

JJ and AJ Nicholson

Laburnum Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was Laburnum Lodge's first inspection since registering with the Care Quality Commission. The registered provider has owned other services in the Plymouth area for a number of years.

The inspection took place on 19 August and was unannounced. Laburnum Lodge provides care and accommodation for up to six people with learning disabilities.

The service had a registered manager. 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.

We met and spoke to all six people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures. We therefore spent time observing people. One person when asked if they were happy at Laburnum Lodge said; "Yes I like living here" and another said; "My room is lovely and I like it here." A relative said; "If they can't be at home then they only want to stay here."

Surveys returned to the service recorded; "The staff are excellent in their professionalism and kindness." Another said; "They (the staff) all have a very professional open and friendly approach to their work, their residents and visitors" and "[...] is very safe living at Laburnum Lodge. I am very pleased with how Laburnum Lodge is run."

Staff had completed safeguarding training and further updates were arranged. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they'd have no hesitation reporting any issues to the registered manager or provider.

The Provider Information Return (PIR) records; "We hold monthly service user forums where we discuss abuse and bullying ensuring our service users know what the term "abuse" or "bullying" means and if they felt comfortable telling us if they felt they were being bullied. They also have a keep safe book in their room in an easy read version which reminds them what to do if they felt bullied and how to report it. They also have 1-1 meetings monthly with their key workers."

People who required it had two to one or one to one staffing at certain times. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff completed an Induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. People were protected by safe recruitment procedures.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapist.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks.

People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy; however there was a calm and relaxed atmosphere within the service. The provider and staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

The manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff described the registered manager and provider as being very approachable and supportive. Staff talked positively about their roles.

People lived in an environment that was clean and hygienic. The environment had been refurbished to a high standard taking into account people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

People told us they felt safe.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice. Medicines administered were recorded.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People lived in a clean and hygienic environment that had been updated to a high standard.

Is the service effective?

Good ●

The service was effective.

People received individual one to one support when required from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

People used a range of communication methods.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager and registered provider. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Laburnum Lodge

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.

The inspection was undertaken by one inspector on 19 August 2017 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with all six people who lived in the service, the registered provider, administrator and two members of staff. After our visit we spoke to one healthcare professional. We also spoke to two visiting relatives.

We looked around the premises and observed how staff interacted with people. We looked at records which related to people's individual care needs, records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Laburnum Lodge were not all able to fully verbalise their views and used other methods of communication, for example pictures. Some people had complex individual needs. We therefore spent time observing some people and spoke with staff and relatives to ascertain if people were safe.

People, when asked, told us they felt safe. One person said; "Safe, yes as I have the staff to help me." A relative said; "Safe here? Definitely!" Another said; "They are safe because they have staff with them all the time." A survey returned to the service recorded; "Safe? Yes 100%." A staff member commented; "People are safe definitely. Because of good staffing levels and the manager helping us when needed."

People who lived at the service were safe because the registered manager and provider had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff agreed that people were safe in the service.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. The registered provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People's finances were kept safe. People had appointees to manage their money where needed, including family members. Money was kept secure and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People who had been identified as being at risk inside the service or when they went out had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. For example, the service liaised with the speech and language therapist to support people who required their food in a particular consistency to help keep them safe. Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it had two to one staffing when using the hoist or one to one staffing when accessing the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager covered any staff absences to ensure there was enough staff on duty. This they felt helped to keep people safe. Staff said; "There are enough staff on duty when needed. Extra staff are here during the week for people to go to activities."

People's risk of abuse was reduced because there were suitable recruitment and selection processes for

new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an accident or fall. This was discussed with the appropriate service to help keep people safe.

Accidents and incidents were recorded, audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. The PIR recorded; "We have achieved a 5 rating for our food safety inspection and we will always strive to maintain this standard."

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. These checks were carried out by one staff member and one person living in the service. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

The PIR recorded; "We carry out monthly audits ensuring that medications are being stored, ordered and returned in the correct manner and that all service users are receiving them safely and staff are adhering to our policies and procedures."

People's medicines were managed safely. Each person's medicines were held in a locked cupboard in their individual bedroom. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols help keep people safe.

Is the service effective?

Our findings

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people who used the service for example, through attending epilepsy training.

Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered provider confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. The registered provider informed us staff received appropriate ongoing training, for example manual handling training. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Training was planned to support staffs continued learning and was updated regularly. The PIR stated; "We also ensure our staff attend further training to ensure they gain as much knowledge as possible allowing them to carry out their role effectively and responsibly."

Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People lived in a home that was regularly updated and maintained. The service had a complete refurbishment before it was opened. This refurbishment had been completed to a very high standard with consideration to the people who would live there. For example a lift was installed to assist people with their mobility and hand rails were in place and the service was wheelchair accessible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered provider confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered provider confirmed some people were subject to a DoLS authorisation and some people's application was waiting approval. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. One person had a best

interest meeting minutes on their file. This showed a full discussion on the person's wishes for end of life care. This showed the service was acting in people's best interest and this helped to ensure actions were carried out in line with legislation.

Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in.

People's consent was sought by staff as much as possible before care was provided. People spent time with staff in shared areas such as the lounge and were encouraged to make choices. Staff said they gave people time and encouraged them to make simple day to day decisions. We observed staff offering people a choice of drinks and a meal and their preferences were respected.

Staff said they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's needs as well as any important information in relation to medicines or appointments.

