Barchester Healthcare Homes Limited

Moreton Hill Care Centre

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 25 and 29 June 2015 and was unannounced. The previous inspection was carried out on 13 June 2014. We had no previous concerns prior to this inspection.

Moreton Hill Care Centre provides accommodation and nursing care for up to 67 people. At the time of our visit there were 45 people living at the service. The registered manager told us the service had 13 vacant beds. Nine further beds were not being used as the service had recently closed its Memory Lane dementia unit and moved people to the upstairs Cotswold Rise dementia floor.

There was a registered manager 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only the appropriate people were employed to work at the service.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and the DoLS.

People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink of their choice throughout the day.

There was an open culture at the service which was promoted by the registered manager who was visible and approachable. People and staff spoke positively about them.

The registered manager assessed and monitored the quality of the service provided to people. Systems were in place to check on the standards within the service. These included regular audits of care records, medicine management, health and safety, infection control and staff training and supervision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe living at the service. All of the staff we spoke with were knowledgeable about the safeguarding vulnerable adult's process and records show all staff had received training in safeguarding.

People and relatives told us there were sufficient staff on duty. The registered manager showed us the dependency tool that was used to work out staffing requirements on a monthly basis.

Staff underwent thorough pre-employment checks to ensure they were suitable to work at the service.

Risks associated with people's care were identified and managed. Staff understood how to manage risks.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their care needs.

People received care and support from staff who were knowledgeable about their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to protect people.

People received a nutritious and balanced diet.

Is the service caring?

Good

The service was caring.

People we spoke with were positive about the care and support they received. We observed good interactions between the staff and people who lived at the service.

People said they were very happy with the care and support they received.

The staff had a good understanding of people's care needs and knew people well.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

Summary of findings

People were supported to pursue activities on a regular basis. The activities were based on the needs, preferences and choices of each person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well-led.

The service had a positive, open and transparent culture.

There was good management and leadership at the service. The registered manager had a clear vision of where they wanted the service to go in the future.

The registered manager was committed to carrying out quality assurance checks to ensure the service was delivering high-quality care.

Moreton Hill Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was completed on 25 and 29 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. The previous inspection was carried out on 13 June 2014.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted four health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the service. We received a response back from one professional.

During our visit we met and spoke with nine people living in the service and six relatives. We spent time with the registered manager, deputy manager, two activities coordinators, trainer, admin staff and spoke with six care staff. We looked at five people's care records, together with other records relating to their care and the running of the service. This included employment records for four members of staff, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

Staff had a good understanding about their responsibilities in safeguarding vulnerable people. Staff had received training in safeguarding vulnerable adults. They were able to describe what abuse was and the different types of abuse. Their responses confirmed they understood their responsibilities and recognised all allegations needed to be taken seriously and reported. Staff comments included, "We speak about safeguarding regularly and I would notify my manager if I was concerned", "We all have a duty of care to safeguard residents and I would report any concerns immediately".

We asked people if they felt safe living at the service. Comments included, "I feel safe living here. We are in safe hands", "Yes I am safe and feel moving here was the best decision I made. I wasn't safe at home". We observed the care and support they were provided with throughout the day. We found people were provided with high quality care and support.

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. All of the staff we spoke with were able to explain the services available and the procedures in relation to the safeguarding of adults. Records showed the service was actively involved in helping to ensure people who used the service were safe and protected from all forms of abuse. Where the service had previously raised

concerns in relation to people living at the service these had been reported and appropriate actions taken to protect the individual concerned. For example, the service had recognised when they could not adequately care for a person due to their level of need. They had involved relevant health professionals and taken into account the experiences of other people living at the service.

We observed visitors to the service were required to sign the 'visitor's book' kept in the main office. Visitors recorded their name, the time they arrived and left the service. Staff advised people they had a visitor and sought their permission before they allowed the visitor to see the person.

