure relieving equipment was moved from chair to chair when someone moved between them to support skin integrity.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example, fire drills were carried out so that staff understood how to respond in the event of a fire.

During our inspection we observed sufficient staff available to respond to people's request for help and support without delay. People had access to call bells in their bedrooms and told us that staff responded promptly when they called. One person told us "I'm quite happy here, they'll [the staff] come to the bell, if they can't do it alone they'll get help." Another person told us they didn't always us the call bell, "I'll go and get one of the nurses and ask and they'll help you." One person told us, "There's always someone [a staff member] walking about who will help you, the same at night." They also said "I haven't heard other people's call bells going off for too long." One person said they were confident that, "If I did fall they [the staff] would come straight away."

Recruitment procedures were in place to ensure that only suitable staff were employed which were followed. Records showed that staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

We observed that people's rooms were clean, bright and appeared to be well maintained. One person told us "They're [the staff are] very quick with the carpet washer if there's a spill or an accident." People's en-suite facilities and the toilets and bathrooms in the communal areas appeared to be clean and fresh and well lit, with soap, sanitiser and paper towels fully stocked. Bins were of an appropriate type and had been recently emptied. Personal Protective Equipment (PPE), gloves and aprons, were available and we saw staff using them appropriately to help reduce the risk of cross infection from one person to another.

One person told us, "It's a shame the place is a bit shabby, it could do with a lick of paint." A visitor said, "I've been coming here a while, the home is comfortable, but raggedy." We had also noticed that the doors, walls and other areas in the service were in need of refurbishment and redecoration. We discussed this with the manager and operations manager who both agreed that the service would benefit from decorating, they affirmed that they would raise this with the providers.

Good

Is the service effective?

Our findings

People told us that staff made sure that they got what they needed and that they were supported well. One person said, "It's absolutely fine here. I'm very happy with the care." Another person said, "On the whole they [the staff] are well trained, I'm comfortable here."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

We asked people using the service and their relatives if they felt that their needs were being met by staff who knew what they were doing. One person told us "They say 'Ask us if you need anything, just call'." One relative told us "[My relative is] not able to move about, the staff use a hoist and sling, as they do they're telling them [my relative] all the time what they're doing and tell them how to stay safe, 'Hold the handles on the frame' they say. Another relative told us, "There's two [staff] and they'll tell us 'I'll do it when so-and-so is free'. This indicated that the staff used good practice when using a hoist.

We found staff to be knowledgeable and skilled in their role. One staff member gave us examples of mandatory training they had been provided with, for example first aid, moving and handling, food handling. They told us that they underwent training every two weeks, "It seems." And that all the staff were involved including the domestic and kitchen staff. They told us, "We have time for meaningful relationships with the residents and we both read and updated people's care plans each day as necessary." We spoke with the chef; they told us that all the kitchen staff received training and regular updates for food related training as well as diabetes, dementia, medication, Mental Capacity Act and Deprivation of Liberty Safeguards and manual handling. They told us, "The manager makes no exceptions, the entire domestic and kitchen staff undertake all the training courses."

The manager told us that the care staff were supported to gain industry recognised qualifications in care, an National Vocational Qualification (NVQ) in care or more recently a Qualifications and Credit Framework (QCF) award. This meant people were cared for by skilled staff, trained to meet their care needs.

We asked people and their visitors if they felt staff had the training they needed to do their job and meet their needs. One relative told us "I don't think any of the new staff have been 'green', they seem to have a caring background. They'll be introduced into the job by one of the regulars [staff], to be shown around and the like."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager understood both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. They told us that they had made applications for authority to deprive some people living in the home of their liberty in order to keep them safe, which assured us that they had taken action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of deprivation of liberty.

People's individual records included an assessment of capacity and consent to care and treatment forms. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. A staff member told us, "I make sure I help the residents make choices and decide for themselves what they want to do."

