

Hallaton Manor Limited

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Inspection report

Hallaton Manor
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Date of inspection visit:

25 April 2016

26 April 2016

Date of publication:

04 July 2016

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 ●

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2016. This was unannounced on the 25 April 2016, announced on 26 April 2016 and completed by one inspector.

Hallaton Manor is a service that provides accommodation for up to 41 people. There were 39 people who used the service at the time of these inspections. The service is set on two levels and had a lift and stairs for access. There was a large garden area and the property is in the centre of farm land, so therefore offers extensive field views for people to enjoy.

There was a registered manager at the service. 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.

People told us that they felt safe at the Hallaton Manor and, in the main, systems and routines supported the safety of people. Medication was stored and recorded in line with guidelines, however, staff were often interrupted during the administration of medicines. This posed a potential risk of a medication error occurring during this time.

The records we reviewed showed that risks associated with people's care and support had been assessed and actions had been taken to minimise such risks.

People's needs were assessed prior to them moving into the service and plans of care were developed from this initial assessment. People were involved in decisions about their care and support.

People had been involved in making day to day decisions about their care and support. People also felt that there were currently enough members of staff on duty to meet their care and support needs. People visiting the service also confirmed this.

Staff knew about the needs of the people that they supported and people had access to specialist healthcare advice, when they needed it.

Whilst there were times when we observed people being treated in a kind and caring manner, there were other times when they were not.

Checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received training relevant to their role within the service and ongoing support had been provided.

Staff meetings and meetings for people who used the service and their relatives were regularly held. This

provided people with the opportunity to be involved in how the service was run.

The staff team felt supported by the manager and senior members of staff. They also felt able to speak out about any concern they may have had of any kind.

People's nutritional and dietary requirements were assessed and a balanced diet was provided, with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake were maintained when these were needed. Whilst the majority of people had a good experience at meal times, We found that some people who did not.

There were systems in place to regularly monitor the service that was provided and these had been effective in the identification of areas that required any action. Any required actions had been planned, monitored and the outcomes recorded

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 consistently safe.

The service had assessed the risks to people's safety. People received their medicines as they had been prescribed and these were stored appropriately.

Background checks had been carried out when new member's of staff had been employed. There were enough staff to provided appropriate support for people.

Staff knew how to reduce the risk of people experiencing abuse.

Is the service effective?

Good ●

The service was effective.

Staff knew about the needs of the people that they supported and people had access to specialist healthcare advice, when they needed it.

People were cared for by staff who were trained and had the knowledge and skills they needed to provide support for older people.

Staff demonstrated an understanding of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves about their care.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and staff responded when they asked for help.

Staff were kind and attentive. People's privacy and dignity were respected.

People told us that the staff listened to them and offered choices.

Is the service responsive?

The service was responsive.

People's individual needs had been assessed, planned and reviewed with them to make sure they were met, and the staff knew how they wished to be cared for.

Activities were regularly provided, these included the development of areas within the service as well as access to activities within the community.

People told us that they raised any concerns they had with the staff and manager. Concerns and complaints were recorded and dealt with quickly, with acceptable outcomes.

Good ●

Is the service well-led?

The service was well-led.

People knew who members of the management team were. Staff were happy working at the service and were able to offer suggestions about the way care and support was provided.

Staff and visitors knew the manager, who was visible around the service and they were able to discuss matters at any time.

Good ●

Hallaton Manor Limited

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 checked 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 25 and 26 April 2016. This inspection was unannounced on the 25 April 2016, announced on 26 April 2016 and completed by one inspector.

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. Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us some information prior to the inspection and this was received.

At the time of our inspection there were 39 people using the service. We were able to speak with six people who used the services at Hallaton Manor, two relatives, seven members of the staff team, the provider, the registered manager, the deputy manager and the training manager. We also completed observations during our inspection to assess the way staff provided support and interacted with people who used the service.

