

Education and Services for People with Autism Limited







Lawreth

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	

Overall summary

We carried out this inspection on 24 September 2015. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

Lawreth provides accommodation and personal care for up to two people. Nursing care is not provided. The home is a detached bungalow with three bedrooms, a lounge and kitchen. It is set in its own gardens in a residential area, near to public transport routes and local shops.

The inspection was carried out by an adult social care inspector.

There was a registered manager in place who had been in their present post at the home for over eleven years. 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

Summary of findings

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.

We used a number of different methods, for example observing how people were supported to make decisions about their care to help us understand the experiences of people using the service. This was because we were unable to get peoples' direct comments about the care they received. We saw people indicating their choices and wishes to staff who were responding to their decisions and making sure they were empowered to be as independent as possible. Staff treated people with compassion and respect and we saw that they were aware of how to respect people's privacy and dignity.

Staff engaged people using prompts such as pictures and photographs to help them express their wishes, likes and dislikes and the activities they wanted to do. We found people were engaged in their care and the running of the home. People's care plans were very person centred and written in a way that described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the registered provider was following legal requirements in relation to DoLS.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development

activities to maintain their skills. We also viewed records that showed us there were safe and robust recruitment processes in place.

Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for peoples' wellbeing and it was evident that all staff knew people at the home very well. This included their personal preferences, likes and dislikes and they had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways, responding to changes in expression or demeanour, to ensure people received care and support that suited their needs.

People were protected from the risk of abuse. The care staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. Staff were able to describe what actions they would take if they witnessed or suspected abuse was taking place.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. All relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

People received a balanced diet. People at the home had specific diets and preferences and staff were very knowledgeable about these. We saw staff offered a selection of preferred meals and people chose what they wanted to eat. There were snacks and drinks available at all times as well as healthy options for people to choose from.

We saw the registered provider had policies and procedures for dealing with medicines and these were followed by staff. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

We found that the registered provider had comprehensive systems in place for monitoring the quality of the service. This included monthly audits of all aspects of the service, such as medication and learning and development for staff, which were used to critically review the home. We also saw the views of the people

Summary of findings

using the service, their advocates and relatives were regularly sought and used to make changes. The manager produced action plans, which clearly showed when developments were planned or had taken place.

People were supported to take part in activities they were interested in and routines they preferred. Staff were constantly looking for more opportunities for people to try.

People were supported to maintain good health and had access to healthcare professionals and services for treatments where these were needed. People were supported and encouraged to have regular health checks and intensive support from staff had enabled hospital appointments and emergency treatments to take place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication.

There were sufficient staff working at the home and they had been trained to work with people in a positive way which protected their human rights. The service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

Staff were very caring, discreet and sensitive and they supported people with kindness and compassion.

The staff were very knowledgeable about people's support needs and their ways of communication and conversations and these were tailored to individual's preferences.

Good



Is the service responsive?

The service was responsive.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We also saw the registered provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

Good



Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

Is the service well-led?

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. There was an emphasis on fairness, support and transparency and an open culture was present in the service.

The management team had effective systems in place to assess and monitor the quality of the service, including the quality assurance system which was operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



Lawreth

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 checked 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.

One adult social care inspector completed this unannounced inspection of Lawreth on 24 September 2015.

Before the inspection we reviewed all the information we held about the home. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we reviewed any information from the local safeguarding team, local authority and health services commissioners, the lead infection control nurse and Healthwatch; no concerns were raised by these organisations.

During the inspection we spoke with three support staff, the registered manager, a peer reviewing manager, a manager from a nearby service and a community nurse about how the home was run.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed how staff engaged with people during activities. We also undertook general observations of practices within the home and we reviewed relevant records. We looked at two people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We were shown around the premises and saw people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

Is the service safe?

Our findings

We used a number of different methods, for example observing people's body language and responses to staff because we were unable to get people's direct comments about the care they received. From these observations we could determine that people were comfortable and secure with the support they received from staff and the environment of their home.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people's care and support plans. Each had an assessment of people's care needs which included risk assessments. Risk assessments included accessing the community, travelling, support in managing people's distress and nutrition. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent. This enabled people to take part in their daily routines and activities around the service and in their community.