Throughout our inspection we saw staff supporting people to make choices and to ask people if they wanted support; gaining their consent to care before they took action. One staff member bent down and spoke to a person who had slipped down in their chair, "Are you comfortable, shall I move your cushion so you can see the TV better?" They then carefully repositioned the cushion, chatting to the person as they did it and checked that they were comfortable before they moved away.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of

Good

Is the service effective?

people's healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests. One person said, "The doctor from the local practice comes here once a week on a Monday, he's a very nice man." Another told us, "Doctors come, give us a good going over and asks us questions about ourselves." A visitor told us that since their relative had lived in the service their healthcare needs had been well managed and their health had improved.

Healthcare professionals visiting the service during our inspection told us that the staff were helpful, "But sometimes a bit slow to get organised." Another said, "it's well managed here and when I speak to staff I am confident they are giving me the right information."

We observed lunch in the dining room. A total of twenty people sat together around six tables, a high proportion of the twenty seven people living at the service. There was soft music playing in the background and people appeared relaxed and content. Tables were attractively laid with linen table cloths, cutlery, salt & pepper and everyone had been provided with their choice of drink.

However, the dining room was rather dull; there was some natural light to one side coming in from the conservatory, but dim artificial ceiling lights made it difficult for people to see. This put people with impaired sight at risk of falls. We also observed that part of the room was used for dispensing medication and the storage of medicine trolleys where good light would be essential to assist staff to manage that task safely.

Menus on tables offered a choice of two meals. The food was served to everyone individually on warm plates, looked appetising and when we sampled it we found it tasted very good. One person told us "I enjoy anything cooked here, the food is delivered fresh and cooked on site," Another told us, "It's a very nice sweet." And another, "They say if you don't like something they'll get you something else." A visitor told us "When I'm here at lunchtime they [the staff] say 'Are you staying to lunch?' and they say it's ok to stay. The food is nice, all fresh, the chef is so good with them [the people]."

People were asked in the morning for their choices for dinner. However, we observed them asking each person again what they would like before serving them their meal. One person was offered both options plated up which allowed them to make their decision based on their visual preference. Once the person saw the two plates they were very definite about which they preferred. The same member of staff was later seen to be offering to warm a person's food that had gone cold. Once finished people were allowed to remain seated if they so choose to for a period of time and this allowed staff to talk to them as they cleared up and carried on with their duties.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Care and kitchen staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. Fresh snacks and finger foods were feely available for people to help themselves to between meals.

Good

Is the service caring?

Our findings

People and their relatives commented very positively about the staff. They told us they were kind, caring and well trained. A visitor told us "We were pleasantly surprised when we came here, we are exceptionally pleased, I think it's very, very good." One person living in the service said "To me the staff are perfect, I'm as happy as a lark". When asked about forming relationships and feeling involved the same person told us "If there's any jobs to be done I go and do them, I feel part of the team."

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people living with dementia. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. A relative said, "The staff are very good with the residents, they treat them so nicely."

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company.

Staff spent time sitting in the lounge chatting and being sociable with people and as they went about their work did not miss opportunities for interaction. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. Staff were familiar with how people liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

There was a light hearted atmosphere in the service. One person's relative told us, "What I've noticed is that all the staff are so nice to all the residents and treat them with kindness, there is always time for a laugh."

The manager told us that people were encouraged to be involved in planning their care where they were able. One person told us, "I get asked to check my care plan, but I'm happy to let them sort that out." Relatives told us they were included in discussions about their family member's care. One relative said, "Yes, they have done, the manager or under manager ask us how we are feeling about [our relative's] care." Another relative told us, "My [relative] has a care plan, I think I saw it early on, they're being looked after well… the staff and the manager will discuss anything with me that's relevant."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, "You can ask for a particular member of staff, of course you can." A relative told us "I have seen how staff work here, the staff all treat [my relative] with respect." Any personal care was provided promptly and in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative told us that their relative did not always makes the carers' job easy, but they are always patient and got them to have a shower and change their clothes more often than not. People told us that they thought the service responded to their needs, One person said, "I only have to explain what I need... I get what I need."

People and relatives also told us that they had been provided with the information they needed during the assessment of need process before people moved in. Care plans were developed from these assessments and recorded information about the person's likes, dislikes and their care needs.

Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, "They are very good staff, I can't complain, I get help just the way I need it."

