

Hill Care 3 Limited

# Deangate Care Home

## 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

Deangate Care Home is a purpose built home with accommodation situated on two floors. The home accommodates up to 50 older people that require nursing and personal care. Included within this is a unit for people living with dementia called Poppy Lane which can accommodate up to 12 people. It is situated in the village of Mapplewell, Barnsley close to local shops and amenities.

The inspection took place on 4 January 2017 and was unannounced which meant we did not notify anyone at the service that we would be attending.

Our last inspection at Deangate took place on 23 June 2015. Following the inspection the service was rated as Requires Improvement. At that inspection we found there was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not always deployed in a way to meet the needs of people at the service.

We found evidence on this inspection to show improvements had been made to meet the requirements of Regulation 18, Staffing, as improvements to the way staff were deployed had been made.

There was a registered manager who had been in post since December 2015 and was registered with CQC in July 2016. 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 spoken with told us they felt safe living at Deangate and they liked the staff.

We found systems were in place to make sure people received their medicines safely.

There were sufficient staff to meet people's needs safely and effectively and staff recruitment processes were safe and robust.

Staff underwent an induction and shadowing prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff received supervisions and appraisals regularly and were well supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

Some activities were provided and a range of local community groups and entertainers visited the home to provide leisure opportunities.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement. The results of the questionnaires were displayed in the foyer of the home.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Sufficient levels of staff were provided to meet people's needs.

People said they had no complaints and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People had access to a good range of food and drink throughout the day.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered

manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

There were robust processes in place to ensure the quality and safety of the service were monitored and assured.

The service had a full range of policies and procedures available for staff.

Records were of a good standard and were accessible.

Staff said the registered manager and senior staff were approachable and communication was good within the home. Regular staff meetings were held.

# Deangate Care Home

## **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.

This inspection took place on 4 January 2017 and was unannounced which meant no one at the service knew beforehand that we would be visiting. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Barnsley local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with nine people living at the home and six of their relatives to obtain their views of the support provided. We spoke with 14 members of staff, which included the registered manager, a qualified nurse, two senior care staff, three care staff, the regional manager, the administrator and ancillary staff such as catering and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we

could not fully communicate with.

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

All of the people living at Deangate spoken with said they felt safe. People said, "I am very safe here," "The staff and the manager have done all they can to support me in making this decision to come here. I was not safe at home" and "The staff are so helpful, they have my wheel chair checked regularly to make sure I'm safe."

Relatives spoken with said they had no worries or concerns about the safety of their family member living at Deangate. One relative said, "Dad is so safe, my mum would speak out if this was not the case."

We checked progress the registered provider had made following our inspection on 23 June 2015 when we found breaches of regulations in regard to deployment and numbers of care staff.

We checked and found improvements had been made, sufficient to meet regulations.

People and relatives spoken with said enough staff were provided.

People said, "I call for help if I need it, they (staff) come straight away" and "The staff come to help you as soon as you need it."

At the time of this visit 43 people were living at Deangate. We found one qualified nurse and eight care staff were provided each day and these were the numbers of staff working when we arrived at the home. During the day of our inspection we found the registered manager, a qualified nurse, two senior care staff and six care staff were working. In addition there was an administrator, ancillary staff, which included a housekeeper, domestics, a laundry person, a maintenance person and catering staff were on duty. The regional manager was also at the home supporting staff and carrying out audit checks.

We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said enough staff were provided to support people's needs.

We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home.

We saw the service were still reliant on the use of some agency staff but this had been reduced and we saw evidence that regular agency staff were now rostered to work. People said they knew these staff and some people were actually unaware they were agency staff.

The registered manager said they were closely monitoring the deployment of staff in all areas of the home to ensure people's needs were being met. The registered manager was carrying out these checks at different times of the day and night. We saw evidence of these visits, the registered manager had talked to staff and



also to people to ensure their care needs were being met in a timely manner.