People's records contained clear information and provided staff with detailed information about risks and the action staff should take to reduce these People's care records included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered areas such as: personal care, mobility, pressure care, falls and nutrition. Staff spoke with us about specific risks relating to people's health and well-being and how to respond to these. These included risks associated with weight loss, falls, maintaining skin integrity and behaviours which may challenge. The meant the service assessed risks to people using the service and staff had access to clear guidance on managing identified risks.

There were safe recruitment and selection processes in place to protect people. We looked at staff recruitment records of four staff and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. We spoke with the deputy manager about medicines. They showed us the providers medicines policy which was being followed by staff. Medicines were administered by qualified nursing staff and were stored safely. Records showed people received their medicines as prescribed. Ordering and disposal of medication was managed effectively, the deputy manager spoke about the work they had completed in respect of ensuring excess medicines was no longer stored unnecessarily. There had been two errors involving medicines within the last 12 months. Where there had been a medicines error the correct action had been taken to safeguard the person.

Staffing levels were sufficient to support people safely and plans were underway to improve staffing levels at key times. We asked people living at the service if they felt there were enough staff on duty. We received the following comments, "Yes I haven't experienced any problems with

Good

Is the service safe?

staffing here", "When I press my call bell the staff answer quite quickly", "There always seems enough staff on duty", "There are always enough staff about to help when I need them", "There are always enough staff about to help".

We spoke with staff regarding staffing levels at the service. We received the following comments, "Staffing levels are good here. We have more staff on the dementia unit since we moved to the top floor", "We have enough staff working in the home to meet people's needs. Staffing levels are not an issue as the manager monitors this", "Sometimes on the floor I work on we need an extra pair of hands. I ring the office and ask for help and an extra member of staff will assist", "Certain times of the day appear busy in the home but staffing levels were increased and this has helped". The registered manager told us they had implemented a procedure identifying a floating staff member who could then help out wherever needed. We were told when an extra staff member was required at a particular time of day the staff spoke to the manager on duty who arranged this.

We asked relatives visiting the service if they felt there were enough staff on duty. We received the following comments, "Staffing seems good here and quite high. I have no issues", "My relative is looked after well and I have no concerns with staffing levels", "I would say staffing levels are very good. We visit daily and have no concerns", "Sometimes when I visit the staff seem to be rushing around. I think they may need more", "In the past at certain times of the day some residents have needed more assistance. This may take two staff away from my relative's floor. This left one staff member overseeing peoples care". We spoke with the team leader managing this particular floor who told us when this happens they now ring the office and ask for a floating staff member to provide extra support and that this was working well.

We spoke with the registered manager about staffing levels at the service. They showed us the dependency assessment tool the provider had introduced earlier this year. The dependency tool had been used to determine the number of staff required to meet people's needs. The registered manager told us that senior managers from outside the service had completed a staffing assessment when it was introduced. At the time of this inspection the staffing ratio was higher than the dependency tool required. The registered manager told us that they were expected to use the staffing dependency tool weekly from the beginning of July. We looked at the staffing rota for the past month prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people. Rota's confirmed that staffing numbers reflected the number required by the dependency tool.

Good

Is the service effective?

Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, "The staff are kind, caring and do their job well", "I am looked after by the staff here very well. They all know what they are doing".

Staff received an induction when they started working at the service. Staff said their induction had consisted of completing mandatory training, working shadow shifts with experienced staff, reading peoples care records and getting to know people. We spent time speaking with the onsite trainer about the training provided to staff. To enable them to fulfil this role the trainer had completed a range of courses. We spoke with them about the training available to established and new staff. In April this year the provider had introduced a new induction course for staff. Successful completion of the induction meant that staff have had their practice observed, completed a range of training courses.

There was a "rolling" training programme available for all staff; this meant each month the courses the provider defined as mandatory were available for staff to complete. Training completed by staff included nutrition, pressure care, safeguarding vulnerable adults, medication, first aid, infection control, fire awareness, food hygiene and moving and handling. In addition to the mandatory training, other specialist training was available. An example of this was some assertiveness training that had recently taken place because of staff feedback.

Staff received comprehensive support to carry out their role. Staff received regular supervision every two months either individually or as a team meeting. Staff received an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people's needs. Staff told us they were encouraged and supported to achieve further qualifications. An example is a national qualification in health and social care.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom.