We observed care and support being provided in the communal areas of the service. This was to enable us to understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support that they were provided with.

We reviewed a range of records about people's care and how the service was managed and maintained. This included four people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the regular audits that the management team completed to monitor the quality of the service provided.

Is the service safe?

Our findings

People who used the service and visitors we spoke with said that staff did support the safety of people. One person told us, "I feel safe and happy here." A visitor told us, "Staff consider the health and safety of people here. I have no worries at all."

The staff team were aware of their responsibilities for keeping people safe. They explained the procedure to follow if a safeguarding concern was identified. This included informing the manager or senior staff immediately. Staff understood whistleblowing and confirmed that they worked together and in an open way. People who used the service also had information and telephone numbers of agencies they could speak with if they wished. Our conversations with visitors at this time confirmed this. One person told us that they had never had a worry but that they would always talk with staff if they did.

The staff team took staggered break times to ensure that there were always staff available to attend to the needs of people who used the service and to support their welfare and safety. For example, there were more numbers of staff providing support at busy times of the day such as when people were preparing for a meal time, during the actual meal and also times when people would be getting up or into bed.

Staff told us that they felt there were enough staff to meet the needs of people who lived at the service. The staff rotas reflected regular staffing levels and we observed staff providing support in a calm and unhurried manner. This showed that staff were able to meet people's support and care in a safe way. One visitor who used the service told us, "We have always been greeted warmly and staff seem to be where they are needed. Every time I visit [name of person] they seem looked after and always dressed smartly. I think that seems to say staffing is not a problem."

Records showed that risk assessments were completed and regularly reviewed to eliminate or reduce any risks associated with people's care and support. Assessments had been completed for such areas as moving and handling, nutrition and skin care.

When we looked at plans of care, we noted that there were clear instructions for staff to follow in the event of a person showing behaviours that could challenge. The actions to take to diffuse such behaviours and how staff should speak with the person was clearly set out. This information therefore provided the staff team with the tools they needed to support this person effectively and minimise any potential adverse impact on other people.

People, especially those with complex needs, were assessed to identify any risks associated with nutrition and hydration. We saw that these assessments were regularly reviewed and actions taken where needed.

We observed the staff team assisting people to move around the service. We noted that staff allowed time for a person to understand any instructions, for example, while using a hoist staff continued to provide gentle direction. This meant that the person remained calm. They moved the hoist slowly and in a safe and

appropriate way.

Staff had appropriate training regarding the safe storage and administration of medicine, in line with current guidelines. This training was regularly refreshed to ensure practices were current. Our review of the medicine administration record (MAR) sheets evidenced that staff completed records correctly and that these were up to date.

We observed a medication round during the lunch time period. This was conducted in a calm and safe way, with the medicines trolley being locked during individual dispensing. Staff wore a top stating that they were not to be disturbed at this time. However, we noted that during this time both staff and people who used the service did interrupt the medication round. While the staff member remained calm and gently responded to people before carrying on, this posed a potential risk of a medication error during this time. Staff may potentially make an error during the dispensing of medication if they are distracted and their full attention is not applied to this task. We noted that safe practice was undertaken in all other areas of dispensing medicines, such as the medicines trolley being locked when unattended. We discussed this with the manager who assured us that this matter was not common practice and would be addressed with all members of staff.

Any pain relief or medicines taken as required (PRN) had been prescribed by the doctor and were listed on individual MAR sheets. Any such medicines had been recorded to ensure that staff were fully aware of exactly what medicines people took and what amount had been given. Regular audits and spot checks of medicines were completed. We reviewed documents that evidenced that this was a regular practice. Any incidents or accidents were also fully recorded, monitored and addressed for the safety of people.

Regular audits of the premises made certain that all areas were safe and well maintained. During our inspection we saw that the service was well maintained in all areas. The building was free from any obstacles that may present a risk. Fire signs and exits were clearly and appropriately on display throughout the premises. There were regular fire drills completed and recorded to ensure the safety of people during such an incident. The fire alarm systems were also checked regularly and discussions with members of staff also confirmed this.

