

Swindon Borough Council

# Whitbourne House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 31 May 2017. Whitbourne House provides personal care and accommodation for up to 41 people. The home is located in central location in Swindon. On the day of our inspection 36 people were living at the service, most of whom were living with dementia.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives complimented the compassionate nature of staff and told us staff were caring. On the day of our inspection we saw examples of kind and compassionate interactions that demonstrated staff knew people well. People's dignity, privacy and confidentiality were respected.

Feedback received from some people and staff reflected people did not always receive activities, stimulation or engagement which met people's needs, preferences and interests. There was no designated activities co-ordinator in post and there was not always evidence available that the provider ensured people had opportunities to benefit from person centred and meaningful activities.

People told us they were safe. Staff knew what to do if they had safeguarding concerns and were aware of the provider's whistle blowing policy. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed. Staff training was ongoing and the records confirmed staff received supervisions.

People's care plans contained risk assessments that covered areas such as falls, mobility or nutrition. Where people were at risk, their records outlined management plans on how to keep them safe. Staff knew how to keep people safe from risk of harm however we found on one occasion this was not followed in practice. The registered manager reassured us they were going to investigate this further.

People's medicines were stored securely. However, the provider's policy in relation to administration of medicines was not always followed by staff which presented a risk to people. The registered manager told us they would address this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and access health professionals when required. We received very positive feedback from external professionals involved with the service. Staff ensured people

were supported with their meals when required and people were referred to a dietician if there were concerns about their nutrition.

People were assessed prior to coming to live at Whitbourne House and people told us staff knew them well. People's care files gave details of the level of support required and people's wishes and choices. These also contained information about people's personal histories, medical information, their likes and dislikes.

Information on how to complain was available to people and the provider had a complaints policy in place. The registered manager ensured when a complaint had been raised it had been investigated and responded to in a timely manner.

The registered manager ensured various audits were being carried out. We however, found a lack of consistency in how well the service was led. There was a lack of support and resources that empowered staff to develop and drive improvements and some staff did not always feel listened to. Staff were confident that as a team they were focused to deliver good care and they told us improvements were being made. The registered manager welcomed our feedback and was keen to improve the service further.

The registered manager informed us of notifiable incidents in accordance with our regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were sufficient numbers of staff to keep people safe.

People told us they were safe at the service.

People received the support they required to take their medicines as prescribed. When we identified on one occasion staff did not follow the procedure the registered manager reassured us they were going to address this.

Risks to people were assessed and risk management plans were in place to manage the risks and keep people safe. We however found on one occasion this was not reflected in practice and one person was exposed to the risk of harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training that was ongoing and supervision sessions.

People were supported to have their nutritional needs met.

People received support in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to access healthcare support when needed.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by caring staff that treated them with dignity and respect.

People's relatives and visiting professionals spoke highly of staff and their caring nature.

People benefitted from caring relationships they were able to establish with staff.

### Is the service responsive?

The service was not always responsive.

People did not always receive activities or stimulation which met their needs or preferences.

People's care plans reflected their needs and level of support required.

Complaints and concerns were raised and managed accordingly to the provider's policy.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

There was a lack of support and resources that empowered staff to develop them and drive improvements. Some staff did not always feel listened to.

There were systems to monitor the service, however, we found a lack of consistency in how well the service was led. The registered manager welcomed our feedback and was keen to improve the service.

The registered manager informed us of notifiable incidents in accordance with our regulations.

Staff were aware of whistleblowing policy and how to escalate any concerns about people's well-being.

**Requires Improvement** ●

# Whitbourne House

## **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 look at the overall quality of the service.

This inspection took place on 31 May 2017 and 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. This ensured we were addressing any areas of concern.

Throughout our inspection we spent time observing care throughout the service. We spoke to five people and one relative. We also carried out a 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 also spoke with the registered manager, seven care staff and the externally managed chef. We looked at eight people's care records, six people's medicine records, six staff files, training matrix and records relating to the management of the home. Following the inspection we contacted a number of external health and social care professionals and four relatives to obtain their views about the service.

# Is the service safe?

## Our findings

Risks to people's well-being were assessed and recorded. Risk assessments were in place to help identify risk factors specific to each person, such as manual handling, falls, and nutrition or skin integrity. These provided staff with information on how to manage and minimise particular risks and provide people's care safely. Risk assessments were reviewed monthly or more frequently when people's needs and circumstances changed.