The registered manager and deputy manager were aware of their responsibilities in making sure people were not deprived of their liberty. We reviewed care records which demonstrated DoLS applications had been submitted to the local authority for people who used the service. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. At the time of our inspection none of these application's had been authorised by the local authority. Records confirmed the registered manager had submitted 28 applications for people to the local authority and were awaiting a decision to be made.

People had their mental capacity assessed. Having mental capacity means being able to make decisions about everyday things. For example, decisions about what to wear, the use of bed rails and what activities to participate It also means being able to take more important decisions, for example agreeing to medicines, medical treatment and financial matters.

Staff we spoke with understood the requirements of the MCA and DoLS. During our inspection we observed staff explained to people what support they proposed to provide and waited for a person to give consent. Staff had received training to enhance their knowledge of MCA and DoLS.

People told us they enjoyed the food and menu choices available to them. Comments we received included, "The food is very nice. I am spoilt for choice", "I look forward to meal times as I enjoy the nice food", "The food is really nice, there's lots of choice and you can always ask".

Care documentation showed people's nutritional needs were assessed and kept under review. The deputy manager told us 12 people were at risk of malnutrition. People's care records contained information about people's nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. We noted where people's intake of food or fluid was being monitored; the charts were completed accurately by staff.

Good

Is the service effective?

Menus choices were balanced with a choice of fresh meat, fish and fruit and vegetables. Fresh fruit was readily available to people. We observed a variety of drinks and snacks were available for people throughout the day. People had access to juice and water in their rooms. A tea trolley was taken around during the early morning, mid-morning and again in the afternoon and evening. In addition to this there were coffee, cold drinks and cakes available for people and their visitors in the main reception area.

Good

Is the service caring?

Our findings

People and their relatives said they were well cared for at the service. People said, "I have lived here for years, the staff are absolutely brilliant", "The staff look after me very well. I have nothing bad to say about the home"; "I am so pleased with how my relative is cared for. I can leave the home after visiting knowing they are very well cared for".

Staff we spoke with told us how they supported people through bereavement by showing empathy, respect and giving them time. They told us about how they had supported a person on a one to one basis to celebrate a special anniversary. They did this by visiting the cemetery with the person whilst they paid their respects.

We were told by staff there were no visiting restrictions in place at the service. One person's relatives told us they were always welcomed when they visited. Another relative told us they were always made welcome and encouraged to take an active role in their relatives care. We observed staff greet relatives in a way that indicated they knew them well and had developed positive relationships. We observed relatives visiting at varying times during the day. Staff encouraged people to maintain relationships that were important to them.

We spent time at the service observing how people were cared for by staff. Throughout our inspection people were cared for and treated with dignity, respect and kindness. The atmosphere at the service was joyful and people seemed at ease with staff. We sat and observed lunch on the ground floor. We observed staff asking people where they would like to sit and staff guiding them to their place where necessary. We noted there were five or six staff at all times to support up to 20 people having lunch. Where people required one to one support this was provided with respect and dignity, people were not rushed and staff talked with them about their day to day lives. We noted on one table there were some relatives that were visiting for the day, they had been able to choose what they wanted for lunch and sat with their relative having lunch.

Whilst walking through the communal lounge on the ground floor at several different times of the day we noted that the TV was on. We asked people if they were watching this and whether they had asked what they wanted to watch. The channel remained the same up to lunchtime and people told us they had not been asked what they wanted to watch. Staff we spoke with told us they would normally ask people what they wanted to watch on the TV.

People made choices about where they wished to spend their time, what they wanted to eat and drink and where they sat. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff regularly visited people who preferred to spend time alone in their rooms. We observed people choosing to meet relatives in the garden, their bedrooms and within various private seating areas around the service.

