

# Voyage 1 Limited Westwood

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection visit took place on 24 August 2016 and was announced. Westwood provides care and accommodation for up to nine people with a learning disability or autistic spectrum disorder. At the time of our visit nine people lived at the home. Accommodation was provided in a large detached house in a residential street.

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

The provider minimised the risks to people's safety because detailed risk assessments and management plans were in place to manage identified risks. Staff were knowledgeable about the risks associated with people's care and support and consistently managed risks well.

Staff had received training in safeguarding people to ensure they understood their responsibility to report any observed or suspected abuse to keep people safe. Recruitment checks were carried out by the provider prior to staff starting work at the home, to make sure they were suitable to work with people and new staff completed an induction when they started working at the home.

The registered manager and the staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. At the time of our inspection visit DoLS had been submitted, or had been approved, for all of the people living at the home.

People were supported to maintain their health and well-being and staff maintained good relationships with health professionals. Medicines were managed safely so people received their medicines as prescribed. People chose how they spent their time, they were involved in planning food menus and their nutritional needs were met.

The home had a calm and relaxed atmosphere. Staff felt supported by the provider's management team and they enjoyed working at the home. We observed they were kind, responsive to people's needs and had good knowledge of how people preferred their support to be provided. They promoted people's independence and understood the importance of respecting people's right to privacy.

The views of people, their relatives, advocates, health professionals and staff were actively sought and listened to by the provider. People and their relatives knew how to make a complaint and a system was in place to manage complaints received about the service. Effective systems to monitor the quality of the service and make any necessary improvements were in place.

## 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 felt safe. Staff were available at the times people needed them. People were protected against the risk of abuse as staff completed safeguarding training and understood their responsibilities to report any concerns to keep people safe. Medicines were stored safely and people received these as prescribed. Risks to people's health and wellbeing were managed well.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to develop their knowledge and skills to meet people's needs. New staff completed an induction which supported them in meeting the individual needs of people. Where restrictions on people's liberty had been identified, applications had been made to the local authority under the Deprivation of Liberty Safeguards. People were provided with a wide variety of food which they enjoyed and met their nutritional needs. People were referred to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring approach and interacted well with people. There were positive relationships between people and the staff supporting them. People's privacy was respected and staff promoted people's independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly to people's needs. People were supported to make choices by staff who understood their preferred communication methods. Care records were detailed and reflected people's needs and choices, so staff could meet

people's needs in a way they preferred. There were systems in place to ensure, as far as possible, staff were aware of people's changing needs. People were encouraged to pursue their hobbies and interests.

**Is the service well-led?**

**Good** ●

The service was well-led.

People, their relatives and staff spoke positively about the management team. Staff felt supported and listened to by managers. The views of people, their relatives and staff were sought and listened to. Effective quality assurance systems were in place to review and ensure the quality and safety of the service provided.

# Westwood

## 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 was 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 24 August 2016 and was announced. The provider was given 24 hours' notice because the location is a small service for younger adults who are often out during the day. We needed to be sure that someone would be available to talk to us. The visit was carried out by one inspector.

Before our visit we spoke to the local authority commissioning team and asked if they had any information about the service. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They had last visited in March 2016 and were satisfied with the quality of care provided.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection reflected the information contained within the PIR.

During the inspection visit we spoke to one person who lived at the home and two people's relatives. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with the registered manager, the provider's operations manager, a team leader and three support workers. We looked at quality assurance records and reviewed three people's care records to see how their support was planned and delivered.

# Is the service safe?

## Our findings

People told us and indicated to us with gestures and their body language, that they felt safe at Westwood. One person said, "Yes, it's safe, I feel safe here." One person's relative said, "[Person] is kept safe, the care is good." Most people who lived at Westwood were unable to tell us whether they felt safe because they had limited speech. To help us understand we spent time observing the interactions between them and the staff who supported them. We saw people approached staff confidently and responded positively when staff approached them. This demonstrated they felt safe around staff.

Procedures were in place to protect people from harm. Easy read information was on display in the home to inform people what they needed to do if they felt unsafe. (Easy read is a clear way of presenting information which uses simple language and pictures. It can be useful for anyone who cannot understand written information). One person we spoke with knew what to do and told us, "I would tell my mom or the manager if I wasn't safe. I know what is right and what is wrong."

Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training. They told us the training ensured they could recognise different types of abuse. Staff confidently described different types of abuse which included financial and physical abuse. They demonstrated they knew what to do if they suspected abuse. One staff member told us, "If I see anything wrong I would report it straight away to the registered manager or the team leader." Another explained, "I report everything straight away; we have to make sure people are safe."

