CLBD Limited

Downers Court

Inspection report

1 & 2 Downer Court
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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 took place on 19 April 2018. The inspection was announced.

Downers Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Downers Court accommodates three people in two single storey bungalows. All the people that lived at the service were men. People were not able to communicate their feedback and experiences verbally of living at the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager 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.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines had not always been managed safely. Records evidenced that people had received their medicines as prescribed. Stock balances did not always tally with medicines records. Staff had not always followed the provider's policy when booking in new medicines. The registered manager took immediate action to review the medicines practice, this included a thorough audit of stock, changes to medicines disposal and increased auditing.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Having identified shortfalls during the inspection the registered manager immediately reviewed the quality checking processes and put in place new and revised systems to ensure that people were safe.

People were happy with their care and support. They indicated this through smiling, high fives and through

their interaction with the staff supporting them. Staff had built up good relationships with people. Relatives confirmed that people were happy living at the service.

The service provided outstanding care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect. People's privacy was respected. The service was small and homely.

People were supported to maintain their relationships with people who mattered to them. Relatives told us they were able to visit at any time. Relatives shared examples of how the service had positively impacted on their lives.

There were enough staff deployed to meet people's needs. The provider had not always operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. The registered manager took immediate action to address this during the inspection which ensured the service had a full employment history for each staff member.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm.

People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected. This included people's preferences for waking. Staff ensured that they didn't make too much noise in the service when people were asleep.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans, fact sheets and behaviour support plans to help staff know and understand how to work with each person and to understand how people's diagnosed health needs impacted on their mental health and their behaviour.

People were encouraged and supported to engage with activities that met their needs. People accessed their local community with staff support.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. Relatives were kept well informed about their family member's health needs.

People and their relatives were given information about how to complain. Complaints had been handled effectively.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Downers Court

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 19 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small care home. The registered manager may have been supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We also reviewed information that had been given to us by whistle blowers. We used all this information to plan our inspection.

Some people were unable to verbally tell us about their experiences, so we observed care and support in communal areas. We observed staff interactions with people. We spoke with seven staff, which included support workers, the deputy manager, the registered manager and the facilitation director. We also telephoned two relatives to gain their feedback about the service.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service. We received feedback from an independent consultant.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the management team to send additional information after the inspection visit, including staff training records, policies and medicines records. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

We observed staff supporting people to be safe in their home. Staff gave people space to freely explore their surroundings and recognised signs and triggers that may cause someone to become challenging towards other people or staff. Staff maintained people's safety at all times. Relatives told us their family members received safe care. Comments included, "As far as I'm concerned, categorically I've never had better placements for him. I have felt like this from the start when [directors] were first involved and CLBD became involved."

Medicines were stored securely in a temperature controlled environment. People's records contained up to date information about their medical history. People who had been prescribed 'as and when required' (PRN) medicines had protocols in place to detail how, when and why they needed PRN medicines prescribed to them. However, the protocols for Lactulose medicine did not detail when staff should administer this. This meant that staff administering these medicines may not have all the information they need to identify why the person took that medicine.

People's medicines administration records (MAR) showed they had received their medicines as prescribed by their GP and specialists. A hand-written entry for Paracetamol had been added to one person's MAR, the staff member who did this had not signed their name to detail who had checked it in and the entry had not been checked for accuracy by a second staff member. Another hand-written entry for Melatonin solution had been added to another person's MAR, the staff member who did this had not signed their name to detail who had checked it in and the entry had not been checked for accuracy by a second staff member. The provider's medicines policy dated January 2018 was comprehensive and linked to medicines legislation as well as the NICE guidance. Practice observed and records seen evidenced that some staff checking in and administering medicines did not follow the provider's policy. We spoke with the registered manager and deputy manager about our concerns. They took immediate action instigating an investigation and completed a thorough audit and stock check. The registered manager arranged for the supplying pharmacist to carry out an external audit of medicines. The management team implemented a twice weekly medicines audit, which they planned to undertake. The registered manager also identified that all staff will have their competency to administer medicines safely rechecked.