Is the service effective?

Our findings

People who were able to talk with us told us that they thought the staff team knew their care and support needs and that they looked after. People who used Hallaton Manor told us that staff knew how to provide support for them and what they liked. One person said, "Staff know me, they do help me, very happy." One visitor said that staff did know people and were always asking if people were alright. They also said that on each visit, staff reacted to people promptly to meet their needs and the environment was always relaxed. We observed staff asking if people needed any assistance at various times during this inspection.

A health professional told us that people received the care and support they needed, that appropriate referrals for their service had been made and that the staff followed all instructions they gave them. They said that staff were knowledgeable about the needs of each person, could find the records they asked for when needed and encouraged people who used the service to make their own choices.

There was regular training undertaken regarding the Mental Capacity Act (MCA) 2005. However, not all staff had been included in this training. The MCA 2005 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.

The provider, registered manager and the training manager discussed the training programme and the fact that such areas as catering, maintenance and domestic staff had not been included in MCA training. All members of staff who are in contact with people who used the service need to complete all relevant training to support the safety and well being of people. The training manager gave us assurances that all staff who had not completed MCA training, dementia awareness and safeguarding training would be booked for these courses.

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 checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit seven DoLS applications had been submitted and these were reviewed periodically in line with current guidelines. The provider was complying with the DoLS conditions applied to the five authorisations that were in place. These were being regularly assessed and reviewed by the provider and the local DoLS team to ensure that these needed to be continued and were fully appropriate.

Staff told us that they had completed an induction programme when they had started work at the service

and also had training relevant to their role. Staff files evidenced this as did our discussions with members of staff and also with the training manager.

We observed the staff providing support for people who used the service. We heard conversations that showed that staff knew people and their routines as the support provided was reflected in care plans we reviewed. There was time for staff to speak with people and there was clearly a great deal of communication and enjoyment for people as they laughed with staff. Three people agreed that staff were trained and knew their job. One person who used the service said, "I cannot praise the staff enough, they are so very good here."

The staff team felt supported by the registered manager. Team meetings had been held and supervision sessions had been regularly undertaken. This supported the development of staff and we were told by staff that they could discuss any subjects. This included their personal development.

We observed part of the lunchtime period, we saw that food looked and smelt appetising. One person who used the service told us, "Food is good, always good, very nice. I just keep smiling. This is a good place." One visitor told us that their relative had eaten more consistently since moving to Hallaton Manor. The meal time was a relaxed time, with staff assisting where they were needed. They spoke to the person while assisting them and did not rush the person. However, we did note that one person who had sat for some time at the table was not treated with consideration. Two staff attended to this person, they took away an empty glass and then moved the person in their wheelchair without speaking with this person. Staff were gentle and did not rush during this time, but did not fully support this person appropriately or show with due consideration.

We saw that the catering staff had access to full information about people's dietary needs. They were knowledgeable about the requirements for people who required soft or pureed food and for people who had difficulties such as swallowing.

The menu was on display in the dining area, but this could only be seen when people were seated at the tables. This was not displayed very clearly and pictures of food were not displayed to assist those people who may need this support. However, the registered manager then showed us a display in the main corridor. This was a large board with daily menus displayed with large pictures. We were also shown a book with pictures of food and the words written underneath, these supported people to make an informed choice of meals.. This was in the first language for one person who used the service. This person smiled, laughed and grabbed the hand of the registered manager when we entered one of the lounge areas. There was much laughter and the person showed that they enjoyed this communication a great deal. Dishes from the person's culture were also offered. People who used the service confirmed that they had choices for meal times and we saw that staff did ensure that people were happy with their choices of meal.

