

Toqeer Aslam

# Welcome House - 66 Milton Road

## Inspection report

66 Milton Road  
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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 inspected this home on 02 September 2015. This was an unannounced inspection.

Welcome House - 66 Milton Road is registered to provide accommodation and personal care for up to three people with mental health needs. The people who used the service lived with mental health disorders such as depression, panic disorder, schizophrenia and needed support to understand their particular conditions; identify

triggers for relapse; and learn coping strategies. At the time of our inspection, two people who lived in the home were fairly independent. They required minimal support and therefore there was no requirement for 24 hours staffing.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. Staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's mental health and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Staff had developed positive relationships with the people who used the service. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people went out to their local community at least five days of the week for activities and travel overseas for holidays.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve their care. People knew how to make a complaint. Complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

# 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.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

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

Good



### Is the service caring?

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very independent lives. People were encouraged and supported to develop the skills needed to live independently.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

# Welcome House - 66 Milton Road

## 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 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 02 September 2015 and was unannounced.

Our inspection team consisted of two inspectors and one expert-by-experience who carried out interviews with people using the service. Our expert by experience had experience of using mental health services including hospital inpatient and outpatient clinics, specialised clinic as well as community based services.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people, one support worker and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, doctors, Kent and Medway Partnership Trust (KMPT), local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand people's experiences. We looked at the provider's records. These included one person's care records, care plans, mental health care notes, risk assessments and daily care records. We looked at one staff file, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 7 October 2013 we had no concerns and there were no breaches of regulation.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I am happy here. I and the other service user get on very well”. We observed that people were relaxed around the staff and in their own home.

Staff told us that they had received safeguarding training during their induction. Training records evidenced that all staff had completed safeguarding training within the last two years. The staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take.

People were protected from avoidable harm. Staff had a good understanding of people’s mental health needs and individual behaviour patterns. Records provided staff with detailed information about people’s needs. Staff knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges them. As well as having a good understanding of people’s mental health and behaviour, staff had also identified risks relating to people’s care needs. People were supported in accordance with their risk management plans. For example, some people who needed their privacy, had plans in place to help the staff keep them safe when other people tend to infringe on their privacy. Staff understood and followed these plans to keep people safe.

Each person’s care plan contained individual risk assessments in which risks to their safety were identified such as diabetes and mental health relapse. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Staff were aware of and used action plans contained in care plans to minimise the risk of incidents as a result of mental health relapse. Staff told us they were aware of people’s risk assessments and guidelines in place

to support people with behaviour that may challenge them and others. Where people’s needs changed, the registered manager and staff had updated risk assessments and changed how they supported people to make sure they were protected from harm.

People told us there was adequate staffing to meet their needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The registered manager and one member of staff were on duty on the day of our inspection up till 5.00pm. The home had no staffing in the evening or overnight. People told us that they didn’t need support overnight. They knew that if they did need support they could contact the registered manager who would come in if they did.

Safe recruitment procedures were followed. Recruitment files kept at the home contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment, which had been reviewed following the inception of CQC fundamental standards in April 2015. This meant that the provider keeps staff updated on required standards which enables them to keep people safe.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. People self-administered their own medicines and staff completed checks to ensure these were being taken in line with the prescription. Detailed records were made and kept when people were supplied with medicines for self-administration and when they took their medicines themselves. One person said, “I self-medicate. We talk

## Is the service safe?

about my care and medicines during meetings”. This showed that people are supported to be independent and that suitable systems are in place to monitor people’s safety.

A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. There was a system of regular audit checks of medication administration records and regular checks of stock. There was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly.

People who lived in the home were fairly independent hence not in need of any adaptations. The premises were maintained to protect people’s safety. Access to the premises was not restricted and people were able to access and exit at will. For example, one person was pleased to demonstrate the use of their key by opening the door and locking it while we watched.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans were in place for emergency situations.

There was a plan staff would use in the event of an emergency. This included an out of office hour’s policy and arrangements for people which was clearly displayed in care folders. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

# Is the service effective?

## Our findings

People told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. People told us that they felt that the staff were effective at supporting them to learn the skills they needed to be more independent.

People we spoke with confirmed staff consulted with them about their support needs. One person said, "We talk about health and safety, fire, going out and house work" and "Staff are very helpful and supportive".

People told us that their consent was always obtained and they were fully involved in all aspects of planning their care. We found that the staff had a good understanding of the Mental Health Act 1983 (amended 2007) and what actions they would need to take to ensure the home adhered to the code of practice. People confirmed that staff sought their consent before they provided care and support. One person said, "If I have got questions to ask or need advice, they are there to help". Another person told us that they were free to do what they wanted, when they wanted. They said, "I am happy here because I can communicate with people freely and I like the environment". Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff and the administration of medicines.

