Kibworth Knoll Limited

Kibworth Knoll

Inspection report

12 Fleckney Road
Kibworth
Leicester
Leicestershire
LE8 0HE

Tel: 01162793879
Website: www.kibworthknoll.co.uk

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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

Summary of findings

Overall summary

This inspection took place on the 13 December 2016. Our visit was unannounced.

Kibworth Knoll provides accommodation for up to 36 people who require personal care and support. There were 31 people using the service at the time of our inspection.

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

People told us they felt safe living at Kibworth Knoll. Relatives we spoke with agreed with what they told us. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the registered manager.

Risks associated with people's care and support had been assessed. These assessments provided the management team with the opportunity to reduce and properly manage the risks presented to both the people using the service and the staff team.

There were suitable numbers of staff deployed to meet the current care and support needs of the people using the service and to keep them safe. People we spoke with felt there were currently enough members of staff on duty each day because their care and support needs were being met.

People were receiving their medicines as prescribed by their doctor. Medicines were being appropriately stored and the necessary records were being kept. Systems were in place to regularly audit the medicines held at the service.

People received support from a staff team that had the necessary skills and knowledge. New members of staff had received an induction into the service when they were first employed and training relevant to their role had been provided to enable them to meet people's needs.

The staff team supported people to make decisions about their day to day care and support. Where people lacked the capacity to make their own decisions, we saw that decisions had been made for them in their best interest. Where people required additional support to make decisions, advocacy support was available to them.

People told us the meals served at Kibworth Knoll were good though people's dining experience varied. People's nutritional and dietary requirements had been assessed and a balanced and varied diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, records showing their food and fluid intake had been kept.

People were supported to maintain good health. They were supported to access relevant healthcare services such as GP's, community nurses and dieticians and they received ongoing healthcare support.

People told us that the staff team were kind and caring and they were treated with respect. The relatives we spoke with agreed with what they told us. Throughout our visit we observed the staff team treating people in a kind and considerate manner.

People's privacy and dignity was respected and promoted by the staff team.

People had plans of care that reflected their care and support needs. These provided the staff team with the information they needed in order to properly support the people using the service.

A complaints procedure was in place. Although not everyone we spoke with remembered seeing this, they all knew who to talk to if they had a concern of any kind.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

Staff meetings and meetings for the people using the service and their relatives were being held. These provided people with the opportunity to have a say and to be involved in how the service was run. Questionnaires were also being used to gather people's feedback.

The staff team felt supported by the registered manager. They explained that they were given the opportunity to meet with them on a regular basis and felt able to speak with them if they had any concerns or suggestions of any kind.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

There were systems in place to regularly check the quality and safety of the service being provided. Regular checks had been carried out on the environment and on the equipment used to maintain people's safety.

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 told us they felt safe and the staff team knew their responsibilities for keeping people safe from avoidable harm.

An effective recruitment process was followed.

Risk assessments had been completed so that the risks associated with people's care and support could be identified and minimised.

The management of medicines meant people received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The staff team had received training and had the knowledge they needed to be able to meet the needs of the people using the service.

Where people lacked the capacity to make decisions, their plans of care showed that decisions had been made for them in their best interest. Staff members understood the principles of the Mental Capacity Act 2005.

People were supported with their nutritional and healthcare needs. They were supported to access health services when they needed them.

Is the service caring?

Good

The service was caring.

The staff team treated people with kindness and people's privacy and dignity was respected when receiving care and support.

The staff team ensured that people were offered choices on a daily basis and involved them in making decisions about their care and support.

The staff team knew the needs of the people they were supporting.

People's relatives were able to visit and were made welcome at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they moved to the service and they had been involved in deciding what care and support they needed.

People had plans of care in place that reflected the care and support they required.

People knew who to speak to if they had any concerns and they were confident that their concern would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The service was well managed and the management team were open and approachable.

Monitoring systems were in place to monitor the quality of the service being provided.

The staff team working at the service felt supported by the registered manager.

People using the service, their relatives and the staff team had been given the opportunity to have a say on how the service was run.

Kibworth Knoll

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 13 December 2016. Our visit was unannounced.

The inspection team consisted of two inspectors 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.

We reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 31 people using the service. We were able to speak with five people living there and three relatives of other people living there. We also spoke with the providers of the service, the registered manager, and five members of the staff team.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care. We also looked at associated documents including risk assessments and medicine

administration records. We looked at records of meetings, three staff recruitment and training files and the quality assurance audits that the registered manager had completed.

