Bupa Care Homes (HH Hull) Limited

Berkeley House

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?	Requires Improvement

Summary of findings

Overall summary

Berkeley House is registered to provide care and accommodation for a maximum of 94 people. This number includes 84 older people who may be living with dementia and 10 people who have a learning disability. Accommodation is provided separately for people who have a learning disability in small bungalows adjacent to the main home.

This inspection was carried out by two adult social care inspectors on 17 and 18 November 2016. The service was last inspected in April and May 2015 and was found to be compliant with all of the regulations that we assessed at that time.

There was no registered manager in post; the previous registered manager had left the service in July 2016. A manager had undertaken the role as manager on 1 November 2016 and was in the process of becoming the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The bungalows had a separate staff team who was managed by the bungalow's manager. The bungalow's manager was overseen by the manager of the service.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Staff were recruited following safer recruitment processes and were deployed in suitable numbers to meet the assessed needs of the people who used the service. People's medicines were stored safely and administered as prescribed.

People were supported by staff who had been trained to carry out their roles effectively; they had the skills and abilities to communicate with the people who used the service. Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed within the service. People were supported to eat a balanced diet of their choosing; dietary requirements were catered for. A range of healthcare professionals were involved in the care and treatment of the people who used the service.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had been developed between the people who used the service and staff. People's privacy and dignity was respected by staff who encouraged people to be independent and make choices and decisions in their daily lives. Private and sensitive information was stored confidentially.

People were involved with the initial assessment and the reviews of their care and support. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain

relationships with important people in their lives and to take part in a range of activities inside and outside of the service. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were responded to in line with the registered provider's policy and used to develop the service whenever possible.

Staff told us the manager was approachable, supportive and listened to their views regarding developing the service. A comprehensive quality assurance system was in place to ensure shortfalls in care and support were identified and drive the continual improvement of the service. The registered provider and manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required. Meetings were held with staff and people who used the service to ensure their views were known and could be acted upon.

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 were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

People received their medicines as prescribed. Medicines were ordered, stored and administered safely.

Staff who had been recruited safely were deployed in suitable numbers to meet the assessed needs of the people who used the service.

Is the service effective?

Good

The service was effective.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

People were supported to eat a healthy, balanced and nutritious diet. When concerns were raised relevant healthcare professionals were contacted.

Staff received training, supervision and support which provided them with the skills and abilities to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff who treated them with dignity and respect.

Staff were aware of people's preferences regarding how their care and support were to be delivered.

Private and personal information was kept confidentially. Staff were aware of their responsibilities to not share private

information.

Is the service responsive?

Good

The service was responsive.

People were involved in the initial planning and on-going delivery of their care.

Reviews of people's care and support were carried out when required.

People were supported to follow their hobbies and personal interests as well as undertake educational opportunities.

There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern. The policy was available in an easy read format which made it accessible to every person who used the service.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service is required to have a registered manager in post; at the time of our inspection a manager was working in the service but they had not registered with the CQC.

The registered provider's quality assurance systems consisted of audits, checks and feedback provided by people who used the service, relatives, staff and healthcare professionals.

Staff told us the management team were approachable and encouraged people to be actively involved in developing the service.

Notifications were submitted to the CQC as required.

Berkeley 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 November 2016 and was unannounced. The inspection was completed by two adult social care inspectors.

Before the inspection, we spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence held by the CQC.

During the inspection we used the Short Observational Framework Tool 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 observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with nine people who used the service and four visiting relatives. We also spoke with the manager, the deputy manager, a visiting professional, 10 care staff, the cook, the maintenance person and two domestic staff.

We looked at nine people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, recruitment information, staff training records, policies and procedures and records of maintenance carried out on equipment. We also completed a tour of the

premises to check general maintenance as well as cleanliness and infection control practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Berkeley House. One person said, "Yes I do feel safe here." Another person told us, "When I go out the staff come with me if I want, they make sure I am safe." Other people said, "It's safe here, there is always staff about so I don't have to worry", "I'm a lot safer here than when I was at home, the staff helped me get washed and showered, I couldn't do it myself, I was scared I would fall", "It's dark and cold outside but we are warm and safe in here" and "I know I'm safe here." A relative we spoke with said, "[Name of the person who used the service] is safe here, she gets well looked after, gets given all her medicines and it's always clean."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff had a clear understanding of the different types of abuse that could occur and were aware of their responsibilities to report any poor practice they witnessed or became aware of. A member of staff we spoke with said, "I would report any abuse to my manager or the safeguarding team or the CQC." Another member of told us, "It's our duty to protect the residents; I wouldn't have any qualms raising concerns if I thought someone was getting anything less than good care."