The records showed that the care plans were reviewed regularly and the manager told us that they reviewed care plans regularly or whenever a need arose, when there are changes in people's health or supports needs for example."

There was an employed activities coordinator in post who was proactive and used their local knowledge and influence to help in devising an interesting program of activities, outings and entertainment which people were encouraged to take advantage of. One person told us "Staff, they say come on, come and do something to pass the time." A relative told us "My [Relative] would be happy to sit in their room all day but staff come and encourage them to join in."

The relatives we talked with were enthusiastic about the entertainment and activities offered to people. One person's relative told us "The lady that does the activities is excellent; she worked with the residents to make the bird ornaments that are outside the windows." Another relative told us, "There were fireworks, we've got a party next Saturday, the cheese and wine was one of the most successful events; a young lady was singing and playing the saxophone. My [relative] was reminiscing being in Clacton the other day." and "Tesco's have invited some of the resident's for a Christmas dinner, twelve or fourteen are going, they went last year as well."

We saw people take part in everyday activities of their choice. We saw people reading papers, magazines and playing cards and dominos, crosswords and board games were available if people wanted to have a go.

On the day of our inspection we observed nine people taking part in an activity that came about through cooperation between the service and a well know supermarket. A staff member from the supermarket came to the service with a selection of different fruit, cheese, bread and other items were handed around, cut open and smelt and tasted. The activity was called 'farm to fork', and it appeared to be a lively event with people tucking in and discussing the different samples they tried. Afterwards people were given a goody bag containing a small selection of the foods they had tasted.

Before this activity started we saw the coordinator visiting people in their bedrooms and encouraging them to go along and take part. The service also took steps to support people to continue to follow chosen religion, a relative told us "They have a church service here about once a month, my [relative] was quite involved in the village church."

People were supported to keep in touch with others that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. When asked about visiting times a relative told us, "It's open anytime." Input from families was encouraged and relatives told us they were always made welcome when they visited. People's relatives told us that they were made to feel welcome when they visited their family members. One told us, "I feel part of the home; it's a part of my life. I don't find it a drag, I get up and look forward to seeing [my relative]. "They [the staff] greet me, say "hello, come in, how are you today? It's that response that makes you feel so welcome."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The organisations complaints procedure was displayed openly in the entrance hall and we saw that

Good

Is the service responsive?

complaints were recorded in line with these procedures. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that they had no concerns about making a complaint and that if they needed to make one they knew what to do and who to talk to. One person said, “I have no complaints, I am comfortable and well looked after.” A relative told us “I go and see the manager if I’m worried, he always responds in a positive way if I have a concern.” Another relative told us, “My [relative] has been here four years now, if we weren’t happy they wouldn’t be here.”

Good

Is the service well-led?

Our findings

The service is well led. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, "Over the last year or so it's improved [the service], it was always ok but he's good [the manager] … well they're all good [the staff], I can't fault any of them." A professional healthcare visitor told us that the home was well managed and communicated effectively with their service.

All the staff we spoke with told us they felt supported by the manager and were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems. The manager was knowledgeable about the people living in the service, they spent time talking with people daily and monitored staff and the delivery of care closely.

People were given the opportunity to tell the provider what they thought about the service they received so that they could push improvements in the way they were cared for. People and their families were asked their views about the way the home was run through completing annual surveys. They were also given the opportunity to attend meetings, where they received information from the providers and give their comments about the running of the home. A relative told us, "We had a residents / relatives meeting just two or three weeks ago. There were quite a number of relations there, they're [the service] quite open with the comments, good or bad, they don't try to cover anything up. I've been coming here for so long it's becoming part of my life."

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends. In their Provider Information Return, sent to us before our inspection, we were told, 'We record all incidents and near misses and report them to appropriate authorities and lessons learnt are implemented immediately.'

The operations manager worked closely with the manager to push improvement and the providers visited weekly so they could ensure themselves that the service was run to a good standard.

We saw from the records that people's health and wellbeing was protected because health and safety checks such as fire drills and essential maintenance checks, the lift and hoists were up to date and regularly scheduled.