Good

Is the service safe?

Our findings

People we spoke with felt safe living at Kibworth Knoll and felt safe with the staff team who supported them. One person told us, "I feel safe in the home as I have people around me all of the time and I have my walker." Another explained, "I feel safe in the home as the girls are always around." Relatives we spoke with agreed with what people told us. One relative told us, "I feel she is safe and happy here."

The staff members we spoke with knew their responsibilities for keeping people safe from avoidable harm. They had received training in the safeguarding of adults. They knew the signs to look out for to keep people safe and they knew the procedure they needed to follow when concerns about people's health and safety had been identified. One staff member told us, "I would go and tell the manager and if they didn't do anything about it, I would phone the Care Quality Commission (CQC)." Another explained, "I would go to the management but if they were not here, I would contact social services and CQC."

The registered manager was aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the CQC. Appropriate referring of safeguarding concerns makes sure that people using the service are protected from harm or improper treatment.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so that any risks could, wherever possible, be minimised and properly managed by the staff team. Risks assessed included those associated with people's mobility, their skin integrity, nutrition and hydration and falls.

Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. This was to make sure that people's health and safety were maintained. An up to date fire risk assessment was in place and regular fire drills had taken place. The staff members we spoke with were aware of their responsibilities in the event of a fire and personal emergency evacuation plans were in place for the people using the service. These instructed the staff team on how to assist people in the event of an emergency. A business continuity plan was also in place for emergencies and untoward events such as loss of utilities, flood or fire. This provided the management team with a plan to follow should these instances ever occur.

We looked at the recruitment files belonging to three members of the staff team who had been recently employed. We saw that the provider's recruitment process had been followed. People's previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) This showed us that the people using the service were protected by the pre-employment checks that had been carried out.

People using the service told us that they felt there were enough staff members on duty to meet their care and support needs. Relatives we spoke with agreed with what they told us. One person using the service told

us, "There always seems to be someone around." Another explained, "There are plenty of staff on." A relative told us, "Staff are regular and many of the staff have been here so long, which helps with building relationships."

We asked people whether, when they called for assistance, staff members came quickly. One person told us, "Sometimes we have to wait, but that is okay as they will be with someone else." Another explained, "They come quickly when you call the buzzer. If not, I call them on the telephone downstairs as I have their number."

Staff members we spoke with also told us that there were enough staff members on duty to meet the current care and support needs of the people using the service. One told us, "I feel there are enough of us on shift. We take our time and don't have to rush people." Another explained, "Yes, we always have enough staff. If they [management team] haven't, they ring the agency or they ask if we want to work an extra shift."

We observed the staff team. They went about their work in an unhurried manner. We observed them supporting people at a pace that suited them and staff gave them the time they needed.

We looked at the way people's medicines had been managed. This was to check that people had received their medicines as prescribed. We saw that they had. Medicines were stored securely. Stocks we checked were correct and medicine administration record (MAR) charts were accurately completed. Protocols were in place for people who had medicines 'as and when' required, such as paracetamol for pain relief. These protocols informed the reader what these medicines were for and how often they should be offered. We did note that the time that these medicines were offered was not always recorded on the back of the MAR chart. We shared this with the registered manager for their attention. They told us that this would be addressed.

There was an appropriate system in place for the receipt and return of people's medicines and an auditing process was carried out to ensure that people's medicines were handled in line with the provider's policies and procedures.

Only staff who were trained in safe management of medicines supported people with their medicines. Their competence to continue to support people with their medicines was assessed by the registered manager. During our visit we observed the senior member of staff during the lunchtime medicine round. They approached each person and explained what the medicine was for. They were not rushed and they supported people appropriately. One of the people using the service told us, "I have lots of pills and they have to be given at certain times. I have a notebook where I record it all and if I oversleep I know what I am doing." Another explained, "They [staff team] look after all my medication. It is on time, they are good at it."

Good

Is the service effective?

Our findings

People we spoke with told us that they were looked after well by the staff team and they felt that they had the skills and knowledge to meet their individual care and support needs. One person told us, "You can't grumble about the girls, they work very hard and they know what they are doing, they do with me anyway!" Another explained, "The staff look after us very well, they really do. They do everything needed."

