

Cabrini Care Limited

Spring Bank Farm

Inspection report

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Date of inspection visit:
20 April 2017

Date of publication:
08 June 2017

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 inspection took place on 20 April 2017 and was unannounced. Spring Bank farm is run and managed by Cabrini Care Limited. The service provides care and support for up to seven people with autism. On the day of our inspection four people were using the service.

The service did not have a registered manager in place at the time of the inspection. Although the present manager was in the process of applying to become 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.

When we last inspected the service on 5 and 6 October 2016 we found people who used the service were not always provided with safe care and treatment, the provider did not always follow safe practices when employing staff and had not undertaken quality audits which would assist them maintain safe standards of care for people who lived at the service. The provider sent us an action plan telling us they would make these improvements by November 2016. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

The risks to people's safety were reduced as the staff had good knowledge of the different types of abuse people may be exposed to. They had received training to assist them to recognise safeguarding concerns and they were aware of the process for reporting concerns. Risk assessments had been completed in areas that had been highlighted as potential risks to people's safety. The service had enough suitable trained staff to provide care and their recruitment processes were safe.

People's medicines were managed safely and staff received ongoing appropriate training for their roles. People were supported to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were encouraged to follow a healthy balanced diet and any specialist diets were catered for. Staff were supported to manage the different health needs of the people who lived at the service.

People were supported by staff who had an excellent knowledge of their needs and treated them with dignity and respect. Relatives were encouraged to contribute to their family member's support plans which were person centred and fully reflected their needs. Where required people had access to advocacy services.

People were supported to undertake a range of social activities of their choice tailored to meet their individual needs.

The management team responded to complaints positively and relatives felt they could report any concerns to them and they would be taken seriously.

The management team undertook quality monitoring processes to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Where required people had access to Advocacy services

Is the service responsive?

Good ●

People were supported to make complaints and concerns to the management team.

People's care was individualised and person centre

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

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

Spring Bank Farm

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.

We visited the service on 20 April 2017, this was an unannounced inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with two relatives, three members of care staff and the home manager. We looked at the care plans of two people and any associated daily records. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for two people.

Is the service safe?

Our findings

When we previously visited the service we found the service was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulation 2014. As the processes in place for recruitment of staff were unsafe. During this inspection we examined the files of two members of staff and two potential members of staff and saw that safe recruitment processes were in place. In all cases two references were requested. One of these was a reference from the staff member's last employer, a DBS (Disclosure and Barring Service) check had been undertaken prior to allowing anyone to start work at the service. The DBS is a service used by employers to carry out a criminal and barring check on individuals who intend to work with vulnerable adults this helps employers make safer recruiting decisions.

When we last visited the service some relatives and staff told us there had been a large turnover of staff resulting in an increased use of agency staff, which some relatives had felt was detrimental to well-being of their loved ones.

During this visit we found that whilst there had been some turnover in staff, the manager had recruited more staff and there had been a decrease in both the turnover of staff and use of agency staff. This was confirmed by both staff and relatives. One relative we spoke with said, "The staff group definitely seems more stable." Staff we spoke with told us they were still working extra hours but this had greatly reduced. One member of staff said, "Staffing is fine, we have a bit of overtime with holidays and sickness, but the manager has introduced bank staff and this has helped."

The rotas we viewed showed the staffing rostered matched the established levels required. The manager also told us if agency staff were used they requested the same people and a pen picture of the person coming to the service. This contained their experience, training records and DBS certificate. The manager also told us they worked with staff to ensure agency staff covered shifts where they could be better supported by regular staff for example during the day.

On the day of our visit we saw the staff levels met the needs of people who used the service. People were able to undertake scheduled activities accompanied by the number of staff their support plans had indicated.

The safety of the people who lived at the service was maintained by the manager and staff. Communication with people at the service was limited but relatives we spoke with told us they had confidence in staff to protect their relative from harm. Whilst one relative had previously discussed a safeguarding issue with us and had raised concerns over the management of the issues, we found evidence to show the manager had been open and transparent with regard the issues. They had worked with the safeguarding teams and health professionals to ensure a positive outcome for the person concerned.