The registered manager and staff we spoke with told us that people had capacity to make decisions but recognised that in the future this may not be the case so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best

interests of the person and there is no other way to look after them. Staff supported people without any form of restrictions of their liberty. There was no one who lived in home who required a DoLS. We observed that people had their own keys to the front door which they freely used. This demonstrated that there were no restrictions in the home.

People were supported to have enough to eat and drink. During our inspection, we saw people had breakfast and drinks before they went out for the day. People were encouraged to make their own lunch to take out for the day. One person said, "I cook potatoes, vegetables, beans, jacket potatoes and sometimes, staff do assist me with cooking" and "I cook for myself sometimes and sometime ask staff to cook for me". Meals were planned on a monthly basis via a 'residents meeting'. We saw from the minutes of a recent meeting, people had discussed their involvement in cooking and stated the foods they can prepare. We saw that people's wishes had been reflected on the menu. One person said, "The meals are brilliant. It is well balanced and varies". This demonstrated staff listened to, and acted upon people's expressed wishes.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with mental illness. Staff were required to undertake annual refresher training on essential training to carry out their roles safely by the provider. This included: safeguarding vulnerable adults, mental health, fire, health and safety, nutrition, infection control, first aid, medicines administration, and managing challenging behaviour. We viewed the staff training records. The registered manager ensured staff training remained up to date. Staff had received an induction when they first started work and this included working alongside experienced staff. Staff had completed diploma in Health and Social Care levels 2 and 3. Health and Social Care diplomas (HSCs) are work based awards that are achieved through assessment and training. To achieve an HSC, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they completed a six weekly one to one supervision with all staff. This conformed with the provider's policy on supervision. Supervision is a process, usually a meeting, by



## Is the service effective?

which an organisation provide guidance and support to staff. The registered manager told us that an annual appraisal was carried out with all staff. Records confirmed that supervision and annual appraisals had taken place.

Staff worked well with mental health professionals who supported people in the home. They also supported people to make sure their other physical health needs were met. People could see a GP when they wanted. People had health action plans in place which were written in a way that the person could understand. These plans provided advice and health awareness information which may support the person's health and wellbeing. They were updated annually and people had either just attended some health appointments or were booked in to attend.

Records evidenced that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People were regularly seen by their treating team, such as community psychiatric nurses and consultants. When concerns arose staff made contact with relevant healthcare professionals. For example, staff were in regular contact with people's GP for their medication reviews and one person was recently referred for an audiologist review. This showed that the registered manager and staff ensured people's health needs were met.

# Is the service caring?

## Our findings

People said they were very happy with the support provided at the home. One person said, “I am happy here. I like the staff. It’s a nice house, I’ve got a nice bedroom and I’ve got a nice garden. I like the residence. Most of all, my bird makes me happy”. People felt positive about the care they received. We observed that staff showed kindness and compassion.

People were encouraged to be independent and to have as much choice over their day to day life as possible. People told us that they were involved in making decisions about how the home was run. For example, one person said, “We have meetings once a month and we talk about safety, making sure all windows are shut at night before going to bed”. People were supported to maintain their independent living skills. We found that people were extremely independent. During our visit people went into town. They said, “We are going for ‘Crazy Horse’ activity”.

People told us that staff always respected their privacy and didn’t disturb them if they didn’t want to be. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people’s privacy and dignity. All bedrooms doors were lockable and people had a key. People were able to personalise their bedrooms. Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. The staff team was committed to delivering a service that had compassion and respect for people. Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office.

Staff knew the people they were supporting very well. They had good insight into people’s interests and preferences

and supported them to pursue these. For example, one person identified in their recent review that they needed to be on a diet. We saw in their care records that this was part of their weekly goals, which staff supported them with. Staff ensured that the person understood what this was about and how to achieve this. The person told us, “I am on a diet and I have lost three stones”. This showed that staff supported people based on their involvement, choice and preference.

The registered manager and staff showed genuine concern for people’s wellbeing. Staff worked in a variety of ways to ensure people received the support they needed. We observed staff and people engaged in general conversation and having fun. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. Support plans were personalised and showed people’s preferences had been taken into account. For example people had signed an agreement to the goals they wished to achieve. One person said, “I have a care plan. We discuss what is inside at meetings”. People had their individual care plans in their rooms which indicated their involvement in their care and support to the best of their abilities.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Mental health advocacy information was on the notice board for people in the home.

# Is the service responsive?

## Our findings

People felt staff knew exactly how to support them and intervened at just the right moment. They felt staff enabled them to be as independent as possible. People told us how they had been supported to find courses to attend as well as support to find employment opportunities. People said, “I go out most days and I like it”. And, “In two weeks, I will be back in the college. This college is for people with disabilities and I am studying my family tree and arts”. The registered manager told us that they worked with people very hard to promote their independent skills.