Some staff said they felt there was a shortage of domestic staff. The registered manager said a member of staff had left and one was absent. However, they were interviewing for another member of domestic staff the following day so they were hopeful this would alleviate any staffing shortage.

We found Deangate was clean. One relative did comment on malodours in the home. They said, "The toilets should be checked more often, it sometimes smells when you walk on Poppy Lane unit, I have told the managers." We did note some malodours for short periods of time during the day before they were eliminated. We spoke with the registered manager about increasing checks and frequency of cleaning to try and keep the home free from unpleasant odours as much as possible.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe. Some staff said they had currently or previously had members of their family living at Deangate. One staff said, "I know people are safe here, residents are cared for."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The registered manager and administrator explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We found a staff recruitment policy was in place so important information was provided to managers. We looked at four staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support people required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

People said they received their medicines at regular times. One person said, "Staff are very good, I need cream on my legs and staff put on three times a day without fail, it helps."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Staff who administered medicines told us a senior member of staff frequently observed staff administering medicines before signing them as competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines.

We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found medicines were stored securely. We checked the MAR and medicines held for three people and found the MAR had been fully completed and the medicines held corresponded with the details recorded on the MAR. We saw the registered manager undertook monthly medicines audits to make sure safe procedures were followed.

Some people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. We checked the records of two people who were receiving controlled drugs. The drugs were stored appropriately in a CD cabinet and signed by two people in a CD register. This showed procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon.

## Is the service effective?

### Our findings

People spoke positively about living at Deangate and the support they received. People told us, "I am much better now I live here," "I have my own optician. The staff make the appointments for me," "I have kept my own GP. The staff make arrangements for him to come when I need to see him," "The staff give me good attention and I don't have to wait long for anything" and "The night staff come and check on me throughout the night, I like that."

Relatives spoken with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. Comments included, "They (staff) telephone mum whenever there is a problem with dad," "I know that mum sees a doctor whenever she needs to," "[Name] gets to see the nurses regularly," "The GP comes regularly" and "Staff call me as soon as [name] needs to see the doctor. The staff call me to tell me what the doctor has said, it is so reassuring."

All the people who used the service said they received good quality food and enjoyed it very much and "There was plenty of it." The relatives spoken with were complimentary about the food and the catering team.

People said, "I am diabetic and they work hard to make me special food," "I like all the food. Nothing is too much trouble if you want something different," "They ask you what you like to eat when you come to live here," and "The managers come and have a meeting with us to plan the menus."

Relatives said, "My wife eats everything they give her. She does enjoy the food," "I eat here regularly. The food is lovely and there is plenty," and "The cooks make sure that my wife gets all her dietary needs met as she is diabetic."

It appeared that the dining areas could get very congested and cramped. However, the meals were offered through a one and a half hour period. People chose when they wished to use the dining room. This enabled the staff to dedicate more time and attention to people who needed assistance with their meals.

The staff were seen to be very calm and patient when delivering meals and asking people what they would like to eat, often repeating what was available. We saw staff offered people a choice of drinks with their meal and throughout the day.

Staff said, "We discuss the menus with residents and families regularly. It is a formal meeting with managers from the company. We then produce a new menu" and "We provide a number of special diets including gluten free and low sugar."

We looked at the induction and training staff undertook. Staff told us and records confirmed they had completed a comprehensive induction which included mandatory training including safeguarding adults, moving and handling, medication management, mental capacity act and fire safety. Staff told us they were able to complete shadowing shifts prior to starting work, to observe more experienced staff and to get to

know the people in the home.

Staff said the quality and amount of training they received was very good. Staff said, "Some training I have had here, like the training on supporting people with dementia was the best I have ever had" and "The trainers make the training interesting. They involve you. It's excellent."

The training matrix showed staff had access to and had undertaken a variety of training, including equality and diversity, communication skills, challenging behaviour and dementia awareness.