For people who had been assessed to be at risk of dehydration or malnutrition, monitoring charts were used to document their food and fluid intake. There was also a strong move towards reducing medicines and providing people with the correct foods and nutrition they required. The service worked closely with doctors to develop this without causing any adverse reaction on the person's health. Behaviours had become calmer due to the correct foods being introduced to certain people. This was stated by the manager and also confirmed in our discussions with staff and visitors.

People who used the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. Records showed that any medical attention was accessed to support the well being of people. One professional confirmed this by saying, "Staff always call us as soon as they have any concerns, or just to confirm certain aspects of a person's health. They understand their instructions from us and we certainly have no problems or worries. Staff know what they are doing and ask if not." They also told

us, "Staff are readily available when we call, they know what the current situation is and have notes to hand at all times."

Is the service caring?

Our findings

People who used the service, and visitors we spoke with, spoke in a very complimentary way about Hallaton Manor. One person explained that their relative had been treated in a caring and considerate way since their arrival. They felt that the patience of the staff had a positive effect and made a great difference to their relative. One person who used the service said, "I like it here, the staff are so good, they make me happy. They are good always."

Staff provided support in a gentle, caring way. They spoke quietly to the person with due regard for their dignity, ensuring that information was kept privately. The atmosphere at the service was vibrant and relaxed with people seating and walking where they wished. One person greeted us at the door, they looked very smart and well cared for. Everyone had their hair tidy and clothes had been chosen to compliment the person.

One visitor told us that the staff ensure that their relative was smartly dressed and that, "Things like nails and hair are always good. I think this shows that staff pay attention."

Visitors we spoke with told us that they were more than happy with the support and care that staff provided. They told us that staff were always welcoming kept them informed and listened whenever necessary.

Care plans reflected the daily choices of people regarding their routines and preferred times of getting up and going to bed. Staff showed a clear understanding of people and their chosen daily routines. We saw that some people who used the service were not always able to voice their choices, but staff suggested different things until the person showed this was what they needed. For example two people came up to staff, at different times, while we were talking and stood watching us. The particular member of staff stopped speaking and gave the person their full attention while they said, "Oh, time for a cigarette?" One person walked towards the smoking area that had been built for this purpose. Another person took the hand of the staff member and led them to the smoking area. The member of staff immediately spoke with this person explained they had to get cigarettes and that they would be back. Staff spoke gently but with regard for the person's dignity.

Throughout this inspection we saw that the service had developed a very person centred environment that was homely and relaxed, even though the building itself was large. There were various areas for people to relax and undertake what they had chosen.

Staff showed that they cared about the people they supported. We were told by staff that they enjoyed their work and our discussions showed that staff listened to people and provided the type of environment they wished for. One person helped to look after the chickens at the service, we saw that staff made certain that any waste food was put aside for the individual to feed to the chickens as they enjoyed this.

Staff were knowledgeable about individual likes and dislikes. They explained about routines that people followed and how to provide appropriate support for a person if they became upset or agitated.

Is the service responsive?

Our findings

One visitor told us, "People are well looked after and have anything they need, as long as this can be sorted then they do it." One health professional said, "Whatever a person needs is obtained and staff act quickly to deal with things in my experience. I have no concerns about staff skills here." People who were able to speak with us told us that they knew how to raise any issues of concern. One person said, "Yes, I tell them [staff] if I need something and they get it. They always sort things for me."

We reviewed the plans of care for people and saw that their wishes and needs were clearly explained. This enabled the staff team to identify any changes in people's health and take the appropriate action. There were records that showed people's relatives had been involved in the reviewing and development of their plans of care. A relative told us "The staff are good at keeping me informed and at making me and everyone feel included in things. They work hard to look after people here."

Our discussions with staff showed that they were fully aware of preferences such as what activities a person enjoyed to pass their day. One staff member explained about board games that one individual liked, we saw that staff spoke with this person and offered to get some games that they liked after the person had finished their lunch. We noted that people looked well cared for. For example, it was evident to us that personal hygiene such as nail, teeth and hair care were clearly regularly completed.