Care records contained a record of people’s assessments, care preferences and reviews. Staff understood people’s needs and people confirmed that they received their care in accordance with their preferences. Care records evidenced that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

People’s care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits to the psychiatrist. This was changed in their care plan to ‘as at when necessary’ visits. The registered manager contacted other services that might be able to support them with meeting people’s mental health needs such as Medway Partnership Commissioning Group. This also included the local authority’s mental health team, demonstrating the provider promoted people’s health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional’s input into their care on a regular basis.

People told us they were encouraged to pursue their interests and participate in activities that were important to

them. One person said, “I go out Monday to Friday to my local shopping centre. On Tuesdays, I go out to Gillingham town centre, Thursdays, I do my shopping and I really enjoy walking, which I do and on Mondays, I do shopping for my bird, I clean the bird cage. I keep my bird safe and healthy. I clean the water for the bird twice a day. I have had my bird for five years which I love”. Another person said, “I go out on my own sometime and on other times I go with staff. Like today, we are all going out to play ‘crazy golf’”. There was a weekly activities timetable displayed in people’s care files and people confirmed that activities were promoted regularly based on individual’s wishes. On the day we visited, one person went out to play ‘crazy golf’, which was their choice.

People told us they were given a copy of the complaints procedure when they first started to receive the service and then they discussed this at resident’s meetings. People also told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

The complaints procedure showed that people were informed how and who to make a complaint to and gave people timescales for action. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they had never felt the need to complain. People said, “I have never needed to make a complaint”. We saw that when people who lived in the home had informed the registered manager about something they are not happy about, the registered manager had responded immediately. For example, one person informed the registered manager that the telephone they use in the home was not working properly; the registered manager immediately purchased a replacement within a week. This showed that the registered manager and staff responded to people’s needs whenever required.

The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

# Is the service well-led?

## Our findings

People were extremely complimentary about the home. They told us that they thought the home was well run and completely met their needs. They told us the registered manager and staff were approachable. One person said, "Staff are lovely. I'm proud of them".

Staff told us that they felt comfortable and confident in raising concerns with the registered manager. They said, "The manager is easy to talk to and open".

The home had a clear management structure in place led by an effective registered manager who understood the aims of the home. The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team. Staff told us that an honest culture existed and they were free to make suggestions.

People knew who the registered manager was, they felt confident and comfortable to approach her and we observed people chatting to the registered manager in a relaxed and comfortable manner. One person said, "I can tell the manager how I feel and she will listen to me". This showed that people and staff felt supported by the registered manager.

Staff told us the morale was excellent and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the home. Staff meeting records confirmed that staff views were sought.

The registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a member of Medway Engagement Group and Network (MEGAN CIC). This group provides networking opportunities with other service providers to raise awareness and share best practice in mental health user in the local areas. They are also a member of (MIND) a charitable support group for people with mental health. This organisation provides

advice and support to empower anyone experiencing a mental health problem. The registered manager told us that being a member of both MEGAN CIC and MIND had enabled them to improve support provided, promote and improve people's quality of life through raising standards of care and support in the home.

Monthly meetings were held with people. At these meetings people were actively encouraged to look at what could be done better. Surveys were also completed annually with every person who used the service and their relatives. The information from this was analysed and used to look at areas for improvement. For example, where families have requested for additional support via the survey, the registered manager had contacted the local authority and involved an advocate. This resulted in the relatives having more confidence in the management of the home.

The provider also sought health and social care professional's views via annual questionnaires to gain feedback on the quality of the service. The completed surveys were evaluated and the results were also used to inform improvement plans for the development of the home. External professionals made positive comments about how the home was ran. They wrote 'The registered manager is a very reliable manager. Whatever you ask her to implement, she does it straightaway'. Overall the responses were positive.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. The operational manager visited the home every month to carry out a monthly service audit. The provider had effective systems in place for monitoring the home, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, learning and development for staff. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the latest audit identified that the registered manager was advised to improve on personal

## Is the service well-led?

history information and update all care plan. We saw that these had been carried out when we inspected. This showed that the registered manager acted on the findings which ensured people's needs were met.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system.

Medway Council Partnership Commissioning Team carried out 'Quality Assurance Visits' to the home. The last visit was on 22 May 2015. The quality visit was to assure contract compliance with quality of the service provided to people. The registered manager shared the outcome of the visit with us and these were mainly positive. The report ended

with 'This is a comfortable, well managed service. Residents are happy and can be confident their health and wellbeing needs are met by a manager and staff who know their residents well'.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.