Staff had been receiving individual supervision sessions with the registered manager or senior member of staff on a regular basis. Supervision is important because it offers care staff the opportunity to explore areas of their roles and understanding on a one to one basis with a senior member of the team, and for the senior member of staff to support their team of care staff. Staff also confirmed they received an annual appraisal, which is an opportunity to review their performance and to discuss any areas of training and development.

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 and hospitals 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.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We found there were people being deprived of their liberty and that the assessments and decisions were in place and had been properly taken and authorised. Staff we spoke with confirmed that the authorisations in place were being complied with. In this way the DoLS legislation is being utilised as it was intended to protect people's rights.

Some redecoration and refurbishment of the home had recently taken place, this had improved the environment for people. New carpets had been provided, rooms redecorated and some bedrooms refurbished.

The Poppy Lane area of the home had been pleasantly and brightly decorated to aid people living with dementia to recognise their location in the home and find their way around. The home was well lit which helped people with poor eyesight to navigate their way through the various areas they used.

# Is the service caring?

## Our findings

People told us that staff were very caring and they felt well looked after. Comments included, "The staff are kindness itself," "The staff are so good to me," "The staff are always caring and pleasant. They are great," "Some of my family come every day. We go in the social room and make ourselves a cup of tea" and "The staff get very busy but they do find time for us."

Relatives we spoke with told us, "The staff are so welcoming they make you feel assured your loved one is well cared for," "They are an amazing and dedicated team," "I cannot thank them enough for what they do," "The staff are so caring towards the residents," "Staff are respectful and considerate" and "The staff are so attentive to my wife's needs."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. People appeared content and we consistently saw staff were patient with people who needed repeated reassurance. Staff did not rush people.

One person became distressed on several occasions. Staff were patient with the person, sat with them, reassured them and held their hand. This helped reassure the person and they became calmer and less upset.

The atmosphere in the home was very friendly. We saw that staff were not seen sitting and chatting with people during the morning time when staff were very busy. However, during the afternoon, it was evident that staff focused their attention on socialising with people. They were seen enjoying films together or having a friendly chat including reminiscing and they looked very comfortable together.

We found systems were in place to encourage people's involvement. The registered manager held 'resident's meetings' to discuss issues and share ideas. The records of these meetings showed they were fairly well attended and various topics in relation to choice and the running of the home were discussed.

People receiving support or their relatives we spoke with were unclear about their roles in reviewing their of their family members care plan. We did see some relative involvement recorded in the three care plans we reviewed.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

Relatives said, "I have not been asked to put anything in a care plan" and "We have just had a meeting about starting a key working system, it starts this month. This is where we will have a named member of staff to discuss things about my relative. This staff will know more about things related to my relative."

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

## Is the service responsive?

### Our findings

People living at Deangate said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

We found an activity coordinator was employed at Deangate. People told us a range of activities were provided, and said the activity coordinator was "Very good." The activity worker was not working the week this inspection took place.

People gave mixed, but generally positive comments about the types and frequency of activities available for them to participate in.

People said, "There are a lot of activities. It just gets noisy in here (the lounge) when we are trying to concentrate," "We have only had one day out this year. I would like to go out more," "We do have fun. I love it when the donkeys come to see us," "I love to listen to the singers when they come. We had a pantomime at Christmas, it was great" and "We don't have many activities at the weekends, I would like more."

Relatives we spoke with said, "Everyday there is some sort of activity going on," "Not much happens at the weekends when it comes to activities" and "There were some really good events this Christmas. People really enjoyed it."

We saw posters on display showing a variety of activities and events had been planned. There was a range of activities on offer every day such as, craft and art, games, dominoes music and movement (a chair exercise offered by an outside company). Other outside parties offering social interaction included: Links with the local primary school, knitting club, donkey sanctuary, volunteers from Barnsley FC and Community Library Services. This enabled people to contribute to the community. On the day of our inspection records showed 'all day pampering' was planned. As the activity worker was off duty the staff played a game of bingo for half an hour with 12 people. This event was observed and was enjoyed by the majority, however some people slept throughout.