Staggered mealtimes had been introduced into the daily meal routines. This allowed people to eat when it suited them and to eat meals with those they chose to sit with. This also enabled staff to provide the appropriate support for people. Staff were able to sit for as long as needed to assist those people who required support with their meals. This provided a relaxed and unhurried meal time experience for people. This also meant that there was time for staff to speak with those who may have refused to eat, allowing discussions that may result in a person eventually having something to eat. We observed a mealtime and saw that all staff assisted where needed, met the needs of the individuals and made certain everyone was comfortable.

An activities person was employed five days a week. Recent activities provided included a movie night, walks, and one to one discussions with individuals as well as cake baking. The cakes that were baked were on display in the cafe area that had been developed to provide a relaxing experience for people who used the service and also for their visitors. We were shown an external area that was being developed for the summer months. This was planned to give a seating area for people and to provide the feel of enjoying a visit to a tea shop with specific signs to enhance this experience. This meant that those people who lived with dementia were provided with the opportunity to enjoy an experience of visiting a tea shop, having a drink and cake in an outdoor environment. This would support those who often became agitated or restless, as well as providing an opportunity for a short walk to this external area along with the benefit of fresh air and outdoor environment.

We found that additional innovative ideas had been implemented to support individual needs. After learning that one person had previously enjoyed keeping chickens on their farm, the staff had arranged for

chickens to be kept on the premises. Following risk assessments for all aspects of this, an area was developed and many people enjoyed watching the chickens outside. The person concerned had watched over the eggs in the incubator and now routinely feeds them and collects the different colour eggs that they produce. This gave people the opportunity to see different varieties of chickens, to watch their behaviours and also examine the different types of eggs that they produced. Staff told us that people were interested to see the different shapes, colour and sizes of eggs produced. The manager told us that many people benefited from this farm environment and discussions had been undertaken about people's previous experiences and memories of visits or life on farms. Various chickens from different countries had been obtained.

We saw that a bus stop, complete with timetable, had been erected outside the front entrance of the service in the turning area for vehicles. We were told that this was developed following one person's specific behaviours. They regularly went out with a bag and said that they were waiting for a bus. This person constantly told staff that they had to get on the bus and became agitated and distressed when this was not happening. Therefore it was decided that the bus stop directly outside the front entrance would be a solution. This enabled staff to come out after a short time and speak with this person, who then remained calm for the day. One time a member of staff drove a minibus to the stop and gave the person a ride out. The manager told us that this individual became more settled and calm in their behaviours, just from knowing they were able to wait at a bus stop, preventing the need of medicines to be introduced.

Other day trips were regularly organised, for example, to take people to visit their family. During this inspection one person had asked to be taken to their family. When this was arranged, another person who used the service was asked if they wanted to join the trip as the minibus would pass close by their relative. This was accepted and a third person was to join the trip just to sit in the vehicle for the ride there and back. A visitor said, "Staff accommodate people's wishes, they really try hard to sort what people need and ask for. It's a very good place."

One visitor commented on the positive effect of the pampering and relaxation therapies that people were able to regularly experience. A therapy room was available to ensure the experience was totally relaxing. We were told that light therapy had been used for people who experience low moods during the winter month, or if a person just felt a bit low in themselves. The experience itself offered a quiet time for the person as well as positive light treatment. This had been discussed with the doctor who regularly attended the service and was also part of the move to reduce the need for medication. One visitor told us that they had seen a very positive change in their relative since they arrived at Hallaton Manor. They felt that the opportunity to go to an alternative building, as you would for any appointment in the community, and the selection of relaxation therapies on offer had helped to bring about a much more settled and relaxed personality.