Staff were aware of people's needs, however, this was not always reflected in practice. One person was assessed as at risk of choking and they had been prescribed a thickening agent which was used in drinks. The person's care plan gave clear instruction of how much thickener was needed to be added to the person's drinks. We observed the person in a small lounge eating their lunch; they were sat at the table on their own. They had a drink put in front of them that was not thickened to the required consistency. We raised this with a member of staff who went and prepared a drink using the thickener and when they compared the drinks they told us, "You were absolutely right". We raised this with the registered manager who was going to investigate further and ensure all staff were aware of the person's needs.

We observed the administration of medicines and noted medicines were given to people in a professional manner. People were not rushed and water was made available for them. We however, identified that one person's medicine administration record (MAR) that related to a controlled drug (CD) was already signed by one member of staff before the person had received the medicine. Controlled drugs are medicines classed as requiring additional controls because of their potential for abuse and require two members of staff to administer. The person's MAR stated this medicine should be administered at 8 am and when we raised this with the staff it was 9.30 am. The member of staff told us, "It was my mistake. We were called into a (handover) meeting". After we raised this with the member of staff they went to administer this medicine to the person with a colleague. We raised this concern with the registered manager who confirmed this was against the provider's policy that stated people's MAR should be signed after the person had been seen taking their medicine. The registered manager told us they were going to follow it up with the staff to support learning and prevent reoccurrence.

People's MAR gave clear guidance about people's prescribed medicines and allergies. Protocols were in place to guide staff when people had their medicines given 'as required medicines' (PRN). Medicines were stored safely and securely, in a locked trolley kept within a secure designated room only accessed by authorised staff. Medicines refrigerator temperature records provided assurance that medicines requiring cold storage remained within the recommended temperature range.

The provider had safeguarding policies in place and staff were aware of their responsibilities in relation to safeguarding. Staff were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. Comments from staff included, "I would report (any concerns) to the senior on shift or to the manager. If they did not do anything, I would report it further" and "I would report this to my senior and record what I witnessed. I would also inform the safeguarding team".

People told us that they felt safe. One person said, "I feel very safe, the staff here are brilliant". Another person said, "No concerns, keep smiling and make the world smile". One relative told us, "Oh yes, [person] is safe". Another relative said, "(Person is) completely safe, absolutely".

There were sufficient staff to keep people safe. People told us they did not need to wait long to be assisted and they saw the same staff. Comments included: "Yes (there is enough staff) there seems to be a rota, they answer the call bell quickly, within a few minutes" and "Yes, I see mostly same people every day". The registered manager told us staffing numbers were determined by using the provider's calculation tool and told us, "We're over the suggested hours". The registered manager told us they had staffing vacancies but as the service was not operating at its full capacity this did not affect the number of staff on shift. Comments from staff included, "We've got enough staff, some days we got a floater (extra member of staff), we don't use agency. We have five rooms vacant so it's manageable", "Sometimes it can be tough with the staffing levels" and "If we were not expected to do activities, staffing levels would be ok". One relative told us, "They spread a bit thinly staffing wise, sometimes there's not so many around but they always say ring us if you need us".

The registered manager followed safe recruitment processes. Staff files contained the required pre-employment checks. This included references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager showed us the records of two recent applicants where they identified concerns during the recruitment process and decided not to offer the posts. This meant the registered manager ensured only fit and proper persons were employed.



## Is the service effective?

### Our findings

People and their relatives told us they felt staff were knowledgeable and skilled. One person said, "They all seem to know how to take care of the residents". One relative told us, "They meet [person's] needs adequately". An external professional said, "Staff always appear to know the patients well". Another professional commented, "They look after the residents very well".

The records confirmed staff training was ongoing. Training provided covered areas such as safeguarding, health and safety, basic life support, manual handling and infection control. Additionally staff received training around dementia including training around managing distress and de-escalation procedures. Newly appointed staff went through an induction period to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. Staff told us they felt the induction was helpful. One member of staff commented, "We went through the home induction procedure. The shadowing period lasts two weeks but this also depends on how comfortable you feel. I had worked in care before so I was happy to reduce the shadowing to one week". The provider had a system in place to provide staff with regular support sessions. Staff confirmed these were a regular occurrence. A member of staff told us, "I find the supervision meeting useful. Any problems you have are getting solved, we talk through any issues".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us their rights to make their own decisions were respected by staff. One person said, "I prefer my own company and they respect that". Another person said, "Yes, very much so (respect my wishes) they always ask". We observed staff talked with people before assisting them with a task. For example, during breakfast we observed staff saying to people, "Let me help you" and "Would you like to try a little bit".

The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, one person was unable to understand they lived at the service and we saw their capacity in relation to this decision was assessed and the best interest procedure was followed. The records confirmed people, their relatives and various professionals were involved in the decision making process. The person's application for DoLS was authorised and a clear review date was recorded to ensure the person's status was reviewed before then.

Staff were aware of MCA and adhered to the principles of the Act in their day to day work. Comments from staff included, "I'll honour people's decisions, for example if they want to have a bath. We'd assess for capacity if needed and we'd follow best interest process" and "We give them choices of what to wear and what to eat". Staff knew where to look for information about people's capacity and their decision making

abilities. One member of staff said, "I know I can find information about somebody's cognition and mental states in the care files". Another staff member told us, "Some people are under DoLS. That information is contained in their care files. We always offer them choices". A relative told us, "They (staff) listen to [person] and wouldn't go against [person's] wishes".

People were supported to meet their nutritional needs and staff were aware of people's needs in relation to their eating and drinking. The crockery colour coded system was used to discreetly distinguish between people's ability to eat independently. This meant that all staff were easily able to identify and offer support to those people who needed support with eating their meals. The kitchen staff were aware of people's dietary preferences and had a list of people's nutritional requirements. We observed lunch service and we saw people that needed support were assisted in an appropriate manner and when staff served food to people, staff explained to people what they were going to eat.

People complimented the food. One person said, "Food is good, you can ask for something different, I haven't needed to as there is a reasonable variety". Another person added, "Food is pretty good here. There are people that do ask for different option (to what's on the menu) they (kitchen staff) will make a sandwich or an omelette". One relative told us, "They (staff) help [person] to have his meals". An external professional said, "Nutrition care plans are tailored to meet their individual needs and include religious requirements, dietary restrictions, allergies and intolerances and any special diet requirements". We observed the lunch service and we saw people were offered food options by staff. We observed staff assisting people with eating and drinking in an appropriate and caring manner. Staff worked well as a team during the meal service, there was frequent communication among them to ensure people's nutritional needs were met.

People were supported to access health professionals if needed. When there were concerns about a person's health or well-being, appropriate action such as contacting the person's GP or seeking guidance from professionals such as Speech and Language Therapists (SALT) or a dietician was completed. People's relatives told us they felt confident appropriate medical support would be sourced if needed. One person said, "All health professionals come here, dentist, optician, doctor, hearing aid people". One relative said, "About a year ago [person] was falling and (manager) suggested several things and got someone to review the medication. They offered [person] sees a dentist and someone goes and does [person's] feet". One external professional told us, "Over the past few years that I have worked with Whitbourne house staff have worked tirelessly to engage with local community teams, services and families to improve the care of the residents". Another professional said, "Yes, staff support people to access the correct healthcare. Any referrals that are needed to other healthcare professionals are always placed and chased up if they (staff) do not hear anything".

# Is the service caring?

## Our findings

Throughout our inspection we saw examples of caring and kind interactions. People spoke positively of staff. One person said, "Everybody is very kind". Another person said, "I am treated very well".

People's relatives also complimented the compassionate nature of staff. One relative said, "We wouldn't have [person] anywhere else, every time we've been there we only saw caring staff". Another relative told us, "I couldn't be happier, they're marvellous". An external professional said, "Staff on the floor are lovely, staff got patience of a saint. I take my hat off to them".

Staff recognised people's individual needs in relation to communication. People's care plans detailed the facial expression and body language of people as well as the sounds they made to express their discomfort if they were unable to verbalise it. Actions needed to be taken to comfort people were clearly described. The records guided staff on how to react appropriately. For example, by speaking calmly, offering reassurance and identifying the source of a person's distress. Staff knew how to comfort people who were in distress and struggled to communicate their needs. For example, we observed one person approached another person and this was not welcomed by them. Staff immediately attended and distracted both individuals and led people away from each other.

People benefitted from caring relationships they formed with the staff. One person told us, "They are pretty good at noticing if I am under the weather". Another person said, "They listen, we talk together". When staff talked about people they referred to them with respect. One staff member said, "I like mixing with people and helping people, every day is different. I know my residents, they call me by name, it's a friendly home". One relative told us, "If we take [person] out for a day, [person] is looking forward to going back to the service". An external professional said, "Feedback from the individuals we have placed there has been highly positive in that they for example have remembered anniversaries and have assisted the patient and their loved ones to have a special celebration for this". Another professional said, "There is a sign on the second floor that says something along the lines of 'the residents do not live in our workplace, we work in their home'. I think it sums up the attitude and ethos that team are working to achieve across the home".