The manager understood their responsibility to protect people and to report potential safeguarding incidents. Records showed appropriate and timely referrals had been made to the local authority as required. Staff confirmed a whistle blowing procedure was in place and they were confident to raise any concerns they had. A whistle blower is a person who raises concerns about wrong doing in their workplace). One said, "Sure, I would phone the 'hotline' if I needed to."

All of the people who lived at Westwood received support on a one to one or two to one basis from staff who were assigned to them at all times. Staff told us there were always enough of them. One said, "Always enough of us, rarely problems, shifts are always covered." A relative told us, "Staff work in core teams to support [Person], sometimes staff leave but overall, there is enough staff."

We discussed staffing levels with the registered manager who told us temporary staff were not used and to supplement the permanent staff team 'bank staff' were employed. These staff members provided occasional cover for shortfalls in staffing levels and staff absences. Some staff had recently been recruited and their employment checks were in the process of being completed before they could start work at the home.

Recruitment procedures were in place to minimise the risk to people's safety. The registered manager explained before staff started work at the home their character and suitability was checked, they had an interview and were recruited based on their experience and values. One member of staff said, "I had to wait

for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

Detailed risk assessments and management plans were in place for staff to follow to reduce any identified risks to people's health and wellbeing. For example, an epilepsy management plan was in place for one person. Staff knew how to support the person if they had an epileptic seizure and when they needed to call for an ambulance. One staff member said, "I follow the epilepsy plan. I feel confident and know exactly what to do if [Person] has a seizure."

Risk assessments were reviewed monthly to ensure the information was correct. Staff told us that if new risks were identified, people's risk assessments were updated and they were informed of any changes, to keep people as safe as possible. Individual emergency evacuation plans were in place which meant in an emergency people could be assisted by staff to evacuate the building quickly and safely. Staff confirmed they had received fire safety training and explained what action they would take if there was a fire. One staff member told us, "I have completed fire safety training and we have fire drills which reminds me what I need to do." Records showed practice fire drills had taken place.

Regular checks were carried out to ensure the building and the equipment were safe for people and the staff to use. For example, all electrical equipment had been safety tested in January 2016 and a gas safety check had been completed in August 2016.

We checked to see whether people's medicines were managed safely at the home. One person told us they received their medicines when they should, they said, "They [staff] help me with my tablets, no problems." A relative explained how staff made sure people always took their tablets for example, staff always gave people a drink of water and waited to make sure people had swallowed their tablets. Records were available for staff to complete each time they administered people's medicines. Medicines were stored safely. Each person's medication was stored in a locked cabinet in their bedroom along with a medication folder which included a list of their medicines, and the possible side effects the medicines could cause. This meant staff knew why people took their medicines and what side effects to look out for.

Some people required medicines to be administered on an "as required" basis. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Staff told us these medicines were for pain relief or to reduce people's anxieties. Protocols for these medicines informed staff when and why the medicine should be given which included information on the signs or symptoms of medical conditions. We asked staff how they knew, if someone who was unable to tell them, was in pain. One said, "We know if [Person] is in pain by their facial expressions or they will cry." Staff told us people only received their medicines when they needed them. These procedures protected people from receiving too much, or too little medicine.

A team leader was responsible for ordering medicines which were ordered in line with the provider's procedure so people always had medicines in 'stock'. A team leader observed how staff administered medicines to ensure they were competent to do so. Only trained competent staff administered people's medicines and they confirmed they had received training. A sample of administration records showed us people had received their medicines as prescribed. Medicines were checked daily, weekly and monthly to make sure they were managed safely and people received their medicines as prescribed..

Accidents and incident records were up to date. Records for each person were maintained and analysed each month by the registered manager to reduce the likelihood of the incidents happening again. Records showed in July 2016 a medication error had occurred. We saw what action the registered manager had

taken which included staff receiving competency training. All staff had read and signed the provider's medicines policy to ensure, as far as possible, the error did not happen again.



## Is the service effective?

### Our findings

We received positive feedback about how the staff effectively responded to people's needs. A relative said, "The staff are very good, they have the right training and know [Person] well." This made them feel reassured their relation was well cared for.

Prior to admission to the home, people were assessed to determine their level of independence and care needs. This assessment included staff spending time with people, before they moved in, to get to know them. The registered manager explained people were also invited to visit, and how they worked in partnership with families and professionals, such as social workers, to make sure the home was the right place for the person to live. They said, "It is essential to get things off to a good start."