Plans were in place to support people when they displayed behaviours that challenged the service. Staff were aware of triggers to people's behaviours and plans had been developed so they were aware of how to reduce the possibility of incidents occurring and how to support people effectively when they became distressed. Risk assessments had been developed to mitigate known risks without unnecessarily restricting people's freedoms and choices.

When accidents or incidents occurred within the service, they were recorded and investigated to ensure appropriate action was taken to prevent their re-occurrence. The manager told us, "All of the incidents are recorded then added to our online system which plots trends and shows spikes which helps make sure nothing is missed and we have done everything we can to keep people safe." This helped to ensure people were protected from avoidable harm when possible.

A peep (personal emergency evacuation plan) had been developed for each person who used the service to ensure staff were aware of the support people needed to remain safe in an emergency situation. Emergency bags had been prepared, which contained torches, high visibility clothing and emergency foil/silver blankets. The registered provider had a business continuity plan in place which covered a range of events such as a loss of essential services including gas, electricity and water as well as staffing shortages and other foreseeable issues. During the inspection the fire alarm sounded [due to a minor incident in the kitchen]; the registered provider's fire policy was followed and staff acted appropriately to ensure people's safety.

People's needs were by met suitable numbers of staff. The registered provider had developed a care needs calculator to ensure appropriate numbers of staff were deployed. We saw that each person's needs were assessed before they moved into the home and reviewed an on-going basis. A member of staff we spoke with said, "I think there is enough of us, obviously a few more pairs of hands would be great but we don't really need more." Another member of staff said, "We do get busy at certain times like in the mornings and

when medication rounds are being done but things have got better recently and everyone pitches in." A unit manager explained, "There are 25 people on my floor, we have four staff and one senior and I am supernumerary but will help out whenever it gets busy."

A 'monthly staffing/resident dependency review' was completed to ensure staffing levels were suitable at all times. The review took into account hospital appointments, certain activities as well as staff training and supervision requirements. The manager told us, "We have staff for each floor but also have four kitchen staff, four domestic staff and a maintenance person. Staff can move from one floor to another depending on where they are needed and the other staff can help out too."

The bungalows were staffed accordingly depending on people's individual needs. A member of staff told us, "We don't really have issues with staff, if we need more because someone is going to the doctors or the hospital and they need someone with them then extra staff come in." A person who used the service told us, "There is always someone around when I need them, I just use my buzzer and someone comes."

Staff were recruited safely. The staff files we saw showed before prospective staff were offered a role within the service a number of checks were undertaken. Interview questions and responses were recorded and gaps in employment history were discussed. References were requested and a DBS [Disclosure and Barring Service] check was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. The DBS carry out criminal record checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. The manager told us, "When I first started we were using hundreds of hours of agency staff each week but we have recruited more staff and, touch wood, have not needed agency staff for a few weeks now" and went on to say, "Continuity of care is so important, staff need to know the people they are supporting and our residents need to recognise the staff so they can trust them."

Systems were in place to ensure medicines were ordered, stored and administered safely. There were several dedicated medicines rooms and trolleys to ensure medicines could only be accessed by suitably trained staff. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufactures guidance was adhered to. Controlled drugs were stored safely in line with current best practice.

We observed three medicines rounds and saw that people received their medicines as prescribed. Medication Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

After each medicines round a 'post round medicines review' was undertaken to ensure any errors in administration or recording were identified, which enable corrective action to be taken quickly.

Good

Is the service effective?

Our findings

People who used the service told us they were supported effectively by competent staff. Comments included, "They are wonderful", "They are very good, on the whole it's very good [living at the service]" and "I think the staff are very good." A relative said, "The girls are great." A second relative commented, "I am very impressed with the staff they all know what they are doing. We came to have a look round before we chose this one and we thought the all the staff were professional and caring they seem to get the balance right."