People were encouraged to remain independent. One person said, "I need help dressing and washing, I can do some things for myself". Staff knew about the importance of encouraging people to be independent so they were able to maintain their skills. One member of staff told us, "With one person, we only help them to wash their back, so [person] can do the rest with supervision, we give them opportunities to be independent".

People's dignity and privacy was respected. People told us they were treated with dignity. Comments included, "Their (staff) attitude is good, they do care" and "Yes, definitely (treated with dignity)". Staff told us how they ensured people received dignified support. One staff member said, "We treat our residents with respect. We offer them choices, we respect their privacy and dignity. We take them to their rooms (for personal care), close the door, close the curtains". A relative told us, "When the staff change [person] they always draw the curtains, they do their best to make him look presentable".

People were supported to have a comfortable and dignified death. People and their relatives were involved in making decisions about their end of life care, and their preferences were documented. On the day of our inspection no people received end of life care.

Staff understood and respected confidentiality. People told us staff were professional and never discussed other people's problems with them. One person said, "I never heard them discuss other people". Staff were aware how to protect people's confidential information. Any confidential records were kept in locked cabinets and were only accessible to staff.

## Is the service responsive?

### Our findings

We found there was a lack of meaningful activities that would consider people's histories, wishes and hobbies. There was no activities co-ordinator at the service and staff told us they were expected to step in to this role. There was an activities calendar displayed however the activities on the day did not reflect the plan. On the day of our inspection we observed staff organised a sing-a-long in one of the lounges, the music was very loud and not many people engaged.

People's feedback confirmed that the activities needed to be improved. One person said, "I help when I can but there is not much I am interested in". Another person said, "I would like to go out occasionally but no, not been out". One relative told us, "They could do with an activities co-ordinator, it's down to the care staff to engage the residents and they have limited time". Staff also told us they felt activities could be improved. Comments from staff included, "There is lack of activities", "Due to the workload, we are not always able to organise activities" and "We do try our best with activities but we can't split ourselves in two".

People's care plans contained an 'activity sheet' designed to record activities people were offered and whether they participated in them, observed them or refused to join in. We saw these were rarely completed and therefore there was not always a record of activities taking place available. One person's activity sheets for the two previous months showed the following had occurred: 'cut nails', 'talked about wife' and twice 'walked in the garden'. Another person's sheet had no entries of any activities throughout March. Staff told us sometimes people refused to join in an activity however, this was not recorded. There also were no records if any alternative activity had been offered when people refused.

We raised these concerns with the registered manager who said, "(Staff) should be recording activities, even if refused". The registered manager told us they had interviewed applicants for the activities co-ordinator and were in a process of appointing a successful candidate that was due to start soon. Following our inspection the provider sent to us additional samples of activities records.

People's needs were assessed prior to admission to the service. This helped to ensure these could be met. People's care files gave details of the level of support required and people's wishes and choices. These also contained information about people's personal histories, medical information, their likes and dislikes. For example, one person's file reflected they enjoyed knitting and completing puzzle books but did not like painting. The registered manager told us they were in a process of introducing "This is me" booklets. These are intended to provide staff with information about the people to enhance the care and support provided.

People were allocated their key workers which ensured consistency of care. A key worker is a member of staff appointed to oversee care and be a point of reference for that person and their family. One staff member told us, "We are all key workers to a few people, I got two (key residents) at present, we ensure care plan is up to date, they have got toiletries and we liaise with families". Another staff member told us, "The care plans are updated regularly so we are always up to date with our clients' needs".

People felt their needs were met and staff knew them well. One person told us, "Whatever needs I have are

taken care of". Another person said, "They (staff) will listen, yes, they know my needs". We found staff responded well to people's changing health needs. For example, one person gained unexpectedly some weight. The records confirmed the person was referred to a dietician and their GP for further tests. Additionally a weekly weight regime was implemented that ensure person's weight was being monitored.

We observed there was some use of colours and word signage to help people orientate around the service but the use of dementia friendly signage and memory aids needed improving. However, the registered manager had already recognised the internal environment of the service would benefit from an upgrade. In their Provider Information Return (PIR) the registered manager stated they were going to implement "New vinyl based flooring in communal areas to support resident and staff ease of movement around the home. Home redecoration to support further dementia friendly approaches". On the day of our inspection the registered manager told us the new flooring was being laid and the further redecoration works was going to include painting and more furniture.