The provider (who undertook the recruitment of new staff at their head office) had not always carried out safe recruitment practices. Both staff files we checked had gaps in employment history that had not been explored at interview. One staff member had a gap of three years which had not been explored and another staff member had a gap of seven years. We reported this to the registered manager, who took immediate action. The registered manager telephoned both staff members to gain information about what jobs they were undertaking during those periods or the reasons for the gaps. The registered manager then recorded the reasons. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Employer references were also checked.

Staff with the right skills supported people in the right numbers to be able to deliver care safely. Staff were experienced in caring for people with learning disabilities and autism.

Appropriate systems were in place to ensure people received their care and support in emergency situations. The provider had an on call arrangement to ensure that people and staff could access the management team in an emergency.

Risks to people's individual health and wellbeing were assessed. Each person's care plan contained individual risk assessments relating to their care and health needs. One person's risk assessments showed that they could pose a risk to other people and staff when over excited and stimulated. Staff shared this information with us at the start of the inspection and gave us clear information about what to expect, how to keep safe and action they would take. We observed staff maintaining people's safety during the inspection when the person approached others whilst they were utilising the garden. This kept the person and others safe from harm and showed that each staff member knew and understood the risks and how to mitigate these. Each person's care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

People continued to be protected from abuse or harm. Staff had received training in safeguarding adults. This helped staff to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's and the local authority safeguarding policies and procedures and felt that they would be supported to follow them. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

The home was clean and tidy and smelt fresh. Infection control training had been undertaken by 18 out of 22 staff. Staff had access to personal protective equipment (PPE) such as gloves and aprons to enable them to work safely with people. Staff confirmed there was always plenty of PPE in stock.

Accidents and incidents that had taken place were appropriately reviewed by the registered manager. Actions had been taken such as contacting healthcare professionals, relatives and notifications had been made to CQC. The registered manager monitored accident and incident records to review trends and themes and these were discussed with the provider when they happened. The registered manager told us that they would check each accident/incident form to ensure appropriate action had been taken; staff meetings and supervisions were used to debrief staff on incidents that had taken place and to discuss lessons learned from these to inform future practice. The registered manager detailed how analysis of incident reports had led to changes in one person's PRN medicines regime to prevent constipation.

Fire safety training had been completed by all 22 staff. The fire alarm system had been serviced on 17 April 2018. The fire risk assessment had been updated and reviewed on 26 March 2018. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Weekly fire alarm testing had also taken place. Maintenance records evidenced that repairs and tasks were completed quickly. Checks had been completed by qualified professionals in relation to electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be.

Good

Is the service effective?

Our findings

We observed people receiving effective care and support from staff to meet their nutritional and hydration needs. Staff offered people choices of drinks throughout the inspection. The weather was hot and staff recognised that people may need to drink plenty to stay hydrated, staff prompted people to wear sun cream, sun hats and sun glasses when utilising the garden or going out into the community.

We observed staff pick up on subtle changes in people's mood, which may reflect deterioration in health. One person was suffering badly from hay fever. The night before the inspection staff had contacted the GP to request medical advice and the person's prescription had increased to better meet the person's needs. Staff offered reassurance to the person and helped them to understand why their eyes were puffy, itchy and swollen. A relative told us that staff were, "Absolutely good" at meeting their family member's health needs, "They phone the GP immediately and keep me informed." Another relative told us, "His health needs are met well" and "They seem professional, he suffers with seizures, they supported him to the hospital." People were supported to maintain good health. People's health and wellbeing was consistently monitored and reviewed in partnership with external health services. The staff and management team contacted other services that might be able to support them with meeting people's health needs. This included the local GP, positive behaviour support (PBS) consultant, speech and language therapists (SaLT), the community nursing teams and occupational therapists. People were weighed monthly. Any concerns about people gaining or losing weight were referred to health professionals such as dieticians.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People had choices of food at each meal time. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. One person lived with Coeliac disease which meant they were unable to have any food which contained gluten. Staff were all very aware of this and the person's food was stored, prepared and cooked separately to ensure it did not become contaminated. The person's relative told us, "They [staff] meet his dietary needs, they provide fact sheets and training for staff and keep food separate, they double check all his food. I also support by checking foods. If he gets a pain in his stomach, firstly we double check what food he has had. There has never been an occasion where he has had food that he shouldn't."

