

## Cream Holdings (Taunton) Limited

# Wilton House

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 6 April 2016 and was an unannounced inspection.

Wilton House is situated close to Taunton town centre. The home can accommodate up to 12 people and it specialises in providing care to adults who have a learning disability and concurrent physical disability. The home is staffed 24 hours a day. The home has a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The home is staffed 24 hours a day.

At the time of our inspection there were 12 people living at the home, this included one person who was in hospital. The people we met with had very complex physical and learning disabilities. One person was able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From the management down; staff were committed to making sure people were safe, happy and received the care and support they needed and wanted. Staff were very kind, caring and patient when they interacted and assisted people. One staff member said "This is their home and we are privileged to be able to come here and support them." Throughout the day we heard laughter and friendly banter. People were seen to respond positively to gentle and appropriate touch from staff.

Staff were skilled at communicating with people, especially where people were unable to communicate verbally. The service was using and exploring innovative ways to assist people to express their views and enhance their ability to communicate. The provider employed an assistive technology development manager who provided support and training to staff and people who lived at the home.

Satisfaction surveys showed health and social care professionals and people's relatives were very positive about the care people received. Comments from people's relatives included "I could not ask for better people to care for my [relative]. They are all amazing. It's just like a home from home." And "I am very happy with the care and attention [person's name] receives. The staff are very caring." Comments from health and social care professionals included "There is a very caring and open atmosphere where residents' needs are clearly uppermost." And "At all times staff are totally professional, caring and sympathetic and above all; put the care of each resident as a priority. Exceptional care."

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. The registered manager told us they were "passionate about ensuring people had choice and control about their lives." Another member of staff said "We will

always push the boundaries. We will never say no just because of a person's disability. We will explore every option possible for people to do what they want."

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met by staff who received excellent training and support. People received good support from health and social care professionals.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them. However; we have made a recommendation about how medicines are administered to people.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were effective systems in place 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

There were enough staff to help maintain people's safety.

Risk assessments had been carried out to enable people to maintain their independence with minimum risk to themselves or others.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective

People have their needs met and experience a good quality of life because the service had creative ways of training and developing their staff.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

People received positive outcomes regarding their health. People's needs were understood and met by staff who were well trained and the service acted on recommendations made by health care professionals.

### Is the service caring?

Outstanding ☆

The service was caring.

The service was exploring and using innovative ways to assist people to express their views and enhance their ability to communicate.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People were supported to follow their preferred routines, join in with meaningful activity and be a part of the local community.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

# Wilton House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 April 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service on 10 June 2016 we did not identify any concerns with the care provided to people. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 12 people living at the home. The people we met with had very complex physical and learning disabilities. One person was able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. During the inspection we met with all but one person. We spoke with six members of staff.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

## Is the service safe?

### Our findings

Risks to people were minimised because there were enough staff to help keep people safe. The registered manager told us staffing levels were determined on the needs, including social needs, of the people who lived at the home. We were provided with examples where additional staff were deployed to support people to go out to social events in the evenings. Two people required one to one staffing during the day. There was clear information for staff as to who would be responsible for supporting each person.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us, and records seen confirmed all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

All new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community, travelling in a vehicle, use of specialist equipment and moving and handling. One person had behaviours which could cause them harm. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised. The care and support plan we looked at contained 'behavioural support plans' which had been developed and agreed with appropriate professionals and with staff who knew the individual well. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

There were procedures for the management and administration of people's medicines. These were generally safe however; the arrangements for administering medicines to people who lived in the home was not in accordance with current guidance on the safe administration of medicines. Staff were currently "double dispensing" medicines. Staff removed medicines from a sealed monitored dosage system, transferred them in to a pot and then carried the pot through the home before administering the medicines to the person. The registered manager explained that risks were carefully managed however they acknowledged the need for safer methods for transporting people's medicines around the home and would explore systems which would not impinge on their "person centred and homely approach to medication."