The staff team had been provided with an induction into the service when they had first started work. Training suitable to their role had also been completed. The training records showed us that training such as moving and handling, safeguarding people, fire safety and dementia awareness had been carried out. One staff member told us, "There is loads of training; I've done fire training, pressure care, safeguarding and mental capacity. Another explained, "We are always having updates and regular training. We recently completed moving and handling, first aid, fire training, end of life and dementia." This showed us that the staff team had the training they needed to appropriately support the people using the service.

The staff team felt supported by the registered manager. Team meetings had been held every three months and regular supervision sessions had been completed. (Supervision provides staff members with the opportunity to meet with the registered manager to discuss their progress within the staff team.) One staff member told us, "I feel really supported, [registered manager] is a lovely manager and you can go to her at any time." Another explained, "Lots of support, they are always here to help. If we have a problem we speak to the senior or [registered manager]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of the MCA. They had made applications for DoLS authorisations in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there were seven authorised DoLS in place. We found that people were being supported in line with those authorisations.

Mental capacity assessments had been carried out when people had been assessed as lacking the capacity to make a decision about their care or support. For example, when deciding whether to accept support with

personal care or support with their medicines. These assessments had been carried out with someone who knew them well and ensured that any decisions were made in people's best interest.

The staff team had received training on MCA and DoLS and those we spoke with understood its principles. One staff member told us, "We always assume someone has capacity until proven otherwise." Another explained, "People have mental capacity unless it is proven otherwise which is when decisions are made on their behalf. We still give people choices though, they can still decide for example what they would like to eat and drink."

People using the service had been involved in making day to day decisions about their care and support. We observed the staff team offering choices and supporting people to make decisions about their care throughout the day. One of the people using the service told us, "I choose when I get up and go to bed, I don't go to bed until after 11pm and I like to take my time in the morning to get my makeup done, I am an early riser which is my choice." Another person explained, "I like to sit in this lounge as it reminds me of home."

People using the service told us the meals served at Kibworth Knoll were good. Their relatives agreed with what they told us. One person told us, "I don't eat much meat, so if fish and meat are options, they will make me an omelette instead. The food is very good." Another person told us, "The food is good and there is always a choice."

At lunchtime people were supported to the main dining room and were offered a choice of where to sit. We saw the tables were set with table cloths and serviettes and condiments were available. A variety of drinks were available from water and juice to beer and wine. People's dining experience varied. Some people were sat having conversations with others on their table. We observed a staff member assisting one of the people using the service. They did this at a slow pace that suited them and some conversation was enjoyed. Meals were pre plated and served in a random order. This meant some people were sat with their food waiting for their neighbours to arrive. When the meals arrived, people were not reminded what they had ordered. Some had forgotten and asked. A staff member did answer but got their answer mixed up and the person was told their cottage pie was Coq au Vin. One person said that their meal was cold and could it be reheated. This was done immediately. Another person struggled to reach their meal due to how they were sat in their wheelchair. It took ten minutes for the staff members to notice. They tried at the table to help sit the person up. When this did not work, they took the person out to readjust their position. They then came back a few minutes later. In this time, their meal had gone cold. Staff did not offer to reheat it. The person commented to a friend it was cold but did not ask for it to be warmed through. After lunch pudding was served though again people were not reminded what they had ordered. We shared our findings with the registered manager who told us they would address issues we identified.

Menus were in place and these provided a variety of meals and choices. There were always two choices at mealtimes. For people who did not want what was on the day's menu, other alternatives were also offered. The cook explained, "We offer salad or omelette as well so really its four choices." The cook had access to information about people's dietary needs. They knew about the requirements for people who required soft or pureed food and for people who lived with allergies.

Monitoring charts to document people's food and fluid intake were used for those assessed to be at risk of dehydration or malnutrition. The records we looked at had been completed consistently. We did note in one person's chart's that although they had been offered food and fluids, very little had been taken. We discussed this with the registered manager who explained that this person had been referred to the dietician as their intake had been poor of late. This showed us that the staff team monitored and acted appropriately

with regards to people's health and well-being.

People using the service had access to the relevant health professionals such as GP's and community nurses. Visits were recorded in people's records and they confirmed to us that they were able to see a healthcare professional when they wanted. One person told us, "The GP was called out for this cough! They prescribed antibiotics which arrived."