People referred to the service had their needs assessed prior to coming to live there. The registered manager conducted a face to face assessment with the person. They also spoke with their relatives and others involved in their care; including professionals from whom they sought additional reports. Visits and trial stays were offered and the views of those already living in the service following these were considered to inform a decision to admit. The registered manager shared information about one person's assessment and admission process. They detailed that the person's placement at their previous home was failing and the service was asked to take the person immediately. The registered manager declined to do this but put in place a staff team to work with the person in their previous placement for several weeks to build up a rapport and get to know their care and support needs as well as understand how the person communicated and how this affected their behaviour towards staff and others. During the two week period staff supported the person to visit Downer's Court and to meet the other people living there. This enabled the person to

have a smooth transition and enabled the registered manager and staff to have a clear understanding of the person's needs.

People had capacity for everyday decision making with some needing additional prompting and supervision from staff due to their cognitive problems. People were enabled and supported to live a full life in the least restrictive way. People utilised electronic tablet devices to help them make decisions. People's choices, decisions and their refusals were documented clearly in their daily records.A relative said, "The choices are amazing. It is bespoke. If he wants to go somewhere they take him. He chooses things on his iPad and shows staff and me." Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood people sometimes needed help to make decisions in their best interests, and that in some circumstances where decisions were complex this may need to be taken for them by others who knew them well. Where there were concerns that a person may lack capacity the staff worked to the principles of the MCA 2005, involving relatives and other health or social care professionals in helping with capacity decisions. People who lack mental capacity to consent to arrangements necessary for care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called (DoLS) authorisations. Three people were subject to DoLS authorisations and these were kept under review.

New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. The provider had not yet embedded the Care Certificate to support staff with understanding their roles. The Care Certificate is a course that gives staff just starting in care the basic knowledge of how to care for people. The provider was planning to embed this soon. Staff were supported to gain qualifications and carry out training to help them develop. Training records showed that all staff had attended training in order to meet people's needs. A relative told us they had been involved in the training of staff in relation to meeting their family member's needs. The registered manager explained that staff had been trained in Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PROACT-SCIPr-UK) which enable staff to support people whose behaviour could be challenging towards others. The provider had involved external consultants who had been involved in national work in relation to learning disability services to support the organisation. Training in relation to managing behaviour that may challenge was changing and new approaches were being embedded to ensure that the service was eliminating restrictive practices.

Staff told us they had received regular supervision. The registered manager maintained a supervision matrix to ensure each staff member received at least six one to one supervision sessions per year.

The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. Staff had created art walls to enable people to draw, write and create. One wall in two rooms had been painted with blackboard paint which enabled people to use chalks and special pens. People were clearly using these. The garden was secure and well maintained. A relative told us, "It's a bespoke environment that meets his needs."

Good

Is the service caring?

Our findings

We observed that staff were kind, caring and friendly towards the people they were supporting and each other. Staff respected people's privacy and understood they were working in people's own home. A relative told us, "His current staff definitely respect his privacy" and "I like to think they treat him well. Everything I've seen and heard; I've never seen anything to worry about." Another relative said, "They are all caring and compassionate." The independent consultant working with the provider and services managed by the provider told us, 'Staff that I have met demonstrate an empathy for the people using the services and their life histories, which more often than not, include some previous trauma. Also, staff understand that people engage in behaviours of concern for real reasons and efforts to support people in the least restrictive manner is very impressive.'