The registered provider had guidance in each individual care plan of how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. Records confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the home's safeguarding procedures and a list of contact numbers were available. The registered manager was fully aware of the local authority's safeguarding procedures and their responsibilities to report any concerns to the local authority.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact

management out of hours should they require support. There was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood their roles and responsibilities and they said they would feel confident in raising any concerns.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. The registered provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at two staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

Through our observations and discussions with the manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Lawreth. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's chosen daily activities in the community. She also explained how staffing rates at the home could be changed in emergencies for example, if someone needed support in hospital or if people's needs increased. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe.

The registered provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned each day. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and

Is the service safe?

aprons. Staff were knowledgeable about the home's infection control procedures. Protective covers for one persons bed rails had become accidentally damaged and these were replaced to ensure effective infection control was maintained. We found all areas to be clean and fresh.

Is the service effective?

Our findings

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. They knew people's preferences and habits very well. Staff described how they supported people in line with their assessed needs and preferences. They understood that these were important aspects of people's lives without which they would be unhappy. We saw that staff took time to observe people's communication, listen to what people told them, and explore ways to support them in the way they wanted.

People had access to food and drink. Staff told us menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Staff told us "People make choices about what they eat, we know very quickly if they don't like the meals because they let us know; and sometimes they just don't fancy what we have made so we always have alternatives to tempt them with." We saw there were favourite snacks and drinks available and people were enjoying these when we visited.

People had regular checks on their weight and records of what they had eaten daily were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to still eat. Some people had complex medical needs and a healthy diet was crucial to their condition. The registered provider had involved specialist consultants and people had a nutritional assessment completed where required.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. The registered provider demonstrated they had effective support for people who needed to stay in hospital for treatment and detailed support for their recuperation and convalescence when back at home. Records also showed that people had regular access to healthcare professionals and attended routine appointments about their health needs with the support of staff who monitored their physical and emotional wellbeing.

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the registered provider had its own training department which supported staff to gain the skills and knowledge they needed to meet people's needs. Records showed there was an extensive programme of induction and specialised training for all staff to prepare them for their work at the home. Training included 'Common Induction Standards' with courses in 'Autism Awareness', 'Communicating with people with Autism Spectrum Conditions', 'Dysphasia Awareness', 'First Aid', 'Manual / People Handling', 'Food Hygiene', 'Fire Safety' and 'An Introduction to Behaviour'.

We looked at records which showed all staff working at Lawreth had received relevant training which included National Vocational Qualifications (NVQ) in care and promoting independence. Staff commented positively about this training, in particular about autism specific training courses and 'Studio 3' (training to support people who have behaviour which challenges staff.) The registered manager told us staff were supported to achieve relevant qualifications and access training to provide 'continuous professional development' including courses such as, Diploma in Health and Social Care Level 4, Accredited Behaviour Training and Autism Spectrum Conditions Training. Staff we spoke with said they felt they were 'very well trained.'

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need in the least restrictive way. DoLS requires registered providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted, by the registered provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place. The registered manager explained how they had arranged best

Is the service effective?

interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Is the service caring?

Our findings

During our inspection, we saw staff respected people wishes and listened and acted upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions between staff and people who used the service. In a survey in 2015 relatives said, "I cannot emphasise how happy and pleased I am that our (relative) is at Lawreth. This is their home and they are very happy and the staff are wonderful. Knowing and seeing how smiley and active (they) are takes a great weight off my mind. Thank you so much."

During the inspection we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for peoples' wellbeing. It was evident from discussions that all staff knew people at the home very well, including their personal preferences, likes and dislikes. Many staff had worked at the home for lengthy periods and had used this knowledge to form very strong therapeutic relationships with the people living there. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood always using the same language and phrases which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general communication and enjoy humorous interactions.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with passion about their desire to deliver high quality support for people and were extremely understanding of peoples' needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and kitchen and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in

control of their lives. We found there was an impetus in the home to support people to be integrated in the local community. For example people had preferred places to visit and eat where they met regularly with friends and acquaintances.

We spoke with the registered manager who gave examples of how they respected people's choices, privacy and dignity. When we visited the home we saw this being put into practice. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. In the 2015 parents survey, all the parents who responded agreed their family members were treated with dignity and respect.

Staff were patient with people and used descriptive language to suggest options with them. People were supported to make preparations to go out and given information and explanations by staff. We saw there was an excitement at the home when people were preparing for these activities.