Staff were supported effectively. A member of staff we spoke with said, "I had a really good induction, I have worked in care before but learnt a lot. I have had great support since I started." A second member of staff told us, "The new manager really knows her stuff, she has been brilliant with all the staff and it's great to have her support." Other staff said, "If I'm honest we haven't always had the formal supervisions but that has changed recently and everyone is having them regularly, I've had two in the last couple of months" and "Things have changed since the new manager has arrived; we have team meetings, one to one meetings and her [the manager's] door is always open."

The manager explained, "The commissioners [the local authority commissioners performance team] came to the service and found that staff were not having supervisions as they should have. They quite rightly said this need to be rectified; we have really improved and everyone has had a formal meeting, I think they are really important." We saw evidence to confirm in the last three months all staff had received at least one formal one to one meeting with their line manager.

Staff had completed a range of training to ensure the could meet people assessed needs including safeguarding vulnerable adults, dementia and cognitive issues, moving and transferring people, nutrition and hydration, fire safety and awareness, food safety, infection control, managing behaviours that challenge, medicines and managing pressure ulcers. Specific training to meet people's individual needs had also been completed by relevant staff. A member of staff commented, "I have just done my medicines training and then had my competencies assessed to make sure I knew what I was doing. It gives you confidence to know you are capable."

The deputy manager explained, "All the training is planned centrally [via the registered provider's dedicated training team]. We have an area trainer who is based locally, they keep all of the training records and know when staff need updates and they organise everything." The training manager told us, "I am very confident in the system we have, I work closely with the management team at Berkeley House and know the staff have completed all of the required training."

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care. A member of staff explained, "People's capacity can fluctuate but everyone has capacity to make certain decisions, what they want to eat, what they want to wear, where they want to go; those sort of

things." Another member of staff said, "People's capacity is recorded in their care plan, it's looked at during the initial assessment, if someone can't make a decision about something we always involve their family and have a best interest meeting."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 24 people had a DoLS in place, 12 DoLS applications were awaiting approval from the relevant authority and a further seven applications were in the process of being completed by the service. The manager told us they had set a deadline for the applications to be completed and sent to the supervisory authority for approval. This helped to ensure people were supported effectively in line with relevant legislation.

People were supported to eat a diet of their choosing; there were different meals being prepared in each of the bungalows because staff catered to people's individual needs. A person who used the service said, "We eat all kinds of things, stir fry's, roast diners, pasta, curries and we have fish and chips on a Friday."

In the main building each floor had a separate dining area, tables were laid with cutlery, condiments and napkins which made them inviting. People were able to choose where to eat their meals and were offered options to suit their individual tastes. Staff supported people when required and we noted that people interacted with one another so the meal time experience was positive. People's specific dietary requirements were catered for, the cook told us, "I know who needs special diets, what people's allergies are and who requires high calorie meals." They also said, "I get a really good budget, people get to eat fresh fish, steak, there is always fresh fruit and vegetables; all sorts."

People who used the service were supported by a range of healthcare professionals including GPs, community nurses, social workers, community mental health teams, the falls team, speech and language therapists and dieticians. During the inspection we spoke with a visiting professional who told us, "I've been coming here for years, I think overall it's a really good service. The staff know the residents well and never hesitate to contact us if they have any concerns."

Good

Is the service caring?

Our findings

People who used the service said they were supported by caring staff. Their comments included, "The staff are very nice", "They [the staff] are kind and caring", "Everyone is lovely, nothing is too much trouble" and "We couldn't ask for better." A relative we spoke with said, "The staff make the home, it's a really nice place but without the staff we wouldn't have chosen it."

Throughout the inspection we observed staff continuously supporting people in a positive, caring and enabling way. A member of staff told us, "I love my job and enjoy coming to work. I have seen people develop new skills and gain confidence and it's so rewarding." Another member of staff said, "I think everyone should be treated how you or I would like to be treated, I always think if it's not good enough for me then why is it good enough for someone else?"

People were treated with dignity and respect by staff who were aware of their individual preferences for how care and support should be delivered. Each care plan we saw contained information about people's lives before the moved into the service such as where they grew up, lived and their work history. Details of people's family lives were also recorded along with their hobbies and interests, which enabled staff to engage them in meaningful conversations. A member of staff we spoke with said, "I am still quite new so being able to look at people's care plans and learn a couple of things so I can sit and have a conversation has been really helpful."