People said they liked their rooms and they were comfortable warm and clean. People's rooms were personalised with ornaments, pictures, soft furnishings and photographs. Some people also had pieces of furniture which they said they had brought in from their previous home. The service had a specialised dementia called Cotswold Rise which we visited. We found that each bedroom had a front door and staff were in the process of creating memory boxes on the wall near each door. Staff told us these will contain a number of items that are important memories to people. Throughout this part of the building there were lots of age appropriate pictures and photos of the local area. There was a relaxed and peaceful atmosphere with staff supporting people with dignity and respect.

We observed people being offered the opportunity to attend the visiting hairdresser. Those who attended told us they enjoyed this experience. One person was attending the hairdresser and a member of staff provided lots of support and reassurance. The member of staff was gentle

In their approach and chatted to the person in a supportive and reassuring way that helped reduce any anxiety.

People were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. The registered manager told us this ensured the staff were aware of people wishes so people had their dignity, comfort and respect at the end of their life. The staff told us they received support from their local GP surgery during these times.

Good

Is the service responsive?

Our findings

Throughout our inspection we observed people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included "I am cared for very well by the staff", "I am very happy here and pleased with the care I receive" and, "The staff are excellent, very caring and I have no concerns". One person told us how the staff had helped them through periods of anxiety and depression. They told us because they were so settled at the service they had now stopped taking medicines with the support of the GP.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists, opticians and advice sought regarding wound management plans. The registered manager told us the local doctor surgery visited the service each week to provide an in house surgery. Outside of the weekly visits, the GP's would visit as and when required. We were told the service had a "very good" relationship with health professionals involved in peoples care.

People's care records contained relevant social and personal information and they were maintained and kept up to date. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their likes, dislikes, hobbies, social needs, dietary preferences, health and personal care needs. The local authority carried out their own annual reviews of people's care, which included the person, care staff, family and other representatives such as advocates to represent people's interests.

People were offered a range of activities and the weekly activities programme was displayed on noticeboards around the service. Two activities coordinators were employed to help meet the social needs of people who lived at the service. We observed people taking part in flower arranging and poetry sessions. These sessions were well attended and we heard lots of laughter and people engaged in conversation Other activities planned during the week of the inspection included cooking classes, knit and natter, quiz session's, a trip to the garden centre and a bus trip to a mystery location.

We spoke with the activities coordinators who told us how involved people who chose to stay in their bedrooms as well as those in communal areas with activities. An example being we observed trays of flowers were taken to peoples rooms by an activities coordinator. We were told this was because people wanted to participate in flower arranging without going to the activities room.

The service supports people living with dementia and the provider had recently converted part of the service into a specialist unit called Cotswold Rise to meet people's needs. This area has its own door which was accessed and exited through a key coded door. Outside of the unit were noticeboards that gave information to relatives about dementia and the contact details for further information. We observed people participating in activities on the Cotswold Rise dementia unit. Activities included dominos and jigsaw puzzles part completed with music quietly being played in the background. At the other end of the communal lounge there was a hat stand with a range of dressing up clothes. People were also supported to engage in activities in the downstairs activities room.

We spoke with staff about how people were supported with person centred activities. One staff member told us how they were supporting a person living at the service by typing their life story that they had drafted. We were told although this had been time consuming it gave them great satisfaction knowing they were helping the person to pursue a lifelong ambition. The same staff member told us how they recently completed a tandem parachute jump to raise money for a known charity. In addition to this the money that was raised from a fete held at the service was also donated to the same charity. We were told the fete was supported by people living at the service, staff and relatives.

People felt listened to and they were encouraged to share their experiences. The service had many ways of consulting with people on how the service was run. This included residents meetings, questionnaires and newsletters. The registered manager told us they had recently introduced relatives meetings since starting in their role. The last meeting held was on 10 June 2015. We were told attendance so far had been low however they planned to communicate with relatives to promote future meetings.

People we spoke with said they have not had the need to complain. People knew how to make a complaint if they were unhappy. Comments included, "I have no complaints

Good

Is the service responsive?

and nothing to moan about. The home is perfect for me but if I was unhappy I would tell the staff", "I feel if I wasn't happy the staff would listen. The staff know me well and we talk everyday so I would mention it", "The staff would know if I was unhappy as I would tell them".