Staff we spoke with showed a good knowledge the different types of abuse people who lived at the service could be exposed to and what their responsibilities were in protecting people from harm. They told us they had received update training in relation to safeguarding adults and this had given them an awareness of the

actions they should take should they have concerns. One member of staff told us the telephone numbers for the local safeguarding team were available in the office. A second member of staff told us they would raise any concerns they had with the manager and had confidence they would 'get straight on it.' The member of staff told us the manager had dealt with issues raised to them with confidentiality and this had given staff confidence to report any concerns to them.

Our discussions with the manager showed they had a good knowledge of their responsibilities to the people they supported, their relatives and the staff. They were able to describe the actions they had taken to deal with a safeguarding incident recently. We saw they had documented their actions and provided support for staff who required it, including further training and had adhered to the duty of candour ensuring relatives had been informed of the outcomes of the incident. The manager had also fulfilled their legal responsibilities and ensured the Care Quality Commission (CQC) had been informed of the safeguarding incident.

The risks to people's safety were assessed by the manager and staff who cared for them. These risks were documented and actions to assist staff reduce these risks were documented in the risk assessments in people's care plans. Relatives we spoke with told us they had confidence in the staff to keep their relatives safe with what activity they were undertaking. One relative told us, "There are definite risks with (name), but staff use the assessments to help them reduce the risks."

People's support plans had a range of risk assessments relating to all aspects of their care. These were regularly updated to reflect the person's current needs. One person had the opportunity to change rooms as the en suite facilities in that room better suited their needs. The manager had put together a detailed environmental risk assessment to show the measures required to ensure the safety of the person this included the type of taps and cistern required. There was also recognition of the person's tendency to go into other people's rooms during the night and a sensor was being fitted to the door to alert staff should this occur.

Another person had recently had some changes to their health needs and we saw a detailed risk assessment and a support plan in place giving staff detailed instructions on how to deal with a particular health condition. The support plan noted what staff should look out for, what observations they should make and what actions to take to ensure the person was kept safe.

Staff we spoke with told us they felt the risk assessments were helpful and one member of staff told us they were, 'very thorough.' The member of staff told us every time a person undertook a new activity a risk assessment was undertaken to ensure all aspects of their safety had been considered. The staff member highlighted one person who had recently used a form of transport they had not used before. The member of staff told us the risk assessment contained information such as what explanation would be given to the person. How and when staff discussed it with them and the safe number of staff required to support the person during the activity. The member of staff told us the activity had been successful and they felt the information in the risk assessment had contributed to this. Giving staff the confidence through good information to support the person. This had resulted in the person enjoying and having confidence using this form of transport.

People's risk assessments identified potential triggers for behaviour changes. The assessment had clear information and detailed instructions for staff on how to avoid these triggers and should something occur that led to behaviour changes how staff should deal with these changes.

People's safety in relation to the environment they lived in was also well managed. There were regular

audits of the environment and equipment used at the service. Electrical equipment was tested for safety, water tests to exclude the risk of legionella and regular servicing of utility items used at the service to ensure the safety of people who lived at the service.

When we last visited the service we found people's medicines were not always managed safely as there was not always a suitably trained member of staff on duty to administer medicines. There was a lack of regular checks to ensure medicines used were in date and there was no robust protocol in place to record medicine errors. During this inspection visit the manager had ensured enough staff were trained in safe handling of medicines to cover all shifts. Staff we spoke with told us they had been well supported by the manager and shift leads and was confident to administer medicines.

Our audit of the medicine administration systems also showed the manager had made improvements since our last visit. There were detailed protocols in place to show when medicines that were taken on an as required basis should be given, this was to ensure people received these medicines appropriately. The medicines in stock correctly matched the amounts required and we saw there were regular recorded audits to check areas such as expiry dates on bottles, stock levels and that medicine administration sheets (MARS) were completed correctly. The manager had also introduced a more robust protocol to highlight any medicine errors which they had shared with staff.

Is the service effective?

Our findings

When we previously visited the service we found people's health care needs were not always well managed and the support for staff from the management team and other health professionals had resulted in an avoidable emergency situation. The service was not providing safe care and treatment and was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) regulation 2014. Following last inspection the manager and director sent us information to show they had put in strategies to address these issues. They had implemented a management on call system to support staff and at this visit we saw these strategies were being maintained, people's health needs were being met and they were receiving safe care and treatment.

One relative we spoke with told they had been happy with the way staff communicated their loved one's health care needs. They gave an example of how their relation had in the past required a great deal of support with a particular health care need. The manager and the person's key worker had been working with the person to reduce the stress they felt in relation to this particular aspect of their health. The relative told us as a result of the work which had gone on, their relation required a lot less intervention to manage this aspect of healthcare. The relative spoke positively of the effect this had had on their loved one.

