Prime Life Limited

Ashlands Mews

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 20 October 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Ashlands Mews provides personal care to adults with a variety of needs living in their own homes. This included people with physical disabilities, people with mental health needs and younger adults. At the time of the inspection there were six people using the service. Each person had their own flat that was based around a shared courtyard within the Ashland's complex. People were supported by staff who were based in an an office on the complex.

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

People had to wait for their support at certain times during the day. This was because people did not have agreed call times and could request support when they wanted it. We found that people had often requested support at the same time and there were not enough staff available at these times. Staff had been checked for their suitability before starting work.

People were protected from the risk of harm at the service. Staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it. The provider dealt with accidents and incidents appropriately and reviewed these to try and prevent reoccurrences.

Risks to people's well-being had been assessed. For example, where people required support with using kitchen equipment, staff had training and guidance available to them.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice when necessary.

Staff received appropriate support through an induction and supervision. Staff had received training in a range of subjects to provide and update them on safe ways of working.

People chose their own food and drink and were supported to prepare their meals. A healthy diet was encouraged. Staff supported people to contact healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act (2005). People's capacity to make specific

decisions had been considered in their support plan. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. They told us that dignity and privacy was protected by some staff.

People were usually supported to be as independent as they wanted to be. However people told us that they felt that some staff rushed them and did tasks for them. Staff knew people's preferences and had involved people in planning their own support.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives. However, people had not always had their complaints responded to in line with timescales in the provider's policy.

People had contributed to the planning and review of their support. People had support plans that had included information about their likes, dislikes and history. Staff knew how to support people based on their preferences and how they wanted to be supported.

People and staff felt the manager was approachable. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

Systems were in place which assessed and monitored the quality of the service. People and their relatives were asked for feedback about the service.

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 safe.

People were protected from abuse and avoidable harm. Staff knew about their responsibilities for supporting them to keep safe. Incidents were recorded and investigated by the provider.

There were sufficient numbers of staff to meet people's needs safely, however these were not always available at the times when people requested them. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had received guidance and training.

People received care in line with the Mental Capacity Act 2005. They were encouraged to make decisions about their support. Staff asked for consent before they supported each person.

People were supported to contact healthcare professionals for advice and to attend appointments when they needed this. People were encouraged to follow a healthy diet.

Is the service caring?

Good

The service was not consistently caring.

People were treated with kindness and compassion from staff. They told us that some staff protected their privacy and dignity.

People were usually supported to remain independent where this was important to them by staff who knew their preferences. However some people felt that staff rushed them and completed tasks for them.

People were involved in planning their own support where they could.

Is the service responsive?

Good

The service was not always responsive.

People had to wait for staff when they asked for support.

The provider had a complaints procedure in place. People felt confident to raise any concerns. However, complaints had not always been responded to in line with timescales in the provider's procedure. We found that one person had to resubmit their complaint when it had not been responded to.

People had contributed to the development and review of their support plan. These contained information for staff about people's needs, their likes, dislikes and history.

Is the service well-led?

Good

The service was well led.

People felt that the registered manager and the manager were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The provider had checks in place to monitor the quality of the service.

Ashlands Mews

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.

The inspection took place on 20 October 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us. The inspection was carried out by one inspector 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 our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the operations manager, a senior care worker and two care workers.

We spoke with three people who used the service by telephone. This was to gather their views of the service being provided.

Requires Improvement

Is the service safe?

Our findings

People told us that there were not always enough staff to meet their needs. One person said, "I sometimes have to wait a while There is always someone who calls in sick, or are on holiday." Another person told us, "There aren't enough staff. Some people need two staff. This means I have to wait." Staff told us that they felt there were enough staff to meet people's needs except at certain times during the day. They said that in the morning people sometimes wanted their support at the same time and this was not possible. We discussed this with the registered manager and the operations manager. They told us that the rota had been agreed with people who used the service to make sure that staff were available for people 24 hours a day. The rota had been developed based on the assessed needs of each person who used the service. Each person's hours had been combined so that people were not restricted to planned visit times that were inflexible. The operations manager told us that when the rota had been agreed this had included feedback from each person's social worker and agreed with all people who used the service. The rota showed that where possible permanent, or regular temporary staff were used to provide support. This meant that there were enough staff to cover all of the hours that people had been assessed as needing. However it also meant that there were not enough staff available if people wanted their support at the same time.

People told us that they often had to wait for staff. One person told us, "Some mornings I have to wait a long time. This can between 1 and 2 hours." Another person said, "I usually have to wait for a while. This can be from a few minutes to half an hour or more. The staff are aware that you have pulled the alarm but if they are with other's you have to wait." One person commented, "Sometimes I have to wait for the staff to come back when they have put something in the oven too long. It has burnt'." Staff told us that they would respond to people as soon as possible. They explained that they had to make sure that the person they were supporting was safe before responding to a request from someone else. Staff told us that they would try and give people a timescale for when they could come and support them. One staff member said, "I respond as soon as it is safe to do so. If it is a quick task I will do that. If not I try and tell people how long I will be." Another staff member told us, "People are left waiting for their support. We do what we can." The registered manager and operations manager told us that support was available over 24 hours and was flexible so that people could request staff support when they needed it and not at set times. They explained that this had been agreed so that people could plan their support around what they wanted to do and when they wanted to do this. We saw that the rota had been developed based on the assessed needs of people who used the service to determine how many staff were required to provide support over the whole 24 hour period. This allowed people freedom to ask for staff support at any time during the day and night. However, as people told us that they often had to wait for support when they asked for this, particularly at certain times, it showed that people's request for support were not being reflected in the staffing levels.

People told us that they usually felt safe when they received support from staff. One person said, "Yes I feel safe. However I get worried if the buzzer isn't working. I could have fallen and they wouldn't know." We discussed this with the registered manager. They told us that there were checks in place for the call bells [buzzer] to make sure that they were working. The registered manager checked with staff to see if there had been any faults with the person's call bell. Staff confirmed that there had not been any faults reported. The registered manager told us that they had spare units available so that a call bell could be replaced

immediately if there was a fault. Another person told us, "On the whole I feel safe. The carers know my routine.

Staff members we spoke knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. For example, unexplained bruising or changes in mood. Staff knew the procedure to follow if they identified any concerns, or if information of concern was disclosed to them. One member of staff told us, "I would report it to the senior or to the manager." Staff we spoke with, and records, confirmed that they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "The company remind you of safeguarding every so often. It is important." Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. The manager had an understanding of their responsibility for reporting allegations of abuse to the local authority. We found that the process in place did inform staff of their right to contact outside professionals if they felt this was needed. We saw that the manager had reported concerns appropriately to the local authority and the concerns had been investigated either internally when this had been requested or by the local authority. Staff we spoke with told us that they understood whistleblowing and felt they could raise concerns.

Risk assessments were in place where it had been identified that there may be a risk to a person's well-being. We saw that actions were in place to minimise these. For example, one person was at risk of problems with their physical health. We saw that checks were in place to make sure that they remained healthy. We saw that risk assessments had been reviewed regularly or when a person's needs had changed. This meant that staff had up to date guidance on how to support people in a safe way. This showed that staff had the information available to manage risks to people.

Where people required the use of specialist equipment to support them, we saw assessments were in place regarding the use of this. Checks were carried out on equipment to make sure it was maintained and safe to use.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a description of what had happened. Where investigations had been needed these had been completed. We saw that if changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that there were plans in place should people need to evacuate their home in case of an emergency, for example if there was a fire. These included alternative places for people to go. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

People were cared for by suitable staff because the provider followed recruitment procedures. The process included obtaining references, checking people's right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and aims to stop those people who are not suitable from working with people who receive care and support. We looked at the files of four staff members and found that appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely. One person told us, "I know exactly what I take and when. Staff have to be qualified in order to give me my meds." The service had a policy in place which covered the administration and recording of medicines. Staff told us, and records confirmed, that they felt confident with

the tasks related to medicines that they were being asked to complete and that they had been trained to administer medicines. We saw that staff were assessed to make sure that they were competent to administer medicines. Each person who required support with their medicine had a support plan around this to determine what staff should do to assist them and a medication administration record (MAR) to record what medicine they had taken.

We saw that there was a protocol in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given. We looked at the MAR charts and found that these had been completed correctly.

Good

Is the service effective?

Our findings

People received support from staff who had the skills to meet their needs. One person told us, "Yes – the staff know how to support me." Another person said, "Most of them know what I want." Staff told us they received the training they needed to support people. One member of staff told us, "We have done plenty of training. It is useful to have some training as a refresher." Another staff member said, "We do different training. It can be practical or paperwork or videos. It is mainly good quality." Staff told us that they had done training that enabled them to meet people's needs. One staff member said, "I did catheter training so that I could support someone who had a catheter." We saw that staff had completed a range of training including training that was specific for the needs of the people who they supported.

Staff told us that they had completed an induction. One member of staff said, "I did an induction. We worked through the Care Certificate. I shadowed other staff and got to know the people." We saw that new staff completed the Care Certificate during their induction. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received support and supervision. One staff member said, "I have had supervision. I get time to talk to my manager." Another staff member commented, "I have supervision every three months. I can always talk to my manager." During supervision meetings specific topics were discussed. These included use of mobile phones, dignity in care and hoisting. Records we saw confirmed that supervisions had taken place. The registered manager told us that if staff wanted to discuss concerns about practice in areas not related to the planned supervision they would be able to do this. We found that once a year staff's competency in their role was reviewed with staff being asked to provide feedback on how they felt they were meeting the requirements of the position. This enabled the manager to evaluate what support staff required.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that it was.

We saw that people's capacity to make their own decisions had been considered as part of their support plan. This included information about how a person liked information to be given to them and how they made their own decisions. In one support plan we read, 'actively encourage [person's name] to make decisions. [Person] can make unwise decisions. They are able to take the calculated risk independently."

This was in line with guidance in the MCA that people can make unwise decisions. We saw in another support plan that staff were guided to offer the person full choice over tasks that were completed and what food was to be prepared. We found that where people were using equipment that could deprive them of their liberty their capacity had been considered. This is important to make sure that people understand that there are ways that they can get out of the equipment if they want to. For example, where someone has bed rails in place these are to stop people falling out of bed and not to keep people from getting up. We saw that people had signed their own support plan and consented to the planned support. Staff were able to tell us how they involved people in making their own decisions. One staff member said, "I offer [person's name] choices. I will show them the items so they can see what they are choosing." The registered manager understood their responsibility to complete a capacity assessment if they thought someone was not able to make their own decisions.

People told us that most staff asked for consent before supporting them. One person said, "They ask most of the time. It would be nice if they checked I was free before we start filling in a form." Another person said, "Generally they ask me. You get the odd one who doesn't. Although sometimes it is nice when they know you and do things automatically." Staff told us that they always asked for consent. One staff member said, "I always ask for consent. It is their choice. You can't force them." Another staff member commented, "I always ask the question."

People were supported with preparing food and drinks and eating. One person said, "I buy my own food. They cook it for me. I like to have proper food. I think some of the staff only know how to cook ready meals." Another person told us, "The staff cook my food for me. Sometimes they leave it in the oven too long." People told us that if they wanted a snack they would 'buzz' for the staff. We saw that people were supported with specific diets and equipment, where required, that met their needs with guidance from health care professionals. For example, one person had cutlery that had been adapted to be easier to hold to enable them to hold this on their own. Records showed that people were encouraged to follow a healthy diet.

People were supported to maintain good health. We saw that the support people needed with accessing healthcare appointments was considered as part of their support plan. For example, we read in one person's support plan that they should be encouraged to make their own appointments and staff would then remind them of the appointment when it was due to take place. We also saw that where people needed or requested staff support with appointments this was provided. One person said, "I sort out all my appointments myself." We found that where a health professional had asked for monitoring to be completed for a health need this had been completed.

Support plans contained contact details of people's relatives, GP, or other involved health professionals so that staff were able to contact them if they needed to. Staff were aware of their responsibility for dealing with illness or injury. They told us they would contact the GP or an ambulance if needed. We saw that records tracked all appointments that had been made and they outcome of these, where people had asked for this to be recorded. This meant that people's health needs were being monitored and met.

Good

Is the service caring?

Our findings

People gave us mixed feedback about staff listening to them and treating them with dignity and respect. One person said, "I do feel that the staff listen to me, but they don't always respect me. They will do things that I can do for myself." Another person told us, "The staff listen to me." Staff told us they promoted people's privacy and dignity. This included involving people in making their own decisions, asking people before supporting them, knocking on people's doors and offering people privacy while being supported with personal care.

People told us that the staff were caring and completed tasks that were important to them. One person told us, "Some are excellent. Some will make me coffee, see the floor is dirty and just sweep it. I can't do this. It is important to me." Another person said, "Most of them know what I want. I don't have to keep explaining. It's easier." One person commented, "I have the care I need." Staff we spoke with demonstrated a good understanding of people's needs. One staff member told us, "It is important that we get to know people well. They can tell us when they are not happy with things and they do." They explained that they got to know people by working with them regularly. Another staff member said, "We can support people to make them happy." They explained that they did this by agreeing with the person what support they wanted.

People told us that they usually had the same staff and this was important to them. One person said, "The carers are mostly regular." Another person told us, "The regular staff are excellent at knowing how to support me. New or bank care staff don't always read the care plan first. I have to explain everything." Staff told us that they worked with the same people as much as possible. They told us that they were introduced to people and given time to read their support plan before working with a person. They told us this helped them to get to know the person. One staff member said, "I got to have a look at the routines that people liked to follow and got time to get to know people as part of my induction." Another staff member told us, "We do a handover with new staff. This is about the do's and don'ts. people will tell you what they want." Staff told us that information about what people liked and disliked was included in their support plan. One staff member told us, "People have been asked for their input with their support plan. They have enough information in to support someone." We saw that each person's support plan contained information about what they liked and disliked. For example, we read in one person's plan, 'I like to have lavender sprayed onto my pillow at night.' The guidance then told staff to do this with the person. This meant that staff had information about what was important to the person.

People were encouraged to maintain as much independence as possible. One person said, "I want to do things for myself so I do. If it takes me half an hour, so be it." However, one person felt that some staff did things for them as it was quicker. They told us, "I do the bits I can. Sometimes I think the staff want to rush it. I can see it on their face. They want to do everything for me." Staff who we spoke with told us that it was important that people did things for themselves when they could. One staff member told us, "People should do what they can for themselves. It is important." We saw that support plans included information about what the person could do for themselves and what they needed help with. For example, in one person's care plan we read, 'Ensure [person] takes the lead to maintain their independence.' In another support plan we saw that staff were prompted to offer the person a straw with their drinks so that they could then drink

without support. This meant that staff were encouraging people to maintain the skills they had instead of doing things for people that they could do for themselves.

People were involved in making their own decisions where they could. One person said, "I am involved in making decisions about my care. You can ask to talk about it." Another person said, "I can say what I want." We saw from support plans that people were encouraged to make decisions about what they wanted to eat and preferred times for the staff to visit. Records showed that people had been involved in decisions about their support. The operations manager told us that people had been involved in agreeing how the staffing hours were used at the service. They said that people had been asked about combining their assessed hours together with other people who used the service so that staff were available 24 hours a day. This had then been agreed with each person and their social worker. Where people were not able to make their own decisions other people were consulted to determine what the person would want. A staff member told us, "I give people the information to help them understand." This meant that people were supported to be involved in decisions about their support.

People's sensitive information was being handled carefully. We saw that the provider had secure lockable cabinets for the storage of records. People kept their own documents in their house so that they knew what information was held about them and they were in control of who could see this. The registered manager had asked people if we could review their records before giving us access to them. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection that they followed. This meant that where information was written down about people their privacy was being protected.

Good

Is the service responsive?

Our findings

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I am comfortable raising issues and making complaints. Speak to the person in question. If I don't get any joy I speak to the manager." Another person told us, "The [registered] manager is approachable. I can talk to him." We saw that there was a complaints procedure in place that was available to people. Records showed that 11 complaints had been received in 2016. Records showed that most of these were around people waiting for support. The registered manager told us that these had all been investigated. We found that most complaints had been responded to within the timescales in the provider's procedure. However, we found that one person had to resubmit their complaint as they had not received any feedback. Records showed that this complaint had been resolved after it had been resubmitted. People told us that they felt that their concerns were resolved but sometimes reoccurred. One person told us, "The [registered] manager dealt with it. It got better for a couple of weeks then it started happening again." We discussed complaints with the registered manager as there was a pattern of complaints around people waiting for staff. The registered manager told us that they investigated why people had been kept waiting and had given people an explanation as to why this had happened. For example, in one case staff were responding to an emergency with another person. They told us that they had reviewed staff practices to try and reduce times that people were waiting. This had resulted in staff getting to a safe point in the support of a person and then taking the time to respond to a call bell or going to see the person who was requesting support to let them know they would be with them as soon as possible. Staff told us that this was now happening. This meant that people were made aware that staff were going to be late but knew that they were aware that they wanted support.