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. Staff were kind, considerate and respectful. Staff made time to chat with people about their day. We observed staff checking with people if they were ok. We saw one person give a staff member a high five and say "Happy". They were smiling.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. One staff member told us, "I respect privacy, call people by their names, no nicknames and support them to my fullness. I close bathroom doors [when supporting a person with a bath] and respect it is their house." Staff knocked on doors and checked with people to make sure they could go in. We observed Staff were mindful of people's privacy and confidentiality. Conversations of a sensitive nature were held in private. Staff were mindful about people's preferences for waking and ensured that they didn't make too much noise in the service when people were asleep.

Staff spoke about people in a respectful manner when we asked questions about people's care and support and needs. One staff member told us, "I believe in caring and people need the right support and to be around people that are trained and can support them at all times."

There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter. People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. People chose to spend time in the communal lounge, dining room, the garden or their bedrooms.

People were supported and encouraged to be as independent as possible in all aspects of their lives. We observed staff prompting people to take their plates and cutlery to the kitchen and to load the dishwasher after a meal. Staff helped people maintain their routines and understand what was going to happen next. People were not hurried or rushed in any way.

People were enabled to express their faith through visits to a preferred place of worship. The registered manager told us that one person said, "Church" when they wished to visit.

People were supported to engage with people that mattered to them such as friends and family members. The use of technology was used to support people to contact their relatives, people were supported to make video calls so they could see their relative and talk with them. The registered manager explained that individual arrangements were in place for each person and their relatives in relation to visiting. Some people were able to cope with regular unplanned visits from relatives, others were not. One relative told us, "I can only see him every two weeks as he gets very obsessed." They went on to say, "A wonderful thing happened last week. Staff brought him to the office to see me at work. He coped so well. They prepared social stories to help plan it. I have some wonderful photos of the visit." Social stories are used to support people with autistic spectrum disorders to praise, educate and detail what to expect in a situation and why. There was clear evidence in people's care files that staff prepared people for activities, trips and events through social stories. Photographs and videos showed how this preparation paid off, people were able to try new events and activities with support. The photographs showed people smiling and enjoying themselves. One relative told us, "He goes out for meals now in a pub. He has never ever been for a meal in a pub before in his life. It's a massive achievement." Another relative shared how the service provided for their loved one has, "Given our life back now." They explained that they now have time to spend with their other children which has improved their wellbeing as a family unit.

Good

Is the service responsive?

Our findings

We observed that staff were responsive to people's needs. Staff supported people to visit places of interest when they wanted to go. One person liked to visit the local airport with staff support. The staff were out supporting the person to do this when we arrived at the inspection at 08:20. A relative told us, "They [staff] try and enable him to be more active during the day. They are constantly changing and adapting, everyone is so adaptable".

Relatives confirmed that they were involved with planning, reviewing and developing care and support plans to meet their family member's needs. They felt listened to. People's care plans were person centred. Care plans clearly detailed people's cultural needs as well as their care and support needs. Care files contained lots of photographs to evidence people's participating in their care and support. People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required.

The service had developed in depth fact sheets and guides to help staff understand people's diagnosed health needs and how to support them. For example, there were fact sheets in place to detail how one person's allergies and hay fever affect them as well as Coeliac disease. People also had behaviour support plans in place which gave detailed and specific information about how to support the person.

People were supported to have good days that were meaningful to them. People's activities were totally centred around each person. A relative told us, "He's doing more than he's ever done before. He goes to [local park], trampolining, cinema and has support to buy clothes". People were supported to do activity to keep them stimulated and active in a manner which they found less challenging. One person enjoyed swimming but was unable to cope in a public swimming pool during peak times due to the amount of people and children around. The management team and staff had worked hard to explore other opportunities to ensure that the person's swimming activity continued to happen when school holidays had taken place. They had found a private pool which they were able to hire to enable the person to enjoy their swim without other people around.

The staff also supported people to do activities within the service too. People had access to computers and hand-held tablets which they used daily, those that required sensory equipment had small pieces of equipment to meet their needs. There were arts and crafts materials, games and books for people to utilise and the service booked external activities to support people's needs. There was an easy to read poster displayed within the home telling people about a mobile zoo visit which was taking place the week after the inspection. Staff helped people prepare for new activities and events by completing social stories with the person to help them to understand what was going to happen.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file within their home. The daily records evidenced that staff were supporting people according to their care plan. The management team were working on changes to daily records. They were planning to change the way in which staff recorded care, support and behaviours. This would enable the management team to

monitor care, support and any incidents in a more effective manner and pick up on trends.