Staff we spoke with felt they were more supported and confident in managing people's health care needs. One member of staff told us they 'were supported now,' and they discussed one person who had required support with a health issue. They told us the issue was pushed forward by the staff and manager and they felt confident that any other healthcare issues would be addressed straightaway.

At our previous inspection we found staff had not been supported to undertake training to keep their skills updated for their roles. The induction period for new staff was not consistent and relatives were concerned that with the use of agency staff training may not be of a high enough standard.

During this inspection we found people received care from sufficiently skilled and competent staff. As the use of agency staff had reduced and new staff had been employed, we saw there was a focus on ensuring they received appropriate training. The induction programme was more structured and new staff were better supported. Relatives we spoke with during this inspection felt the training was relevant to the staff roles. Training sessions that the manager had discussed at our last visit had been implemented. One relative who has experience and qualifications in this area had assisted with aspects of staff training in relation to autism and sensory awareness. They felt this inclusive project was helpful and staff we spoke with told they had found this training very useful. They said it was interactive and promoted a lot of positive discussion. The manager told us they wanted to ensure staff had a well-rounded understanding of how autism affected both the person and their families. This inclusive project would show families the service would embrace their knowledge and experience to equip staff with the knowledge to develop their skills to support people.

Staff we spoke with at this visit told us they were given training relevant to their roles and as well as the mandatory on line training that they were supported to undertake, they also had other face to face training. One member of staff told us there were Positive Behaviour Strategies (PBS) training sessions which they had

found very useful. PBS assists staff to manage challenging behaviours through developing strategies for each individual to promote positive behaviour patterns. The member of staff also told us the manager had supported a member of staff to become a trainer in PBS. This ensured staff had ongoing guidance and a focal point if they had any questions or ideas how to implement strategies into a person's care plan.

When we last visited the service staff told us they had not been supported with regular supervisions or appraisals. During this visit we found the manager had started a programme of supervisions and appraisals with staff and all staff had received supervision sessions with the manager. Staff we spoke with told us they had found the supervision sessions very useful. One member of staff said, "We can raise things with (manager) and (name) tells us what we can improve on or what we are doing well, before we had nothing like that." Another member of staff said, "I have had two supervisions (manager) takes on board what you say, what is happening and keeps trying to improve things."

The communication needs of people who lived at the service were varied. Although people's verbal skills were limited some people were able to use Makaton which is a language programme to assist people with limited verbal skills using signs and symbols to help them communicate. Other people communicated through behaviour patterns. Each person had detailed information in their positive behaviour plans on the ways they communicated. We observed staff used appropriate ways of communicating with each person and people responded positively to them.

Relatives we spoke with told us their loved ones were given choices in regard to their everyday activities and they recognised that different parts of their relation's day may be planned for them staff worked with people to ensure they were happy to undertake the different planned activities. One member of staff told us, "We don't have to make all their decisions, but we support them. I would respect a person's decision, and I would always try to support them make the best decision for them."

Staff were clear that when they were assisting people they would obtain consent before undertaking any activity. One member of staff told us this was done by offering an explanation to the person, guided by the information in a person's care plan about their preferred communication, and monitoring the person's reaction. They told us it was very clear by the person's actions as to whether or not they consented to an activity.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw completed assessments of people's capacity to make decisions were in place, and records made of best interests meetings. For example a best interest meeting for one person who had recently moved rooms was viewed. The manager had invited the person's relatives and key workers, the proposed decision was discussed with the reasons for the move and the different safety elements that would be required. We saw that all views were noted and an agreement reached that was in line with the person's best interest..

Staff we spoke with showed an understanding of the MCA and how the act affected their role in supporting people. One member of staff said, "Even if people can't always make some decisions for themselves, you still offer them choices." Another member of staff said, "We use the least restrictive option and act in their best interests."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and saw that any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications had been made to the local authority and, where an outcome had been received, this was recorded in the person's care file.

People's nutritional needs were met by the service. One relative we spoke with told us they were happy with the way their relation's diet was managed. They told us that staff had introduced healthy snacks and had worked to ensure the person had a healthy diet. The relative felt their loved one had lost a little weight and looked healthier. We also saw from one person's care record their relatives had been concerned their loved one was losing weight. The manager had put in strategies to address this. The person required a specialist diet and the manager had taken advice from health professionals in relation to establishing a healthy weight criteria. This had been successful for the person and staff we spoke with discussed positively the way they had managed the person's dietary needs. One member of staff told us they managed the food shopping and worked to enable the person to have foods similar to everyone else. They said, "We make the food from scratch so we can just adjust things to allow this to happen." They went on to say, "I think (name) is enjoying their food."

Is the service caring?

Our findings

During our visit we saw staff dealt with people's needs in a kind and caring way. Relatives we spoke with felt their relatives were cared for by staff who had their best interests at heart. One relative told us they felt the reduction in staff turnover had a positive effect on care at the service. They told us, "There seems to be a good team in place." They had the impression that some staff who had worked as agency staff had taken permanent positions at the service and this was confirmed by the manager who told us these staff had enjoyed working at the service.

Staff we spoke with told us they felt there was a good atmosphere at the service. One member of staff said, "Team work has got better." The staff member felt this had an effect of the care people received. Another member of staff told us "We (staff) all care for them (service users) a lot and really like it here."

During our visit we saw people being treated with care and respect. There was appropriate physical contact initiated by the people who used the service showing how comfortable they felt with staff and how they valued their support and care. Relatives told us that staff worked to keep them informed of their relation's care and they found this reassuring.

The things that were important to people were at the heart of their care and they were encouraged to spend their time in the way they chose. One person who enjoyed their own company but did not enjoy spending all their time in their bedroom, had the option of spending time in a room staff had decorated to personalise for them. This meant the person was able to spend time alone but not be confined to their bedroom.

Throughout our inspection we observed staff interacting with people. The interactions were positive and empowering, staff actively involved people in making decisions for example activities they would prefer to take part in, and were they preferred to sit. We also noted that staff respected people's decisions.

Relatives were encouraged to express their views on their relations' care plans and participated in regular reviews. One relative told us their relation's care plan had recently been up dated and the manager had given them time to look through the plan to ensure it reflected and incorporated their views on their relation's care needs.

Staff we spoke with had an excellent knowledge of people's needs and were able to give examples of these. One member of staff discussed how one person like to hold their hand when they were out in the community, and had a good knowledge of the person's aversion to particular activities when out in the community and how this was managed.

People who required the service of an advocate had access to these services and one relative told us how this had been beneficial in supporting their relation. The manager was aware of their responsibilities in ensuring people who may not always be able to ask for this type of help had access to it. We saw people's spiritual needs were supported by the service and those people who wished to take part in religious services had the opportunity to do so.

People's privacy and dignity were respected by staff who supported people in a number of ways. One person sometimes displayed patterns of behaviour that compromised their own privacy and dignity. Staff had worked with the person to manage these behaviours implementing strategies to discourage these behaviour patterns. We saw staff had worked hard to monitor the person and find the least restrictive way of managing this aspect of the person's care whilst not impinging on their freedom of choice. Further discussion with staff showed they had a good knowledge of their role in maintaining people's privacy and dignity in all aspects of their care.

Is the service responsive?

Our findings

People received individualised care that met their needs. Relatives we spoke with told they were happy with the way the staff responded to their relation's needs. They told us staff were always looking for ways to improve the care their relations received. One relative told us "(Name) is doing better than they had ever done." The relative told us over the last few months staff had been using Positive Behaviour Strategies to 'open up (name's) life a bit.' This had resulted in a number of benefits for the person including the ability to reduce some medicines, and have confidence to take part in new things. Staff we spoke with told us the person previously struggled in some areas when they were out in the community such as visiting supermarkets. Staff had worked with them to increase their confidence and they now enjoyed these excursions.

Staff felt people's support plans reflected the care they required and gave them the tools they needed to give people the best individualised care they could. One member of staff said, "Yes people do get person centred care and we all have input into the support plans." They went on to say, "We all have thing to contribute and we are listened to."

The way the information was laid out in the support plans meant staff were able to see quickly how they should care for the people they supported. One person's support plan we viewed contained guidance for staff on the behaviours the person displayed dependent on their mood and what support they required. As well as detailed support plans relating to the different aspects of the person's care, there was a two page support guidance document at the front of the support plan. This gave information on the support the person required in the community. Including the fact the person had no road sense, had a fear of small places and what behaviours they displayed when they were anxious. It gave clear detail of the support staff needed to give the person in different circumstances.

When we last visited the service staff told us communication was not always good and things were not passed on in a timely way. During this inspection we saw the manager had introduced new measures to improve this. There were effective handovers and the manager monitored people's individual daily dairies to be sure the information was up to date and correct. They had been working to ensure support plans contained up to date information and staff had access to relevant information to assist them in their roles.

Staff we spoke with told us these measures had been effective and the communication at the service was good. One member of staff said, "Communication is better, there are good processes in place and everyone is well informed on the needs of the service users."

People were supported to undertake different social activities that met their individual preferences. During our visit we saw there were number of regular activities planned for people including swimming, horse riding, shopping and trampoline. One relative we spoke with told us the service had recently reviewed the activities people undertook and staff who were key workers had worked to tailor programmes to the individuals. Staff felt there were range of activities available for people and the manager had instigated initiatives such as obtaining bus passes for people who were comfortable travelling by public transport. One

member of staff told us, "I have never worked anywhere where people get to do so many things, its great!"

When we previously visited the service not all relatives and staff were happy with the way complaints had been responded to. However during this visit relatives we spoke with told us they were able to raise concerns with the manager and staff, and felt comfortable in doing so. One person told us they knew their relation's key worker and would be happy to raise concerns with them in the first instants and also felt comfortable raising issues with the manager. Staff we spoke with told us they knew how to deal with complaints they would record the complaint do what they could to resolve it and pass the information on to the manager. Staff we spoke with felt over the previous months the manager had dealt with complaints effectively.

We discussed the complaints processes with the manager and we saw they had documented all complaints made to them, following the company's policy in dealing with them. There were clear responses recorded. The manager had also taken action following particular complaints. For example following a complaint about the lack of clarity of how people's personal funds were spent the manager now produces a weekly breakdown of people's personal expenses for relatives to ensure complete transparency. This showed they had listened to the complaints and had responded to reassure relatives.

We saw the complaints policy was displayed in the service and the manager told us relatives received a complaints policy as part of their welcome pack when a person first arrived at the service.

Our discussions with the manager showed that resident and relative's meetings were not appropriate for this service in view of the significant distance some relatives lived form the service. However the manager had begun to produce a newsletter for relatives. This has kept the relatives up to date with activities at the service and one relative told us they had found this especially helpful.

Is the service well-led?

Our findings

During our last visit we found the provider had not undertaken regular quality audits or analysis of significant incidents to reduce further risk to people and maintain the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) 2014.

During this visit we saw the manager had worked to address these issues. The manager had introduced systems to record and analyse adverse incidents, such as challenging behaviour patterns, with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects of service provision such as people's support plans to ensure they were up to date and pertinent to people's individual needs. Medication management was also audited, as was the environment, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service.

The manager had followed up these audits with action plans to address any issues they found. As a result of this oversight the manager had made improvements to the quality of the service and we saw some issues which had been raised at our last visit had been addressed through the managers auditing processes. For example a small number medicines errors had been identified and addressed and the manager had identified the measures required to support staff and prevent reoccurrence of particular errors.

When we last visited the service relatives and staff told us there had been significant changes in the management team in the previous months and this had a detrimental effect on the people who lived at the service and the staff who worked there. Staff told us they did not feel listened to or supported by the management team.

During this visit we saw the manager had worked to improve the stability of the service. Relatives we spoke with told us the manager was open, transparent and professional. Relatives told us the manager had worked to build relationships with them and they felt confident approaching the manager over any issues.

Staff told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt they were proactive in developing an open inclusive culture within the service. One member of staff told us, "The manager is definitely improving things." The staff member told us they had worked at the service for a significant length of time and had seen the ups and downs of the service. They said "(Manager) is trying their best to get everything on track." The staff member went on to say they were aware the manager and owner met regularly to discuss things and the staff member felt they were working together to improve the service.

Staff told us over the last few months they had started to enjoy working at the service again and felt the manager was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together promoting an inclusive environment. They were supporting each other and it was evident that an effective team spirit had been developed. Staff told us they felt confident in instigating the organisation's whistle blowing policy and felt assured the management team maintained confidentiality.

At the time of the inspection the service did not have a registered manager in post. Although the present manager was in the process of registering with the Care Quality commission to become registered manager and hoped the process would be completed within the next few weeks.

We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of significant events and the issues had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they currently had not received any concerns about people residing at the service.