People had contributed to the planning and development of their support plans. One person told us, "I was asked to sign my support plan. It wasn't right. I asked for changes to be made. They took it away to correct it." Another person said, "I have a regular routine. Staff know this." One person commented, "I make sure I am involved in my support." We saw that people's support plans contained information about how people preferred to be supported. For example, we saw that one support plan asked staff to complete one key task for a person and then agree a time to come back and complete all other support. This was important to the person as they were able to complete parts of their support independently after this task had been completed. This meant that staff had information about how to support people in the ways that were important to them.

People told us that they had been involved in reviews of their support. One person said, "You can have meetings about your support plan." Another person told us, "It wasn't correct. I wasn't happy with some of it. They have not yet updated it to where I am happy to sign it." We saw that support plans had been reviewed three monthly or when someone's needs had changed and that people's views had been taken into account when the plan was updated. This was important to make sure that staff had up to date information and guidance on people's needs and how to support them.

People's care plans included personalised information and provided details about the person, their history and what was important to them. Staff were able to describe people's preferences and this matched the

information included in each person's support plan.

Good

Is the service well-led?

Our findings

People and staff told us that they felt that the service was well led and the registered manager was approachable. One person said, "I think they manage everybody's care pretty well. I would recommend the service." Another person commented, "I can speak with the [registered] manager." A staff member told us, "I can approach the [registered] manager if something is not working. I will get a response." Staff told us that they felt supported in their roles. One staff member said, "I feel supported. I can talk to my manager." We saw that the manager spent time with staff on the day of our visit. They were available to staff to answer questions and provide support.

Staff received regular feedback and guidance on their work from a manager during individual supervision meetings to understand the provider's expectations of them. Staff described these meetings positively. One staff member said, "I have had two supervision meetings. My manager listens to me." Another staff member told us, "I have supervision every three months. I can talk to my manager at other times if I have concerns. He will give me feedback." We saw that staff meetings took place and covered topics such as changes to support for people, good practice and feedback. One staff member told us, "We can say our opinion at team meetings. We see that things have improved." Another staff member commented, "We have a team meeting whenever we can. It is important that we discuss things." This meant there were opportunities for staff to reflect on their practice and on the service as a whole to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person said, "We have had meetings but have not had a questionnaire." We saw that meetings had been held with people who used the service every two months. Minutes from these showed that some people attended regularly and others chose not to attend. We saw that people had been asked for their opinion on staffing and the environment as well as time for any other questions that they had about the service. We saw that questionnaires had been sent to people who used the service in 2016 and that four people had responded to this. This asked people for their comments on the service that they had received. The feedback provided was mainly positive. For example, everyone who responded said that the environment was welcome and homely and two people who responded said that the staff were caring and respectful. The other two respondents said that this area required improvement. One person said that their meals were not nutritionally balanced. We saw that people had the opportunity to make additional comments. we read one person said that the maintenance could be slow. Another person said that in general it was a happy and helpful place to live. People had been sent a newsletter with details of the findings from the questionnaire and actions that had been agreed.

We saw that audits had been completed on specific areas within the service as well as on the whole service. The registered manager submitted information monthly to senior managers that recorded all tasks that had been completed and actions that were required. This included checks on staff meetings, support plans, infection control, safeguarding , complaints, training, staffing and health and safety. We found that a quality audit had been completed in July 2016. This was carried out by a senior manager and looked at the service as a whole. This had identified actions that needed to be completed. An action plan had been in place for the registered manager to follow. This included ensuring that all staff were booked onto training so that staff

received this when it was needed and that all support plans were reviewed within the agreed timescales.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that they were required to report.