New staff members were provided with effective support when they first started working at the home. They completed an induction in line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. New employees were assigned a 'buddy', completed training, and worked alongside experienced colleagues who were competent in their role and understood their responsibilities in line with the provider's policies. Staff told us they had spent time reading people's care records and observed how people preferred to be supported before they worked independently.

Records showed care staff had completed training the provider considered essential to meet the care and support needs of people who lived at the home. A training schedule identified when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training the staff needed.

Staff also completed training to obtain the skills to support people who lived with autism and to support people who had behaviours which might challenge others when they became anxious. Staff explained this training was essential. One said, "The manager arranged autism training. It was really effective and I learnt how best to help people. I know why people follow routines, why they touch and smell things." We saw staff put this training into practice as a low arousal approach used when someone became anxious quickly reduced the person's level of anxiety. (Low arousal techniques focus on the reduction of stress, fear and frustration to calm people when they are anxious or upset). This meant staff had the right skills and knowledge to provide effective care and support to people.

Staff had completed, or were working towards, level two or three qualifications in health and social care. We spoke with a team leader who described the training they had received as, 'Great'. They explained they were currently completing a level 5 qualification with support from the provider, which encouraged them to further develop their knowledge and skills to benefit people who lived at Westwood.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack

capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider was working within these principles and conditions, for example, authorisations to deprive a person of their liberty were sought. Detailed capacity assessments had been completed for people who lacked the capacity to make all of their own decisions. Meetings had taken place with health professionals and those closest to the person to make decisions in their best interests. The registered manager had submitted applications for each person who lived in the home to the local authority for approval, because their freedom of movement had been restricted in their best interest. This meant the rights of people who were unable to make important decisions were protected.

We observed people being supported and making daily choices during our inspection visit. Staff asked people for their consent before providing assistance. For example, a member of staff discreetly asked a person if they needed to use the toilet. We saw the person took the staff members hand and lead them towards the bathroom. This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

We received positive feedback about the food provided. One person said, "I like the food, I like eggs on toast for breakfast. I have eggs; I don't have to have cereal." They explained they were going out later on and were going to prepare a picnic lunch of their choice to take with them. Snacks which included fresh fruit and drinks were available throughout our inspection visit. Staff assisted people each week to put together a weekly menu plan that contained foods they liked that were nutritionally good for them. A pictorial menu was displayed on the kitchen wall which corresponded with what relatives told us people enjoyed to eat.

People were provided with food that met their nutritional needs, which helped maintain their health and staff demonstrated a good knowledge of people's nutritional needs. For example, they knew who needed encouragement to eat and who had been identified as being at risk of losing weight. We saw one person was offered a fortified yogurt during our inspection visit. (Fortified foods are foods to which extra nutrients have been added). Where people were at risk of dehydration or malnutrition this was identified through the risk assessment process. Staff told us they would contact the person's GP if a person's nutritional intake was not sufficient. Where people needed to receive a specific amount of food or fluid to maintain their health their daily intake was monitored by staff using a chart system. We looked at a selection of these charts and they had been completed correctly.

People's records showed us how the home worked in partnership, and maintained links with, health professionals which included psychologists. Where changes in people's health were identified they were referred to the relevant healthcare professionals including district nurses. A relative said, "We work with the home to support [Person] to attend health appointments such as the dentist, doctors and the optician." This meant people who lived at the home received appropriate health care to meet their needs.

People had hospital passports. These included important information about people. For example, what foods they liked to eat and how they preferred to communicate. This meant people would be supported in-line with their wishes when visiting hospital because health care professionals would have information to help them meet their needs.

# Is the service caring?

## Our findings

We received positive feedback about the caring nature of the staff from people and their relatives. A person said, "Staff are nice. I like it here." Comments from relatives included, "Very caring and patient," and, "They (staff) are all pretty caring, they all try their best." One relative explained staff worked in small teams to provide consistent care to people. This was beneficial to their relation because they liked to see 'familiar faces' and it was important to them to follow certain routines.

Staff showed concern for people's wellbeing and our discussions with them indicated that people were cared for well. For example one said, "We get to know people, build up trust with them and their families and that is how we show we care." We asked staff what being caring meant to them. Comments included, "I treat people as I would like to be treated," and, "We treat everyone as individuals". The team leader told us they were confident all of the staff working at Westwood demonstrated a caring and kind attitude towards people.