We reviewed the care files of three people who lived at the home. We found in all cases the care plans were detailed and person centred. There was information about each person's past life and family, their medical history and current medical conditions which would allow care staff to understand the person they were supporting. The care plans were written in sections for different aspects of the person's care needs, for example personal care. The content of the care plans was very detailed and specified what was important to the person and what they could contribute to their routine.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

We saw a complaints policy/procedure was in place which was displayed in the entrance hall and in the Service User Guide. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses.

People said they had no concerns they wished to raise. Comments included, "If I was unhappy I would speak to the staff," "I could speak with the manager at any time if something was wrong," "I have never had anything to complain about" and "If you ever have a problem the manager sorts it straightaway."

Relatives we spoke with said, "I have spoken with the manager about various concerns over the months, he deals with things immediately," "I have been given details of how to make a complaint" and "The manager sorts things out whenever I need to complain."

We found there was a large number of compliment cards and letters displayed from the families of people who had lived at the home thanking staff and the manager for their kindness and care.

Stakeholders we contacted prior to the inspection told us they had no major concerns about Deangate. They added there was the odd "Niggle" but overall things were better than they were previously.



## Is the service well-led?

### Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

People said, "You can talk to [named registered manager] about anything, he will sort it," "The manager is always around the home, he comes to see me to ask how things are," "The manager is smashing, there is nothing he will not do for us," "The manager and staff have our best interests at heart" and "The whole staff team have made every effort to ensure my needs are met, I cannot praise them highly enough."

Relatives we spoke with said, "There is no room for improvement as far as I can see," "The manager and his team do a wonderful job" and "The staff make this place what it is, home."

Staff were very positive about working at Deangate and the support they received. Comments made included, "I came back to work here after leaving a few years ago. I heard things were better, they really have improved since I last worked here," "Without doubt this home is on the up," "It's a lovely home, more like a family. We all know everybody, residents, relatives and staff really well" and "I think we are a good team, people are really well cared for. The manager is really supportive as well."

Stakeholders we spoke with said, "There were some historical problems inherited by the registered manager but they had worked closely with us and this has improved things and made a difference to the home" and "The registered manager is trying really hard to provide a good service."

People who used the service and their relatives said they felt they were listened to. There were opportunities for people and relatives to feedback about the service. There were two resident/relatives meetings held in February and November 2016. We saw minutes of these meetings where activities, management arrangements, meal choices and general environmental issues were discussed.

We found questionnaires had been sent to people living at Deangate and their family in September 2016, to obtain their views of the support provided. The questionnaire results had been audited and the results were displayed on the notice board in the home. The report showed very positive results about the care and support provided at Deangate. Where any issues of concern had been raised the service had identified action they would be taking, or had taken to address these concerns.

We observed there was clear leadership present in the home, as the registered manager was available throughout the day to people who lived at the home and the staff team. The registered manager operated an open door policy and spent as much time as possible in the home with the people who lived there.

Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered

manager to speak with them.

We found the registered manager and the staff team to be open and transparent when speaking to us, as the records we reviewed confirmed what we had been told.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff confirmed they attended these meetings regularly. We saw minutes of the meetings, the last one was held in November 2016, which covered a number of areas and included discussions around training, improving some care practices and general care issues.

There were robust processes in place to ensure the quality and safety of the home were monitored and improvements were made. We found the audits and checks completed were detailed and effective. The audits were carried out consistently and regularly, which allowed the manager to identify any changes to standards which required action. There was analysis of the information which had been collated to look for patterns of trends, for instance when looking at falls in the home to see if there was a time of day or area of the home where more falls were happening and what needed to be done to address that.

The registered provider carried out regular visits to the home to check the quality of records and processes in the home. The regional manager was already at Deangate to carry out checks when we arrived for the unannounced inspection.

The home had policies and procedures in place which covered all aspects of the service. We saw some of these policies were in the process of being updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligation for submitting notifications in line with the Health and Social Care Act 2008. We checked accident and incident records and found that any notifications required to be forwarded to CQC had been submitted.