Information on how to complain was available to people. People told us they never needed to complain. Comments included, "I've got no complaints", "I would know how (to complain), there has been no time I needed to complain" and "I haven't had any major complaints, never made a complaint". An external professional said, "I feel any concerns that are raised are immediately actioned". The provider had a complaints policy and the registered manager ensured complaints were logged. We viewed the log and noted there was one written complaint received since the service was taken over by the current provider. The complaint was responded to in line with the provider's policy. The team also received several compliments and thank you cards.

Since the transition to the new provider no service users' satisfaction surveys had been carried out. The registered manager was in a process of carrying out the activities evaluation questionnaire that would assist with planning the activities going forward. People and their relatives had opportunities to feedback during the residents or relatives meetings. The registered manager also told us they operated an open door policy and welcomed any feedback.

## Is the service well-led?

### Our findings

Whitbourne House was taken over by the current provider in October 2016 due to the previous provider unexpectedly stopping to provide regulated activities. The local management of the service as well as a number of seniors and care staff remained in their posts after the transition.

The registered manager had systems to ensure that various aspects of the service delivery were being monitored. We saw evidence of audits taking place. These included health and safety, medicines, care plans, kitchen, cream charts, housekeeping and building. They also monitored the accidents and incidents and carried out a monthly audit of falls that occurred at the service. Where an action point was identified this was being addressed, for example, one of the audits identified a need for a maintenance person and the registered manager was in a process of recruiting one. Whilst there were systems to monitor the service we found a lack of consistency in how well the service was led. For example, there was no evidence the care plans audits identified the lack of activities records. The registered manager however was in a process of recruiting the activities co-ordinator to address this issue.

Some staff felt there was a lack of support and resources that enabled and empowered staff to develop them and drive improvements. Comments from staff included, "We do not have enough training opportunities. Nothing has come up since the transition" and "I don't think we are supported, I don't progress as quickly as I'd like". Staff told us there was a delay in obtaining some training. We raised this with the registered manager who explained to us they were aware there was a gap in training provision as they needed to wait for the senior management to approve the new preferred training provider. After our inspection the registered manager sent us the training planned for the next few months and told us this was a work in progress due to "still settling into a new company".

Whilst all staff we spoke with complimented the team's commitment to provide good quality care to people, some staff did not always feel listened to. One member of staff said, "It's the best home I've worked in my career, however, I do not feel supported by the management. Our opinion doesn't matter". Another member of staff said, "We are a fantastic team but we give everything and do not get anything back". Additionally some staff did not always have the confidence in the way the service was managed. One member of staff told us, "Not everything is being addressed". Staff also felt the service would benefit from increased manager's presence on the floor and told us the manager was "rather office based manager". When we raised this with the registered manager they told us they would organise for an anonymous staff survey to be carried out to ensure these concerns were addressed.

Staff were encouraged to attend staff meetings, briefing of the day meetings and were invited to raise any concerns. We viewed the minutes and noted areas such as completion of records, staff roles and responsibilities and review of processes and procedures were discussed. Staff told us they found the meetings useful. Comments from staff included, "It's nice and I like to work here. I can see that they are making improvements" and "We have our team meetings quite often. We discuss ideas for improvement, like carpet, flooring, paint colour but also health related issues of our residents". The registered manager ensured where a lesson was to be learnt this was shared with the team. For example, following a concern

around how the staff acted addressing an incident the registered manager reviewed the process of responding to an emergency. They then sent a memo to all staff highlighting the reviewed process. We also saw where an area for improvement was identified the registered manager ensured this was implemented. For example, a recent pharmacist's audit resulted in a recommendation that the medicine fridge temperature form should also reflect the minimum and maximum reading. We saw the new, updated form was implemented promptly.

Feedback received from external professionals was complimentary about the care offered to people, their relationship with the registered manager and how well the management and staff team communicated with them. Comments included, "We work very closely with Whitbourne House and we have always found them approachable and eager to help us with patient issues" and "The team that work at Whitbourne House appear to be doing a good job on the small number of occasions I have visited them".

There was a whistle blowing policy in place that was available to staff. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected any abuse. Staff were confident the management team would support them in escalating the concerns if needed. One member of staff said, "If I saw any concerns, I'd report to the manager, it's my duty to do it if something fishy was going on. In manager's absence – to whoever was covering or safeguarding team directly – we've been given leaflets on training".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The registered manager worked closely with the local safeguarding team to ensure people were kept safe. The registered manager told us they introduced resource files that included information surrounding nutrition, falls, Care Act, dementia, challenging behaviour, NICE (The National Institute for Health and Care Excellence) and End of Life guidance. These files were stored in offices where staff could access them to update their knowledge.