There was a complaints system in place and details on how to make a complaint were available in the reception area and communal areas of the service. Records were kept about each complaint received along with information about how each complaint was investigated and the outcome. There had been two formal complaints about the service. Records confirmed that where required complaints had been escalated to senior management to investigate. We were told complaints were used as a way to look at improvements within the service. For example, lessons had been learnt by the provider in the way they had communicated with relatives and conducted the move of people to the new dementia unit called Cotswold Rise. The provider had recognised the process could have been handled more effectively and meetings were planned with relatives to discuss this.

Good

Is the service well-led?

Our findings

People and relatives we spoke with said they felt the registered manager was professional compassionate and approachable. Comments we received included, "I visit most days and always pop my head in the manager's office to say hello. They are very nice", "Things are better at the service since this manager has been in post. They try hard to please us", "They walk around the home to see us and are very kind and caring".

The registered manager had clear visions and values of the service. They told us their main aim was to provide the best possible care to people. They told us about the changes they had made since they began managing the service. The registered manager told us their focus for the next 12 months was to recruit permanent staff into vacant posts and to continue to effectively manage the service with the support of the staff team.

Staff said there was a personalised culture within service. They spoke positively about the registered manager and felt their approach was open and honest. The registered manager spoke passionately about the service. The registered manager told us the services philosophy of care was based on being committed to treating people with dignity and respect, providing professional and respectful care to people.

There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to. The registered manager worked in conjunction with the deputy manager, nursing staff, trainer, administrative staff and care staff. Staff told us the registered manager and deputy manager were approachable and willing to listen. Staff said they felt well supported within their roles and described an 'open door' management approach. They told us the registered manager was always looking to improve the service. Staff were clear about their roles and responsibilities and how their work contributed to the quality of care people received.

The registered manager had a good knowledge of the day to day running of the service. They knew the people living at the service and the staff well. They appeared approachable and supportive and took an active role in the running of the service. The registered manager told us by engaging with people and staff regularly they had a good understanding of the day to day culture within the service. They were passionate about providing a service where people were provided with a high standard of care.

Staff meetings were held on a two to three monthly basis with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service. Staff confirmed the registered manager took their views into account in order to improve service delivery. These measures ensured the registered manager was aware of how things were going and any issues that needed to be addressed.

There were one qualified nurse night vacancy and two care staff vacancies within the service at the time of our inspection. We did not identify any shortcomings regarding the quality of care and support provided to people. The registered manager had already identified one of the challenges to the service as being staff retention. The registered manager said they were being supported by the provider and had met with the human resources team and developed plans for retaining staff. We were told the focus was to look at the terms and conditions of employment for staff.

Two relatives we spoke with felt the provider could have improved communication with them during their family members move from the Memory Lane dementia unit to the upstairs Cotswold Rise dementia unit. We were told there had been a lack of consultation around the move which appeared rushed and caused anxiety. We were told the provider had recognised communication with families could have been improved at the time and lessons had been learnt from this. The registered manager told us they continued to support people and their relatives and that they had since move forward focusing on the future with family's with de-brief meetings planned.

Systems were in place to monitor accidents and incidents within the service. Accidents and incidents at the service were recorded appropriately and reported to the registered manager. Any injuries to people were recorded on body maps. Accident and incident records were reviewed and analysed by the registered manager monthly to help

Good

Is the service well-led?

identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

There were various systems in place to ensure the service was reviewed and audited to monitor the quality of the services provided. The service had a programme of audits and quality checks and these were shared out between the area manager, registered manager, deputy manager, nursing staff and the maintenance person. Audits were completed in respect of health and safety, the management of medicines, nutrition and care documentation. Full quality audits were completed on a six monthly basis. The area manager visited the service once or twice a month to check how things were going and provided a written report on checks they had made.

In the Provider Information Return (PIR) we were given information about the systems used to monitor the service and how the service supported staff. This included regular staff supervision, appraisal and team meetings.

The registered manager appropriately notified the CQC of incidents and events which occurred within the service which they were legally obliged to inform us about. This showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.