Staff described how they upheld people's dignity and treated them with respect, they said, "I always knock on people's doors and shout my name so they know who it is coming in their room", "I do all the things we have been taught to do, make sure doors are closed before helping someone with personal care, get the towel ready so they can be covered up as soon as needed", "I always use people's preferred name and make sure I have eye contact when I speak to people" and "I just treat people how I would like my family to be treated if they were in a home."

Throughout the inspection we heard staff encouraging people to maintain their independence and make choices in their daily lives. The manager of the bungalows explained, "Before I came staff were doing too much for people, they had started to lose some of the independence and abilities. I want people to receive the best care but it's important that they do all the things they can." A member of staff said, "We have to let people do whatever they can, when I'm giving personal care I will do everything the person can't but I'll always let them wash their own hands and face; I might put toothpaste on their brush but I would let them clean their own teeth, people get satisfaction from doing things themselves."

We spent time observing lunch and witnessed numerous positive interactions between the people who used the service and the staff supporting them. We saw one person being supported in caring and person centred way, the member of staff was attentive throughout the episode of care and it was clear that they were aware of the person's needs and preferences. We watched two members of staff using equipment to transfer a person; both staff engaged the person in conversation and provided consistent reassurance and encouragement. It was clear that staff had developed positive and supportive relationships with the people

in their care.

People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding Independent Mental Capacity Advocates as well as other advocacy services were displayed throughout the service. This helped to ensure people understood how and could access support when required. The deputy manager told us, "We don't have anyone who uses advocacy services at the moment but have done on the past, we know how to access the services and get people support when they need it."

The manager confirmed that people could have visitors at any time, they told us, "We have an open door policy, we don't have any restrictions on visiting; some families come and eat with their relatives." The deputy manager added, "Some relatives work shifts or just work late so they come when they can."

Staff understood their responsibilities to treat private and sensitive information confidentially. A member of staff told us, "I wouldn't tell anyone what happens at work or share any private information about the residents, that wouldn't be right." Another member of staff said, "We get to know lots of things about the people we look after but we all know that you can't just gossip about people, we only discuss things with people who need to know like families and professionals." We saw that information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Good

Is the service responsive?

Our findings

People told us they were aware of the content of their care plans and have been involved in their development; they confirmed they regularly attended meetings where their needs were assessed. One person said, "We all have care plans and have reviews every so often to talk about how things are going and if there is anything else we need. I had mine yesterday." A relative we spoke with said, "We were involved in the initial assessment and come to the review meetings, we are always involved in any decisions." A second relative said, "[Name of the person who used the service] makes all her own decisions, you try and tell her what she is doing and see what happens. I do come to all the reviews though, just to support her."

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported consistently and effectively according to their needs and preferences. The manager told us, "People's care plans and risk assessments are reviewed every month and whenever anyone's needs change they are updated."

People were supported to undertake educational and work opportunities. A member of staff informed us that the new manager of the bungalows had made a number of changes to the service that had been embraced by the staff team and had a positive outcome for the people who used the service. They said, "Everyone is doing new things, going to college, doing new activities, going to different places. Getting to meet new people. They [the people who used the service] are getting encouraged to develop their skills and become more independent. They are empowered."

People told us they were supported to follow their interests as well as undertake work and education opportunities. One person said, "I am going to Meadowhall in 16 days, we are going on the train to do our Christmas shopping." Another person told us, "I'm doing activities this morning then going out for lunch and I'm going out tonight." A third person said, "There is always lots going on and lots to do." We were also told, "We are going on holiday, we have booked it already, I'm so excited."

We witnessed people playing with a 'stimulation ball'; the ball had a range of different questions printed onto it such as 'what was the first record you bought?' and 'name a song with a place name in the title'. The ball was used to engage people in conversations and when the answers were shared it prompted people to remember things from their own lives. The deputy manager commented, "We have a couple of them [stimulation balls] they are a great way to get people to reminisce. They are really popular."

Staff were responsive to people's needs. We saw evidence that action had been taken when people who used the service had refused or were unable to take their medicines in a particular form. A member of staff said, "When [Name of a person who used the service] first moved in they were supposed to take so many tablets and they really struggled so we spoke with their GP and most of it comes as a liquid now which is so

much better because they are getting everything the doctor says they need."