Some people were unable to use speech to communicate. Staff used communication books and 'My autism books' to help them understand how these people preferred to communicate. Staff told us the books were really helpful and this meant staff were able to communicate with people effectively. One person used objects of reference to communicate their choices. For example, when they wanted a bath they gave staff a bath plug and when they wanted to out they gave staff car keys .

Positive relationships had formed between some people who lived at the home. For example, two people were going on holiday together in September 2016. Their relative explained how their friendship had formed naturally over time and the importance of friendship had been recognised by the staff, who had fully supported this.

People were supported by a specific small staff team based on their personal preferences who knew their abilities, support needs, habits, and preferred daily routines. We spent time in communal areas and the atmosphere was calm and relaxed. Staff were attentive, patient and treated people with kindness. People confidently approached staff for assistance when they needed it. This showed us they trusted the staff. A relative explained how they were involved in deciding which staff provided support to their relation. They said, "We meet with new staff and the manager. We discuss what's working and who we think [Person] likes as they cannot always tell us."

Staff were aware of people's right to privacy and provided support in a dignified way. For example, people received one to one or two to one basis from staff who were assigned to them at all times. We saw staff observed people from a distance so not to invade their personal space. We asked a member of staff about this and they said, "We stand back, give [Person] a bit of space so they don't feel like they are being watched." Staff recognised the importance of promoting people's independence. For example, one said, "With encouragement [Person] will put away their clean clothes and press the buttons on the washing machine and tumble dryer in the laundry. It might seem simple but it works." We saw this was reflected within the person's care plan.

People decorated their rooms according to their individual preferences. One person showed us their bedroom. The person enjoyed watching Star Wars films. We saw they had a Star Wars duvet cover and figurines from the film on display. We spoke with the person about this and they told us they, "Could have whatever they wanted."

People who lived at Westwood were supported and encouraged to maintain links with their friends and family. Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times. One relative said, "Yes, we visit weekly, anytime." Records showed people had frequent family contact and chose to spend time with their families. The registered manager explained how they supported some people to visit their families on a regular basis.

The registered manager told us people had been involved in developing their environment and a relative confirmed they had been consulted on how some areas of the home had been improved to benefit the people who lived there. Photographs of the people who lived at the home were on display. The registered manager said, "People often look at them and smile when they walk past." They explained how the photographs reminded all staff that Westwood was the home of the people who lived there and to personalise the home and 'make it more homely.' Staff respected that Westwood was the home of the people who lived there. For example, they knocked on people's bedroom doors and waited for permission before they entered.

Information about a local advocacy service was on display in the home. Two people living at the home had an advocate to support them to manage their finances. An advocate is an independent person who is appointed to support people to express their wishes and then help them to make informed choices and decisions about their life.

## Is the service responsive?

### Our findings

People received care and support that was individual to their needs. One person told us, "Staff help me when I need them, I get everything that I need." We observed staff approached people in a friendly and respectful way. Staff quickly responded when people needed something and took positive steps to engage with them. For example, a person gestured to a staff member they wanted a drink. We saw the member of staff encouraged and supported them to make a drink of their choice.

Staff worked together in small teams to provide consistent personalised care. One said, "We all work together and it's then decided who is best to work with each person." The team leader explained how this decision was made which included observations of how people interacted and responded to staff, discussions with people and their families.

Staff knew the people they cared for well. For example, they told us they greeted one person with a smile each morning. This was because it had a positive effect on the person and staff told us this made them calm and reassured them 'everything was ok.' This was important to the person and if staff did not smile it could cause them to become unnecessarily anxious.

A keyworker system was used and this meant people were supported by a consistent named worker who knew them well. Keyworkers worked closely with people and their families to make sure people received care and support in line with their wishes. Individual meetings between people and their keyworker were held every month. Minutes from meetings were in an 'easy read' (pictorial) format and showed discussions took place about what people would like to change, their achievements and what they would like to do in the future such as, going on a holiday. People also had the opportunity to join with group meetings each week to contribute their ideas and to decide how any changes at the home were made.

Everyone living at Westwood had a support plan which was detailed and personalised to them. We looked at three people's support plans which included their likes, dislikes and things that were important to them. People and their families had contributed to support plans and staff explained to us in detail how they supported people in line with their preferences. A relative confirmed they were involved with support planning. They said, "I am very involved in [Person's] care and I support them when they have meetings or reviews." Information had been reviewed monthly by people's key workers and this ensured the information was correct and people's needs continued to be met.