The management team planned to work with people and their families to talk about people's wishes and preferences if they became unwell or if they died. They understood that this was a sensitive subject and a difficult one to approach.

The registered manager detailed how they met with relatives on a regular basis to check whether they were happy with the care and support their family members received. They also carried out observations of care and support and worked with people to check that people were happy and receiving the care and support they wanted. Relatives knew how to complain. Complaints records showed that the only complaint received had been dealt with effectively by the registered manager. A relative said, "If I do have a concern, they listen and do something about it."

Good

Is the service well-led?

Our findings

We observed that people knew the management team well. We heard one person speak with the registered manager about an activity they wanted to do. A relative said, "I do think the service is well led. To me the management team that has been in place since 2017 have been the best it's ever been" and "They listen to me." Another relative told us, "I feel it is well run, [registered manager] is open and transparent, we know [deputy manager] and we know the directors, we have been to the office." The independent consultant working with the service told us, 'The service is led by an experienced, well trained, knowledgeable and competent manager. Most importantly, this leadership is also 'practice-based leadership' and provides staff with regular and 'intentional' opportunities to see their leader doing. This leadership model also provides staff with the opportunity to ask questions, to receive advice and instruction, to put this into practice and to receive feedback and reflect upon practice' and 'There are many things that the service does well. There are also things that might and could be done better. And the service recognises this, listens and really demonstrates an acceptance of not being 100% perfect but more importantly demonstrates a commitment to continuing improvement and wanting to do better.'

Audits and checks were carried out by the management team to ensure that the service was running well. Timely action had been taken to address issues and concerns.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Staff confirmed they were asked to read and sign new policies.

The provider's statement of purpose detailed 'CLBD's (The provider) range of bespoke services offer 24 hour support to individuals with a learning disability, complex needs and / or a mental health diagnosis through a person centred approach' and 'The aim of the service is to provide a safe and homely environment that promotes empowerment, independence and choice, whilst enhancing the individuals' daily living skills.' The aims of the service at Downers Court had clearly been communicated to all staff, they were all working to ensure people with complex needs were effectively supported with all aspects of their lives including becoming active members of their local communities.

Staff told us communication was good. One staff member told us, "Good communication, that is what inspires me. We have good communication, we have a daily handover and there is a communication book in place. If new things are implemented they are put in the communication book".

The management team kept up to date with good practice, local and national hot topics by attending provider and registered manager forums. The management team utilised research to evolve the service. The provider had instructed support and assistance from the American Founder of Positive Behaviour Support in relation to researching and developing non-aversive reactive strategies. Seminars via the internet were planned to provide support to the management team about this.

The registered manager had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The

management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

Staff told us there were regular staff meetings to discuss the service. One staff member told us, "We get opportunities to provide feedback." Staff felt well supported by the management team. A staff member told us, "It is a good company to work for, training is good, I feel well trained. We look out for one and other."

People were given the opportunity to provide feedback about the service informally, through regular face to face contact with the management team and through communication with staff members providing their care. All the feedback was either positive (where the person had answered either verbally or through their own way of showing they were happy) or neutral (where the person did not understand the question or was unable to answer). Relatives told us that they could tell that their family members were settled and happy through their communication.

Relatives had been surveyed in 2018. One completed survey showed that the relative was completely happy with all aspects of the service provided. We viewed messages of thanks from relatives thanking staff for implementing the blackboard walls. One relative had written, 'Since [family member] has moved into your service we feel at total ease knowing how well he is cared for.' The service had received a thank you card from a relative which read, 'A huge thank you from both [relative name] and I for all the lovely videos and photos we have recently been sent from [staff member] and various members of the team.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as safeguarding concerns and DoLS authorisations that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. The provider had displayed a copy of their inspection report and ratings in the office area and on their website.