The service was purpose built to deliver care to people and subsequently had a number of features to enable care to be delivered effectively and safely. The corridors were wide enough for wheelchair users to pass one another easily, grab rails were situated throughout the corridors and stairwells, toilets and bathrooms were spacious enough to enable people to be supported by staff as required, medicines rooms were appropriately situated and were alarmed to ensure only certain people could gain access. Equipment was available to ensure when people's needs changed the service could still deliver care and support including, a number of hoists, stand aids, sensor mats, falls equipment and adapted cutlery and crockery.

People told us they knew how to raise concerns and make complaints. One person said, "If we have any problems we can speak to [Name of the bungalows manager] and we will talk about it and she will help us sort it out." Another person said, "We have a new manager she is very approachable, I would speak to her." A relative said, "I wouldn't hesitate to complain if I wasn't happy with mum's care but so far I have been really impressed with everything."

The registered provider's complaints policy was displayed within the service and an easy read version was available to ensure it was accessible to each person who used the service. When complaints were received they were investigated and responded to in line with the registered provider's policy, where possible action was taken to improve the service.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us they thought it was well-led. One person said, "We have a new manager and she is whipping this place into shape." Another person said, "I've lived here for a while it's been up and down but it's definitely up at the moment, it's a nice place to be." A member of staff said, "She [the manager of the bungalows] is approachable, fair and consistent. When changes need to be made she consults with us and the service users and when they are made she explains why."

At the time of our inspection the manager of the service had not registered with the CQC to be the registered manager. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain as the registered provider is in breach of the conditions of their registration. The manager told us, "I have been coming to the service to support for a few months but only officially started as the manager on the first of November, I have started the application process."

People who used the service, their relatives and staff were actively involved in developing the service. A residents' meet was held on a bimonthly basis; we reviewed the minutes from the most recent meeting and noted that feedback from people who used the service was mainly positive. People's comments were used to improve the level of service whenever possible.

Resident and relative meetings were also held bimonthly alternating with the resident meetings. This helped to ensure that relatives could offer their opinions and raise any questions or concerns they had. A relative we spoke with told us, "I attend all the meetings; we talk about what is happening in the home, what is coming up, different activities and events. We get to have our say and I think they value our input."

We saw evidence team meetings were held regularly. A member of staff told us, "We have regular team meetings and service user meetings, anything that is said gets taken seriously and acted upon, both the managers are always available and visible, we can speak to them anytime." 10 at 10 meetings [a 10 minute discussion between senior staff and management at 10am] were held on a daily basis to share any changes in people's needs or general condition, and head of department meetings were held every Friday to discuss the service as a whole.

People and their relatives along with staff and visiting professionals were asked to complete questionnaires and provide feedback on the service. The manager explained, "We have just done a survey, all the forms get sent off to head office were they are collated, any areas we need to improve on we will be told about and sent an action plan to make sure we follow it up."

The service had forged links with the local community and we saw photographs of people visiting the local college and participating in events with the students. The deputy manager told us, "They [the people who used the service] go and take part in certain activities with the health and social care students, they made Pudsey bear pictures for Children in Need and will make some Christmas decorations too." They also said, "We have the nursery and primary school children come on certain holidays as well, they come at Easter and sing carols at Christmas."

The registered provider's governance systems helped to drive continual improvement within the service. Monthly Home Reviews (MHRs) were completed by an area manager or registered manager from another of the registered provider's services. The findings of the MHR were transferred to a Home Improvement Plan (HIP) that included timescales for completion and was monitored by the manager of the home.

Audits were conducted in a range of areas including first impressions of the home, health and safety, medicines, infection control and care. We saw that each audit was scored and rated. The findings of each audit were transferred to an action plan to ensure appropriate action was taken to improve the service.

The manager confirmed they were supported by the registered provider. They said, "We have managers meetings every month and have visits from the area manager" and "The board are always aware when serious incidents occur and all the managers are emailed to make sure we do certain checks to prevent anything happening in our service." This helped to ensure the registered provider was fully aware of the day to day management and running of the service.

The manager was aware of their responsibilities to report any notifiable incidents to the CQC as required