People had access to local healthcare services and specialists including asthma nurses and epilepsy nurses. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. A relative said the service had been in regular contact with their relative's specialist team about ongoing health issues. They went on to say they were always kept informed about what was going on with their relative at all times.

People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health action plans detailing their past and current health needs, as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and helped hospital staff when needed to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible, including using pictures of meals. Care records recorded what food people disliked or enjoyed. We observed people being supported by staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged.

People identified at risk of choking had their food in a consistency that suited them and the service had sought advice from the speech and language therapist to help people. People who required it had their weight monitored and food and fluid charts were in place when needed. People's special diets were catered for and staff were familiar with people's individual nutritional needs. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks.

Is the service caring?

Our findings

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. We observed staff providing care and support to people during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for. One relative said; "They are all very very good here. I can't fault them." Another said; "She is happy here." One relative said of Laburnum Lodge in a survey returned to the service; "The first time I visited I was very impressed" and another recorded; "I have seen people spoken to in a caring and supportive way. A good quality service." A healthcare professional said how well cared for the person who they saw appeared.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well. Staff understood people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, if people became anxious staff involved them in discussions and distracted them with more popular subjects. This provided reassurance to people and reduced any anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with either two to one or one to one staff support when needed to enable them to receive quality time for any care tasks undertaken. People had specific routines and care was personalised and reflected people's wishes. For example, some people had routines in place to help reassure them. This enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as how they like to spend their days.

People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. The service held a "Residents Forum" involving all people within the service. Discussions at these forums included menus, holidays and other area of interest to people. Everybody was encouraged to participate so their opinions were heard.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people's bedroom doors to gain entry and people were always involved and asked if they were happy for us to visit and speak with them. We observed people closing bedroom doors to carry out care tasks.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were

dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff having fun and joking with people who all enjoyed these interactions. Staff were also courteous to people.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

One person's file held information on their wishes for end of life care. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

The PIR recorded; "Staff have received end of life training at St Luke's Hospice and it is our wish to fulfil the service users and relatives wishes in providing the best possible care we are able. During our service users forums we have begun to introduce the ideas about end of life."

Is the service responsive?

Our findings

People were involved as much as possible with planning and reviewing their own care and making decisions about how they liked their needs met. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example they encouraged people to help with household chores. This helped ensure everyone's voice was heard. People said; "I wash up and help with cooking" and another said; "I bake cakes and help make the tea."

The PIR stated; "We ensure that the service we provide is personalised and responsive and we do this by way of robust care planning from the outset and throughout."

People's care plans were personalised and contained information to assist staff to provide care and gave information on people's likes and dislikes. In addition to full care plans there were brief one page profiles of people, particularly about people's care needs and moving and handling needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs. For example one person told us how the service had responded to their needs and had encouraged and supported them to make great improvements in their mobility. They said when they'd arrived at the service they had not been able to mobilise. Since moving in they were now able to stand with the use of suitable equipment and take small steps. This person's relative said; "Much much improvement, now weight bearing and walking." One healthcare care professional said that at this person last medical review they had seen a noticeable improvement.

Guidelines were in place for people in their daily lives. People had information that told a story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and moving and handling plans. Guidance on assisting people with their food safely helped ensure staff had the most recent updated information to respond to peoples' needs.

People were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed they offered people choices, for example, were people wished to go on holiday. One person said; "I can help choose where I want to go when I go out."

People were supported to develop and maintain relationships with people that mattered to them. For example, people told us they went out with family members and attended a local disco regularly to see their friends. People took part in a variety of activities and with either one to one or two to one support. On the day of the inspection people had gone out with relatives and another had attended a local football match. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. One person confirmed the activities

they took part in, which included attending the Special Olympic training sessions and winning a medal at the recent Special Olympic games.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local shops.

People were provided with a complaints procedure and in an easy read format for them to understand. Complaints and concerns were also discussed at resident forums. The registered provider understood the actions they would need to take to resolve any issues raised. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay. People, when asked, said they would talk to [...] and [...] (the registered manager and registered provider) if they had any concerns. A survey returned to the service said; "I have no problem discussing any concerns, problems or complaints."

Is the service well-led?

Our findings

People, staff and relatives spoke positively about the registered manager and registered provider. One person said; "I see them a lot and I can talk to them." One relative said; "The management here are brilliant!" Staff said; "The management are approachable and with any issues" while another said; "They are very hands on when needed." Surveys returned to the service recorded; "In my opinion it is very well run" and "Well run? Yes very much so."

The service was well led and managed effectively. Laburnum Lodge's values included; "We ensure that the service we provide is personalised and responsive and we do this by way of robust care planning from the outset and throughout. From the care plan process we get to listen to the individual and understand their needs and how they want them to be met." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and people received a copy of the services core values. The service's PIR said; "Our Director has owned the business for 28 years and has always promoted a positive culture that is open and person centred." Laburnum Lodge is the providers third care service in the Plymouth area.

People were provided with information and were involved in the running of the home as much as possible. The registered provider said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. For example easy read surveys to assist people.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and registered provider took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the registered manager and registered provider. Staff felt supported. Staff said the registered manager and registered provider were available and approachable and they were able to call them at any time. Staff confirmed they were able to raise issues and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how the service was

run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out regularly and in line with policies and procedures, for example audits on medicines. The registered manager and registered provider sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service. Annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.