In response to people's needs for equality we found the registered provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their abilities and enabled them to explore new experiences. We saw through plans and reviews people had achieved their goals and their well-being had been promoted so they had stimulating and fulfilling lifestyles.

The registered manager told us the people who lived at Lawreth had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. We found the staff and registered manager spoke up for people in their care using their expert knowledge of peoples likes, dislikes and preferences to have open and frank discussions about decisions affecting their lives such as activities, meal choices and holidays.

Relationships between people and with carers were relaxed, friendly and informal which helped people to feel comfortable. People were clearly relaxed, trusting and happy with the support provided by staff.. Staff told us they were very aware of the need to maintain and support peoples' privacy when they were living together in the same house. We saw people were encouraged to use their

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bedroom as personal spaces and we saw staff knocked on people's bedroom doors and waited to be invited in before opening the door. Staff and the registered manager were also diligent in managing visitors when this could compromise the privacy of people living at the home. Staff

we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

Is the service responsive?

Our findings

We spoke with staff, the deputy and the registered manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people were properly cared for and we looked at how this was recorded in their care plans.

The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and aspirations. Every area of need had very clear descriptions of the actions staff were to take to support people. Detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

Some of the people who lived at the home found it difficult to say verbally what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called 'About Me'. This told staff, in detail, all about each person's needs and preferences, using pictures and photographs.

Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at people's care plans which confirmed these ways of working had been recorded so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

We saw examples of how staff had taken action to promote people's independence and take calculated risks so they could have a more independent lifestyle. There were reviews to see if their needs had changed. These reviews included a meeting which was attended by relatives, staff from the home and people's social workers. We saw each person had a key worker whose role it was to co-ordinate and review their care plans on a monthly basis. There was evidence that a great deal of thought, consideration and care had gone into people's care plans.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked

at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify and respond if there were any changes.

The staff enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain activities and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs. For example, some people preferred to take part in several shorter activities throughout the day whilst others preferred one activity. Sufficient staff had been provided to enable people to consistently access community facilities and also to support people to attend health care appointments.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected. There was sensory equipment at the home which was popular with some people who used the service as they found this to be very relaxing.

When people used or moved between different services this was properly planned. Where possible people, or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made, but none had been received. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew

Is the service responsive?

how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or registered provider. Staff told us, "If anyone at the home isn't happy they will let us know immediately."

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered for over eleven years. 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.

Staff told us, "I have worked with the manager here for many years. She is very knowledgeable and my colleagues and myself have the greatest of respect for her." Another said, "She has been a strong advocate for (people's) names and she has made sure that they have had the service they need." And "If you look at the smiles on people's faces you can see the home is well run." A visiting community nurse gave us reassurances that the home was well run. She said, "When I visit they are always well organised and give me any assistance I need."

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Lawreth and worked alongside staff. From our conversations with the registered manager it was clear she knew the needs of the people who used the service in the greatest of detail. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. We saw this was achieved through regular review meetings where staff and people who used the service and their representatives were provided with feedback and kept up-to-date about any changes within the service. The

registered manager worked in partnership with a range of multi-disciplinary teams including the learning disability teams and community nursing staff in order to ensure people received a good service at Lawreth.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified. As a result of this, actions were linked to future developments.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included recorded checks of care plans, risk assessments, medication, people's nutrition, health and safety, fire, and the environment. When we visited the service and looked at a sample of these records we saw regular checks and audits had taken place. For example, the registered manager showed us how she and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there was a detailed thorough audit assessment tool used to identify areas of good practice and areas where improvements could or needed to be made.

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a general manager and there were regular monitoring visits to the service. The registered manager told us they conducted reviews of other services operated by the registered provider and that they were subject to peer reviews. A peer review was taking place at the time of our inspection. This system provided an additional layer of auditing and demonstrated there was a culture of transparency and openness in the service. This ensured strong governance arrangements were in place. The quality audit we looked at was very detailed and covered all aspects of care. For example, the environment, health and safety issues, infection control, fire risk assessments and bath water temperatures. The audit also included a check on care plans, equipment to make sure it was safe, medication, people's social life and whether people were treated with dignity. We saw any issues identified through this process were included in the home's action plan, which was looked at again during subsequent 'quality

Is the service well-led?

audits'. We saw the registered provider had management systems in place to support the registered manager including finance and human resources support located at the registered providers local head office.

All of this meant that the registered provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.