We asked staff how they knew if a person's needs had changed. They told us messages were often passed on verbally by the team leader and a communication book was used which staff read each time they came on shift. One staff member told us, "Whenever people's records are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

Staff knew what people enjoyed doing and activities people enjoyed took place. For example one person enjoyed watching films. This person confirmed they often went to the cinema and also watched films at

home. We asked staff how they offered people choices. They told us everyone made some choices for themselves and they often used Makaton as this made people making choices easier for some people. Makaton uses signs and symbols to help people communicate. This meant staff supported people to make choices in a way they understood.

On the day of our visit people chose to do different things. For example, one person went shopping and another chose to go to a local park. Staff used their knowledge and the facilities at the home to stimulate and interest people. There was a sensory room which was supportive for people with autism. It contained different types of lighting and tactile objects for people to touch, smell and feel to stimulate their senses. For example, disco balls, a bubble tube and a ball pit. Staff told us spending time in the sensory room relaxed people and this had a positive effect on their well-being. There was a swing in the garden and staff explained the repetitive back and forth motion provided people with comfort. The communal areas of the home were decorated in neutral tones which was supportive for people who had autism. The registered manager explained the décor had a calming effect on people as bright colours increased some people's anxieties.

The provider's complaints policy was called 'See something, Say something.' It was on display in an easy to read format so it was accessible to people who lived there. It included clear guidelines on how and by when complaints should be resolved. It contained the contact details of relevant external agencies, such as the Care Quality Commission. The home had received one complaint in the last 12 months and we saw it had been resolved. People were supported by staff that listened to and responded to complaints and suggestions. A relative said, "I have raised issues in the past. I just spoke to the manager and things were sorted out. I have confidence in the manager." Another explained how their relation's bedroom had recently been improved. For example, the window had been small and did not let in enough natural light. We saw that a larger window and a door which opened onto the garden area were now in place.

## Is the service well-led?

### Our findings

People were happy living at the home and thought it was well-run. One person said, "The manager is nice." A relative told us, "The manager is approachable, honest and really listens to what we have to say. I trust her 100 per cent."

Staff spoke positively about the support they received from their manager and told us they enjoyed working at the home. Comments included, "The manager is approachable," and, "They (managers) are open to new suggestions that could improve the service." Staff confirmed they had meetings every 8 weeks with their manager to discuss their work, how they were feeling and to discuss any training or development needs they had. Team meetings took place twice a month and records showed staff were encouraged to contribute items for discussion.

An out of office hour's on-call system was in place. This meant staff could speak to a member of the management team if they had any concerns. Staff confirmed managers were available at all times to deal with emergencies and to offer them support and guidance. Staff told us this made them feel supported and listened to. The team leader told us they lived close to the home and if the staff needed any support, 'they would be there like a shot.'

The provider's management team consisted of a registered manager and team leaders. The registered manager was experienced and had been in post for over 4 years. Support was provided to the manager by the provider's operations manager who visited the home approximately once a week. As part of these visits, records showed they had completed quality audits, spoke with staff and visitors and identified good practice and areas that required further development. They told us, "Speaking to people gives me a good flavour of what is happening, I sit in the lounge and this shows me everything." They spent several hours in the communal lounge during our inspection visit.

The registered manager felt supported in their role. They had received a certificate of appreciation from the provider in June 2016 for, 'Being an outstanding and professional manager.' They told us this had boosted their morale. Staff were encouraged to nominate each other for, 'Employee of the month.' We saw a suggestion box in the kitchen of the home and the registered manager explained it was really important to recognise how hard the staff worked. The employee of the month was presented with a box of chocolates or a bottle of wine.

The management team completed daily, weekly and monthly checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, the managers conducted regular checks on cleanliness of the environment and people's medicines. A full audit of the home had been completed on 29 July 2016 which showed us the home had achieved 95% compliance with the provider's procedures. If improvements were required action plans were implemented and monitored by the provider's operations manager to ensure improvements were made and sustained.

The management team encouraged feedback from people, their relatives, visitors, staff and health professionals. In August 2015, 8 people, 4 relatives and 1 health professional had completed quality questionnaires. We saw their responses had been collated and had been used to improve the service for people. For example, one relative was unhappy because their relation had been wearing clothing which did not belong to them. We saw the registered manager had discussed this with staff and had reminded them of the importance of people wearing their own clothing. To ensure it did not happen again laundry procedures had been altered and records showed us staff checked each week the clothes in the person's wardrobe did belong to them.

It is important we receive all necessary notifications so we can monitor the service and take action when necessary. We had received all of the required notifications and this assured us the registered manager understood their legal responsibility for submitting statutory notifications to the CQC, including incidents that affected the service or people who used the service.