Good

Is the service caring?

Our findings

People we spoke with told us the staff team at Kibworth Knoll were kind and caring and they looked after them well. One person told us, "The girls are wonderful; they are good and caring as they are always there to help." Another person explained, "The staff look after us very well, they really do. They do everything needed."

Relatives we spoke with agreed with what they told us. One explained, "We appreciate the level of care and consideration of the people here. [Relative] is well looked after."

We observed the staff team supporting the people using the service and saw that support was carried out in a caring way. The staff members spoke to people in a friendly way and offered support in a relaxed manner. We saw staff members getting down to people's eye level, calling people by their preferred name and engaging in conversation, which people clearly appreciated. We did note however, that there were also periods of time when people were left without any interaction which resulted in people falling asleep or simply watching the day go by.

The staff team respected people's privacy and dignity. We observed them knocking on people's doors and only providing personal care behind closed doors. The staff team gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "When I'm helping someone to wash, I always make sure they have something covering their top half when I'm washing their bottom half, and the same again when I'm washing their top half. I always knock on doors and I allow people time to speak." Another told us, "I always shut the doors when I'm assisting someone."

People using the service confirmed to us that they were treated with dignity and their privacy was respected. One person told us, "I am very much treated with respect, the staff are very kind."

For people who were unable to move around independently assistance was provided by the staff team with the use of a hoist and a rotunda, (a standing aid). We noted that the staff team explained what they were doing and put the person they were supporting at ease. They also made sure that they were happy and comfortable before leaving the room to assist another person.

We observed the staff team involving people in making choices about their care and support. People were given choices about how they wanted to spend their time, where they wanted to sit, what they wanted to eat and drink and whether they wanted to see the manicurist who was visiting on the day of our inspection. Staff respected the choices that people made.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf if they needed it.

We looked at people's plans of care to see if they included details about their personal history, their

personal preferences and their likes and dislikes. We found that they did. The staff team knew what people liked and disliked. For example one person's plan of care stated that they preferred not to get involved in group activities but preferred to watch television in their room. When we paid them a visit we saw that they had a television to watch. Other people's plans of care showed preferences with regard to the toiletries they preferred to use and activities they liked to attend. This information enabled the staff team to provide support in line with people's personal preferences.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One person told us, "The family can come every day and they always make my visitors welcome."

Good

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives. Though not all of the people we spoke with could remember this. One person using the service told us, "I came to see them, [deputy manager] asked me what I needed help with and I showed them what I could and couldn't do."

People had been visited prior to them moving into the service so that their care and support needs could be assessed. This provided the registered manager with the opportunity to determine whether the person's needs could be appropriately met by the staff team. One person told us, "She [staff member] came out with all the forms to my daughters before I moved in."

From the initial assessment, a plan of care had been produced. We looked at six people's plans of care, four of which we looked at in detail. This was to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that they did. The plans of care were detailed and had personalised information about the people in them, including information about their history and preferences in daily living. The plans of care also encouraged the staff team to offer people choices and to develop and respect people's independence. For example one stated, '[person using the service] to be encouraged to make choices about day to day decisions as [person using the service] is capable of doing this.' A document entitled 'Getting to know me' was included in the plans of care we looked at. This document included information about the person and them as individuals, including any special events that were celebrated and what the person liked to be called. A well-being plan was also included within the documentation. This considered the areas of support needed to ensure the person's well-being.

We did note that two people's plans of care stated that they should be weighed every two weeks. When we checked the records these people had actually been weighed monthly. Whilst one of the people had not lost any weight, the other person had. We discussed this with the registered manager. They explained that although this person had not been weighed two weekly, the weight loss had been picked up and a referral to the dietician had been made.

One person's plan of care required them be repositioned in bed every two hours to avoid the risk of pressure sores. When we checked the repositioning charts these did not demonstrate that these directions had been followed. On 1 December 2016 the charts showed that the person was last repositioned at 11.30pm, there was no further evidence of repositioning until 7.05am on the 2 December 2016. The registered manager assured us that the repositioning had taken place but the staff members had omitted to record this. They explained that this would be looked into and dealt with.

The staff members we spoke with told us that they had read people's plans of care and were aware of what people liked and the support people preferred. One staff member explained, "We read the care plans and we talk to them [people using the service] to find out what they like, they are all individual and all different characters."

The plans of care we looked at had been reviewed on a monthly basis. When changes in the person's health and welfare had been identified, input had been sought from relevant healthcare professionals such as GP's and community nurses and their plans of care had been reviewed and updated to reflect this. This showed us that people's care and welfare was monitored and the appropriate action taken.

A member of the staff team was responsible for arranging activities throughout the week and these were provided on a daily basis. We did note that there were periods throughout the morning where people were left to their own devices in one of the lounges. This resulted in some people spending their time watching the television, whilst others were left to sleep. The registered manager explained that more time was being made available to enable the staff team to offer more activities.

On the day of our visit a manicurist was visiting and provided nail care to those who requested it. A visit to ASDA had also been arranged so that 5 of the people using the service could enjoy a mince pie and carol service that evening. A staff member regularly entered the lounge to play a word game and some people joined in. The staff member prompted people to tell them a word beginning with the letters A.E.I.O.U. This seemed to be something that everyone was familiar with and enjoyed. This staff member later started an impromptu sing a long. Many people seemed to enjoy this and took part. The staff member told us, "I'm the entertainer. We do activities; sing a longs – 1940's music. They [people using the service] enjoy it." Other activities for the week in which we visited included, decorating Christmas wreaths, chair exercises, making Christmas crackers, a sing a long and cake decorating.

A formal complaints process was in place and this was displayed for people's information. Not all of the people we spoke with were aware of this process but they all told us that they would be happy to go the registered manager if they had any issues. One person told us, "I have had no issues but my daughters would say something if I did." Another person explained, "I would talk to [registered manager]."

Good

Is the service well-led?

Our findings

People we spoke with told us that they felt the service was well managed and the registered manager was friendly and approachable. One person told us, "If I had a problem, I would go straight to them [registered manager], its best to go straight to the top." Another explained, "[Registered manager] is very approachable, [deputy manager] is also very good."

A healthcare professional we spoke with told us that the service was well led and the staff team worked well with them to ensure that people using the service were appropriately supported. They told us, "It is a good place to be. Staff are really helpful and polite and help when we need to get people to their rooms. I would recommend it."

Staff members we spoke with told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is very approachable and supportive; you can talk to her about anything." Another explained, "I do feel supported, you can go to [registered manager] about anything.

We saw that staff meetings had taken place on a three monthly basis. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "We have staff meetings where we can air our views, we get to discuss things and we know it will be kept confidential."

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. This was through daily dialogue and regular meetings. At the last meeting held in October 2016 when 16 people using the service, a relative and a friend attended, a number of subjects were discussed. These included activities, including holding a Halloween party and a visit to a local bonfire party, the newly introduced winter menus and newly employed staff members. One of the people using the service told us, "There is a service user meeting monthly, you go down and tell them your problems and they'll deal with them." This showed us that people were able to share their thoughts and suggestions on the service and these would be dealt with.

The management team had also used surveys to gather people's views of the service provided. These were sent to the people using the service, their relatives, staff members and healthcare professionals. A comment in a survey completed by a person using the service stated, "It is fine and friendly." A comment in a survey completed by a staff member stated, "I feel comfortable working here, I like the home and feel it is easy to talk to management." A comment included in a survey completed by a health care professional stated, "Very welcoming, lovely and relaxing environment. I would put my elderly relative in here which is praise indeed."

A copy of the provider's aims and objectives were displayed at the service for people to view and a copy was included in the information given to everyone using the service. The members of the staff team we spoke with were aware of the provider's aims and objectives and told us that that is what they worked to achieve. One staff member told us, "It is to make people as comfortable as possible, for people to be treated with respect and to ensure their welfare." Another told us, "It's about treating people with dignity and keeping them as independent as possible."

Daily handovers were taking place between shifts. These provided the staff team with the opportunity to discuss the needs of the people using the service, discuss day to day issues that arose during their shift and encouraged open communication. One member of staff told us, "Every day we have a handover to tell us what's going on in the home."

There were systems in place to regularly check the quality and safety of the service being provided. Checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. This was to check people were receiving the care and support they required. The registered manager had also carried out monthly audits to monitor falls, pressure sores and infection control. Where issues had been identified within the auditing process, these had been investigated by the registered manager and resolved. This included omissions in one person's turn charts and issues with regard to storage in the kitchen.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff members demonstrated their understanding of this. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.