When people had concerns, these had been taken seriously. A formal complaints procedure was in place. People we spoke with confirmed this. We saw that when any matters had arisen, such as concerns or suspected safeguarding matters, this had been acknowledged and an investigation had been carried out. The service notified, and worked with, appropriate external agencies to resolve any matters of concern. Actions and outcomes had been fully documented and followed through in a timely manner. These were also used to drive improvements within the service.

One visitor told us, "People are well looked after and have anything they need, as long as this can be sorted. One health professional said, "Whatever a person needs is obtained and staff act quickly to deal with things in my experience." People who were able to speak with us told us that they knew how to raise any issues of concern. One person said, "Yes, I tell them [staff] if I need something and they get it. They sort things for me."

We reviewed the plans of care for people and saw that their wishes and needs were clearly explained. This enabled the staff team to identify any changes in people's health and take the appropriate action. There were records that showed people's relatives had been involved in the reviewing of the plans of care. A relative told us "The staff are good at keeping me informed and at making me and everyone feel included in things."

Is the service well-led?

Our findings

There were systems in place to assess and monitor the quality of service that was provided. This also meant that any area that needed improvement was identified and appropriate actions put into place to address these.

Regular audits had been completed by the registered manger and senior staff. Audits and spot checks covered such areas as falls, pressure area care, nutrition and incidents and accidents. People's plans of care and medication administration records were also regularly audited.

Temperatures of heating, fridges and freezers were monitored and regular checks carried out to ensure these met appropriate levels. Domestic routines and cleaning schedules were regularly spot checked and the manger walked around the building daily to see how people were supported and to ensure the environment was clean and safe. We were told that the fire alarm was regularly sounded and fire drills were completed. There was also an emergency evacuation plan and risk assessment in place.

People had been given the opportunity to share their views and be involved in how the service was run. This was through daily discussions with members of the staff team and the registered manager. The people who used the service, their relatives and external professionals were regularly sent surveys to complete and the results of these were reviewed and any following action was monitored. Comments were discussed with the person concerned and where a request was made, this was undertaken and completed when possible. Records showed us that comments were taken on board, no matter how small, to provide a positive experience for people. One adjustment had been a smoking shelter that had been erected outside the building, following requests from people who used the service. This showed an open and inclusive management style that allowed everyone to voice their thoughts and be listened to.

The management structure in the home provided clear lines of responsibility and accountability for staff at all levels. Staff were aware of the ethos of the service and we were told that all staff worked well together to provide the best experience possible for people who used the service. From our discussions, observations and from a review of records, it was clearly evidenced that the organisation was committed to supporting people in a relaxed atmosphere and in the way that they had chosen. Regular meetings and feedback from people living at the service also supported this.

Staff members we spoke with told us they felt supported by the registered manager and they felt that they had the opportunity, and were encouraged, to discuss any concerns or suggestions of any kind. One staff member explained, "We're all a team and work together. I do not think anyone of us would not say what we felt." Another told us, "Oh, they [manager] are very approachable, if you have a worry you can discuss it at supervision or at the time. They keep their door open for everyone." A visitor told us, "The manager is very visible, always walking around the place and ready to talk with anyone. He knows what is happening with people, he is definitely the force of this place."

Monthly staff meetings had been held and supervision for staff was regularly carried out. The staff team were

aware of the aims and objectives of the service. The provider and manager were known to people as they regularly interacted with people and walked around the building, One person said that they were not office bound, they chatted and looked around the service regularly.

The service worked in an open way, management and staff at all levels worked closely together to provide support and maintain the best quality of life possible for people who used the service. Staff told us that they felt able to speak with any member of staff, as we observed, staff worked as a team to provide support. Members of staff told us that they were able to discuss things as they arose, as well as in supervision sessions. They had no problem with speaking out about anything and felt included in developments at the service. One visitor told us that they felt they were included in everything related to their relative as well as in any developments within the service.

The provider worked with external organisations and kept these fully informed as was needed. Any notifications were appropriately sent to other bodies. The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements.