Sunrise Operations Knowle Limited

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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

This inspection took place on 19 January 2015 and was unannounced.

Sunrise Operations Knowle provides residential and nursing care to older people including people who were living with dementia. It is a purpose built home which is registered to provide care for 131 people. Care is provided across three floors, in two separate homes on the same site. At the time of our inspection there were 108 people living at Sunrise Operations Knowle.

At our last inspection in September 2014 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people, the number of suitably

Summary of findings

qualified and skilled staff and medicine management. The provider sent us an action plan telling us the improvements they were going to make, which would be completed by December 2014. At this inspection we found improvements had been made.

A registered manager was in post. 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.

All of the people we spoke with told us they felt well cared for and felt safe living at Sunrise Operations Knowle.

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes. We found people received care and support from staff who had the appropriate clinical knowledge and expertise to care for people.

People told us they received their medicines when required and we found the system in place to make sure people received their medicines safely had improved. Staff who were trained to administer medicines had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff.

Systems and processes were in place to recruit staff that were suitable to work in the service and to protect people against risks of abuse.

People told us staff were respectful and kind towards them and staff were caring to people throughout our visit.

We saw staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent, before any care was given. However, we found one example where a person's dignity was not respected. From speaking with staff and the registered manager we were assured this was an isolated incident and not common practice.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed to determine people's capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interest' with the involvement of family and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, one application had been submitted and approved under DoLS for people's freedoms and liberties to be restricted. The registered manager had recently contacted the local authority and referred people living in the reminiscence unit to see whether further applications required approval. The registered manager told us there were going to review people in the assisted living unit in line with recent changes to DoLS. This would ensure people's freedoms were not restricted unnecessarily.

Regular checks were completed to identify and improve the quality of service people received. The provider completed regular checks and audits to make sure actions had been taken that led to improvements. People and relatives told us they were listened to and supported by managers or staff and if they had raised concerns, people said they had been responded to in a timely way.

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?
The service was safe.

Staffing levels were determined according to the needs of people who used the service. People received care from staff who were suitably trained and qualified to meet their needs. Where people's needs had been assessed and where risks had been identified, risk assessments advising staff how to manage these safely were in place. Staff were aware and trained on safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from trained staff at the required times.

Good

Is the service effective?
The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and systems were in place that made sure people received timely support from appropriate health care professionals.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's preferences and how people wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People's care records were reviewed and updated as required. This helped staff respond to people's individual needs and abilities. There was an effective system in place that responded to people's concerns and complaints.

Good

Is the service well-led?
The service was well led.

People, relatives and staff were complimentary and supportive of the management team in place. We saw there were thorough and effective processes in place such as regular checks, meetings and quality audits that identified improvements. Where improvements had been identified we saw evidence that actions had been taken.

Good

Sunrise Operations Knowle 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 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 19 January 2015 and was unannounced.

The inspection team consisted of five inspectors and a specialist advisor in dementia and mental health.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority was aware of the concerns identified at the last inspection and had no additional information to share with us.

We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI) in the assisted living unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people who lived at Sunrise Operations Knowle, seven visiting relatives and a visiting registered nurse. We spoke with 21 care staff, this included care managers (these are defined in the report as staff), nurses, unit co-ordinators, lead care managers and medication technicians. We spoke with the registered manager and deputy manager. We looked at six people's care records and other records including quality assurance checks, medicines records, complaint records and incident and accident records.

Good

Is the service safe?

Our findings

At our inspection in September 2014, we found the provider had breached Regulation 9, Regulation 13 and Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found concerns with the quality of the care people received, such as, a lack of information and guidance for staff to be able to support people safely. We could not be sure people received their medicines as prescribed and we also found insufficient guidance for staff to ensure some medicines were taken appropriately. We also found concerns with regards to the number of suitably skilled staff available and how those staff were deployed within the home to meet people's individual care needs. We asked the provider to send us an action plan outlining how they would make improvements in each of these areas. When we inspected Sunrise Knowle this time, we found improvements had been made.

We followed up our concerns to check people received care and support from suitably skilled and qualified staff. We spoke with people who used the service in the assisted living and reminiscence units. We found people had mixed views about the support they received, especially those in assisted living. Comments people made were, “When you press (buzzer) you can be almost guaranteed nothing will happen”, “They take a little while but are not too bad”, and “It is better lately than it was, it used to be a long time waiting, I think they have been doing a bit of reorganising.” We spoke with relatives in the reminiscence unit about staffing. All of the relatives we spoke with said they thought their relatives received care and support when needed. One relative said, “When people are not well they have to use two staff for individuals. When everyone is okay there seems to be enough staff. On balance, not too bad.”

Staff spoken with on both units had mixed views about the staffing levels and the support they were able to provide to people. Some staff said the staffing levels were not enough, but this was usually when unplanned absences occurred. Staff did acknowledge improvements had been made since our last visit. Comments made to us were, “We have six [care staff] in the morning on this floor [for 16 people]. We used to work with five staff on duty but they increased it to six. We have lost a few people but they have left it at six because they realised people’s needs still need to be met. It is a real struggle to have to do it on five staff” and, “There was a recent rota restructure and they did a skill mix on that.” This staff member also said, “The restructure had improved things.”

The registered manager assessed and reviewed the needs of the people on a regular basis. The registered manager told us the improvements they made following our last visit had impacted on staffing levels now. They said, “Now we are heading in the right direction it should be easier.” The registered manager told us they continued to maintain the staffing levels even though numbers of people they supported had reduced. During our visit we saw people received the care they needed. When people rang their call bells, these were answered in a timely way and staff took time with people when they responded to their requests for support.

We followed up concerns from the last inspection regarding the management of medicines and found improvements had been made. We looked at six medicine administration records (MAR) to see whether medicines were available to administer to people at the times prescribed by their doctor. Records showed people received their medicines as prescribed. People told us care staff supported them to take their prescribed medicines when required. One person said, “I get medication when I should.”

Medicines records contained a photograph of the person which medicine technicians told us reduced the possibility of giving medication to the wrong person, especially when people living at Sunrise Knowle had similar names. Medicine technicians told us they had completed medication training and understood the procedures for safe storage, administration and handling medicines.

Records confirmed each medicine had been administered and signed for at the appropriate times. Regular checks made by medication technicians ensured the MAR’s were completed correctly and if any gaps were identified, these were quickly investigated. This helped ensure people received their medicines when needed. We found protocols and guidance in place for people who required ‘as and when’ medicines and for people who required their medicines to be given covertly. Covert medicines were only given in the best interests of people to maintain their health and wellbeing. Appropriate information and advice had been sought to ensure medicine technicians and nurses gave people their medicines safely.

Good

Is the service safe?

People we spoke with told us they felt safe living at Sunrise Knowle and they felt safe in the care of staff. One person we spoke with said, "I feel safe and I've got my own safe in my room, I can lock things in". Another person said, "It gets full marks." Relatives told us they felt their family members were safe. One relative we spoke with told us, "When I go home from here I never have any qualms leaving [person] and I can ring up at any time."

Staff spoken with told us how they kept people safe and protected from harm and abuse. One staff member we spoke with said, "I would report if someone was deteriorating, if they were isolated or had any bruises that couldn't be explained. Also if there was a medicines error that could have potentially affected the resident." Staff received relevant training and understood their responsibilities to report any concerns they had. Staff told us if they raised any concerns to the managers, they were confident action would be taken.

Staff we spoke with understood how to protect people who had risks associated with their care, for example people with limited mobility or who were at risk of falling. Records showed risks to people had been assessed and plans and guidance was put in place for staff to follow. The plans gave clear instruction to staff on how to reduce risks associated with people's mobility, safety and healthcare. One person's care records showed when risks had been identified, appropriate equipment was put in place to manage the risk. Equipment such as crash mats, sensor mats and observation checks were put in place to help keep people safe and minimise any potential risk.

Staff understood how to report accidents, incidents and knew the importance of following appropriate procedures to minimise risks to people. For example, staff had recorded when people had fallen and what action had been taken to minimise the potential of further falls. This showed staff were aware of the systems in place that helped to protect people from harm. The registered manager told us they analysed these incidents for any emerging patterns and that incidents were reviewed monthly to make sure appropriate measures had been taken to keep people safe. We found action had been taken to refer people to other healthcare professionals where required or additional equipment was provided to keep people safe.

Staff told us appropriate employment checks were completed before they started work at the home, for example, appropriate references and security checks were completed. This meant the provider was following legislation and ensured staff were suitable to provide care to people.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us, "In general I can't say anything bad about them [staff]." A relative told us, "As I understand it they have good training and they shadow before they do anything on their own." When asked if staff had the skills to meet people's needs, relatives we spoke with told us, "Yes I do" and, "Staff are good and they seem to work well."

Newly recruited staff told us they completed an induction and completed training before they supported people. Staff training records showed all the care staff had completed relevant training, which included training in dementia, the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS). Staff we spoke with told us they felt confident and suitably trained to effectively support people, especially with dementia and people whose behaviours challenged others.

All the staff spoken with said they had regular training and updates to make sure they continued to have the skills to meet people's needs. One staff member said, "We have sufficient training and we are told when updates are due." Staff spoken with told us they had supervision meetings, but not as frequent. The registered manager recognised areas such as supervision meetings required further improvements. Plans were in place to make sure staff received supervisions in line with the provider's expectations from their new line managers.

We found staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. Staff ensured people's human and legal rights were respected. The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions were protected.

The registered manager told us they had submitted one application to the 'Supervisory Body' to consider a restriction on a person's freedoms. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had systems in place to follow the procedures when required. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS. The registered manager had spoken with the local authority and plans were in place to review every person's needs to make sure people's freedoms were effectively supported and protected.

Staff told us how they gained consent from people they provided care to. For example, one staff member said: "You can't force anyone. If they don't want it, that's okay, we give time and you can always go back and try again. "Another staff member said, "If people don't have capacity, we encourage people to make small decisions for themselves." This meant staff recognised the importance of ensuring people agreed to any care before they carried it out.

People were provided with sufficient to eat and drink. We arrived at 9am while people were having breakfast. During our visit we saw people had choices at breakfast and lunch. People had a choice of drinks and we saw drinks were available throughout the day. We observed the lunchtime meal in both units. Menus were displayed in both dining areas. Staff in both units took time to explain what the meal options were and people were supported to make their choices in their own time.

Staff offered some people assistance to cut up their food and accepted people's decisions if they wanted to do this themselves. Some people were served their main meal in a lipped plate that helped them eat independently. People were not rushed to eat their meals and staff that supported people to eat, did so at the pace of the individual. During lunch people were heard to say, "Oh this is nice" and "Lovely", while eating their meal. A relative told us, "I am offered a meal when I'm here, it's always good."

Care records showed individual dietary needs were taken into account and acted upon. For example, some people who had difficulties swallowing had been seen by the speech and language therapy team. Their input helped determine whether people needed specific changes to their diets such as thickeners in their drinks, soft or pureed foods, or special equipment so people remained as independent as possible.

People who had risks associated with eating and drinking had their food and drink monitored to ensure they had sufficient to eat and drink. Where risks had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received pureed food and thickeners in their drinks. People who experienced

Good

Is the service effective?

difficulties with eating or drinking, received support from the Speech and Language therapist (SALT). Staff we spoke with had a good awareness of people's individual dietary requirements.

People's healthcare was regularly reviewed and people were referred to healthcare professionals if needed. This included the GP, SALT, chiropodist and psychiatrist. A relative told us they were kept informed about healthcare visits so they could attend if they wanted. Staff understood how to manage people's specific healthcare needs so people remained healthy and well, for example diabetes and pressure area management. Care plans were in place to manage people's health conditions and to prevent weight loss.

Good

Is the service caring?

Our findings

People said they were happy living at the home and were satisfied with the care they received. They were complimentary about the staff who they described as 'supporting' and 'caring'. One person told us, "Yes I think the staff are caring, some are more caring than others". Another person said, "They treat me with respect. Relatives we spoke with supported people's views about the caring nature of staff. A relative we spoke with said, "I have just had quite a difficult time and I couldn't have been more supported. This morning I have already had three people [staff] come to me to see if I am alright." Another relative said, "I think they are very loving and genuine. I've always been very, very happy with the care. I've never had anyone [staff] I couldn't get along with."

People were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food.

Staff spoken with were complimentary about how the staff team cared for and supported people living at Sunrise Knowle. One staff member told us, "The care given is good. All the staff have one goal, people are in the job for the right reason, they genuinely do care". Other staff said, "The best thing is the team spirit" and, "I love the residents, I love my job."

People had background information about their past lives in their care plans which helped staff to have meaningful conversations with people. One staff member said, "We talk to [person] about his past employment. He worked for [name of employer]. He loves to talk about his work."

We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. Staff supported people to move around the home at their own pace, taking time not to rush people. Staff provided comfort and support to people, such as putting an arm around people to walk them to their room or other parts of the home. We saw staff stroke people gently when talking to them if they had their eyes shut, so people were not woken up with surprise. Staff crouched down to talk to people so they were on the same level. We also saw caring interactions between staff and relatives. One example was how a staff member spoke reassuringly to the relative and gave a full picture about their family member and what they had eaten that day.

We saw staff had a good understanding of people's individual communication needs and involved people who had limited communication skills. They interacted positively with people and understood people's communication methods. For example, staff looked for non verbal cues or signs in how people communicated their mood or feelings. Some of the signs people expressed showed they may be in pain, or discomfort. These non verbal signals were recorded in people's care records and staff understood what to look out for.

People living in the home told us staff maintained their privacy, dignity and treated them with respect. Staff we spoke with understood how to maintain people's privacy and treat people with dignity and respect. One staff member said it was, "Making sure the individual has everything they need, they are comfortable and safe. You don't want them to lose their pride. You have to maintain dignity where you can." All of the staff we spoke with gave examples which showed they understood the importance of protecting people's dignity and respect. However, we saw one instance in the assisted living unit where this was not maintained. We witnessed a person who was in their room, ask a staff member to be assisted to the toilet. We heard this staff member say, "Go in your pad." Our discussions with staff and the registered manager showed this was not common practice. The registered manager spoke with us following our visit and told us they had addressed this issue with the staff member to prevent any further reoccurrence.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. Relatives we spoke with confirmed this. One relative said, "You can come first thing in the morning and stay until last thing at night."

Good

Is the service responsive?

Our findings

At our last inspection we found concerns that staff did not provide care when people required, and staff did not know some people's individual needs. In the reminiscence unit we saw people did not receive the same quality of service that people in assisted living received. This time, we found improvements had been made to the quality of care people received.

People and relatives confirmed they were involved in planning their family member's care and said staff knew how to care for their family members. One relative said, "I had to check what they had decided for him and it is reviewed." Another relative told us staff were responsive to their family member's moods. They told us, "They know my [person] doesn't like noise so if he gets agitated they take him somewhere quiet. They notice his moods quite quickly. They are aware of how he is on any particular day." Records showed family involvement was sought and formed an essential part of people's care planning.

We looked at six people's care files. Care plans and assessments contained detailed information that enabled staff to meet people's needs. The care plans we looked at had been reviewed and updated when people's needs changed. There was a programme of reviews which made sure people's needs were reviewed when required, or when their needs had changed.

We saw people who required regular health checks were taken when required. We saw care plans in place for short term health conditions such as chest infections or skin tears. The registered manager said, "Because we are on top of the care plans we could put these short term care plans in place."

Staff told us they received a handover at the start of each shift which helped them to respond to people's immediate needs because they had up to date information to support people. We observed a 'handover' in the assisted living unit. This handover provided clear information to staff about people's medical conditions, but also how people were feeling during the day. We heard how some people were feeling low or upset and the possible cause. For one particular person, it was not seeing a family member. Staff were made aware of how this had reduced this person's appetite and staff were to observe this person's food and fluid intake for the rest of the day.

We spoke with an activity co-ordinator. They told us they used music to help people with dementia as this, "Helped stimulate people who were withdrawn, or calm people who were anxious." We saw improvements in the sensory room and people were able to use this room when they wanted. Activity co-ordinators were working on individual memory boxes to aid memory recognition and they gave us examples of a person who loved football and another person who was a dressmaker. During our visit we saw people attended bingo in the activities room. This was well attended and people told us they enjoyed this. The activity planner had activities related to faith. People told us there were regular faith services at the home, or, people could go out to services if they wished.

Relatives and residents' meetings were advertised for people to attend so they had an opportunity to talk about any issues or concerns they wanted to raise. Minutes of these meetings had been kept and we saw concerns people had raised had been acted upon. For example, some families discussed how to improve communications with them, such as email. The registered manager compiled a contact list for those families and agreed to communicate with them by their preferred method.

People who used the service told us they had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the registered manager. One relative told us they had raised a couple of concerns and they had been responded to appropriately. Another relative told us they had had "a bit of a moan sometimes," and the issues had been dealt with to their satisfaction.

We looked at how written complaints were managed by the service. The registered manager told us the home had received written complaints in the past 12 months. These complaints had been investigated and responded to in line with the provider's own policies and procedures. There was information available in the home for people and relatives about how they could make a complaint. The registered manager told us complaints were taken seriously and reviewed by the provider to ensure appropriate measures and learning was undertaken. This was to make sure any lessons learnt could be made to prevent similar complaints from reoccurring.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the quality of the service and management of their home. Comments people made to us were, "I think there is a good atmosphere in the home", "The staff need someone to tell them what to do like a sergeant major" and, "They have a meeting that you can complain at if you like."

The majority of staff we spoke with on both units felt management had improved the quality of service people received. Staff were positive in their comments about the leadership and the atmosphere in the home. One staff member said, "Last year I was ready to throw the towel in but [co-ordinator name] has been really supportive. The management has got better and are more supportive." This staff member also said, "I see [registered manager] a lot because she supports me a lot with the medication." Other staff spoken with made comments such as, "We all just feel more relaxed" and, "We have the resources to care for residents." However, a small number of staff we spoke with in the assisted living unit felt management were not supportive. The registered manager was aware of some of the staff's views and said they were working with all staff to improve the open and positive culture of the home. The registered manager said, "It is not a surprise and is still a work in progress."

Staff spoken with on the reminiscence unit gave us examples of how the quality of care people received had improved. One staff member said, "The managers have worked on the floor now, particularly [co-ordinator] who identified an issue. [Co-ordinator] has been fantastic and introduced pressure checks on airflow mattresses and sorted out an order for pressure cushions that had been waiting a long time." Another staff member said, "Staff morale has picked up."

Lead care managers and unit co-ordinators worked across both units who each had their own responsibilities, such as managing staff, the deployment of staff and medicines. We spoke with lead care managers and unit co-ordinators who explained their roles and responsibilities and knew what was expected of them. They told us they were supported by the deputy and registered manager and could contact them any time, day or night. Staff told us there was now consistency in what managers said and what their expectations were in how the service operated. One staff member said, "I feel if I have a question about anything I can go up to the seniors and ask."

The registered manager told us they had made improvements following the September 2014 inspection in terms of the management support staff received and the quality of care people received from staff. The registered manager said, "We have done everything you would have wanted us to do. We have a management structure in place which makes it achievable and we have invested in staff training." The registered manager also said, "The impact of your last visit showed we were fire fighting. I needed a better structure. What I now have, is a team that can retrain staff and help staff understand what goes in a care folder because staff were not reviewing them."

The registered manager told us they were confident the changes and improvements they had made would be maintained and improved further in time. They said their focus had been to deliver the necessary improvements in the quality of the care records, medicines management and to make sure people's experiences of the care they received improved.

On the reminiscence unit, we found people's experiences were improved since our last visit. For example, people sat at tables to eat that were laid with tablecloths and cutlery. People had been involved in how they wanted a particular lounge decorated and people could now use this area, where as before, they could not due to a lack of suitable chairs. What we saw showed action had been taken to ensure people in the reminiscence unit had a similar experience to those in the assisted living unit.

We saw records of meetings that showed people who used the service and staff had opportunities to voice any concerns they had. For example, we looked at the minutes of a 'residents council' meeting held in December 2014. This meeting provided an opportunity for people who used the service to raise any concerns they had. Where issues had been raised, actions were put in place. For example, people wanted improvements in the quality and variety of certain foods at mealtimes. The provider made those changes and sought people's feedback to make sure the changes were what they wanted.

There were systems in place to monitor the quality of the service which were completed by the manager and the

Good

Is the service well-led?

provider. This was through a programme of audits and checks in place. Where these checks identified issues, we saw action plans were in place to address and monitor the improvements required. The registered manager also told us these audits were monitored by the provider and where significant concerns were identified, either locally or across the organisation, these would be followed up and investigated further to identify any potential cause. The registered manager also completed a 'daily walk around' which identified any potential issues, but also meant people and staff had an opportunity to talk directly with the registered manager.

The provider sent out surveys to people so they could seek people's views on what it was like to live at the home. The results of the latest survey showed people were satisfied with the service they received.

Following the September 2014 inspection, the registered manager sent us a monthly analysis of falls. This information identified where, who and how people had fallen and what actions had been taken to minimise further incidents of falls. We checked this information and found appropriate actions and measures had been taken. We saw people had received additional support, equipment or had been referred onto other health care professionals for specialist advice.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.