We recommend that the service consider current guidance on the safe administration of medicines in care homes and take action to update their practice accordingly.

## Is the service effective?

### Our findings

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One staff member told us "The induction I had was fantastic. I did loads of shadow shifts which really helped me to get to know everyone which is really important." The registered manager told us "We match new staff with a mentor who they get on well with. They are involved in deciding who they would like as their mentor."

Part of the induction programme focussed on the needs and preferences of each person who lived at the home. Newly appointed staff were not able to support a person until they had been deemed competent in all aspects of their assessed needs. This included not only the person's physical needs but also their emotional needs. This person centred induction helped to make sure people were supported by skilled staff who could provide individualised and effective care.

After staff had completed their induction they completed a "reflective diary" for their next eight shifts. This provided new staff the opportunity to record how the shift went; what went well or didn't go so well and whether they felt confident in the tasks they performed. The registered manager explained this provided them with important feedback which enabled them to provide staff with additional support or training where required. The registered manager said "The diaries are really helpful in supporting staff. I've noticed staff are really open about how they felt their shift went." They gave an example where one member of staff had indicated that they were nervous about assisting a particular person. The registered manager told us they had been able to discuss this with the staff member and had provided additional support until they felt confident.

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One member of staff said "I feel privileged to work here. Every member of staff is valued and listened to." Another staff member said "I've worked in care for many years and I have never experienced a care home like this. The support and training you get is amazing. I love coming to work."

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The people who lived at the home had very complex needs and required a range of specialist mobility equipment. The provider employed a physiotherapist who was based at the home once a week. They

provided staff with training and support in meeting people's physical needs and the use of their mobility aids. The physiotherapist was at the home on the day we visited. They had an excellent knowledge about people's needs. They told us "I am responsible for making all referrals for occupational health assessments for people and help to make sure people have all the equipment they need. I also attend appointments with staff. Today I've supported [staff member's name] with [person's name] with an appointment for the fitting of their new wheelchair and brace." The registered manager explained the physiotherapist had provided specific training for a number of staff which meant there was a "physio champion" on every shift. They told us these staff would be responsible for assisting people with exercises and stretching so that they remained comfortable. There were further 'champions' in pressure area care, nutrition and hydration, medication and moving and handling.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. For example, one person required their food and drink served at a particular consistency. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered.

It was evident staff knew people very well. The majority of people who lived at the home were unable to communicate verbally. Staff were very skilled in recognising if a person wanted something or were becoming anxious. People responded positively to staff interactions. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain.

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff had received training and had an understanding 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. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

## Is the service caring?

### Our findings

The service was using and exploring innovative ways to assist people to express their views and enhance their ability to communicate. The provider employed an assistive technology development manager who provided support and training to staff and people who lived at the home. We were able to meet with them during our visit. They told us how they were working with one person who had no verbal communication. They told us about a particular software programme which had been installed on the person's computer which would enable them to move the cursor around the screen using only their eyes. They explained how once the person had mastered the basics, they planned to introduce various pictures/symbols to further assist them to express themselves. The staff member said "The staff here know [person's name] really well. They know by her expressions or movements that they may be uncomfortable but with this technology, it would enable [person's name] to say for example 'I have an itch on my back'." They also told us about the plans to introduce a workshop for people who lived at the home and staff on a computerised communication board which would be used to assist people to make choices about all aspects of their lives.

The atmosphere in the home was warm and welcoming and it was evident that the well-being of the people who lived there was paramount. One staff member said "This is their home and we are privileged to be able to come here and support them." Throughout the day we heard laughter and friendly banter. People were seen to respond positively to gentle and appropriate touch from staff.

Staff were very kind, caring and professional in their interactions with people. People looked relaxed and comfortable with staff and there was an emphasis on supporting people to do what they wanted, when they wanted and at the pace they wanted.

In their completed Provider Information Return (PIR) the registered manager told us about some very positive feedback from a visiting National Vocational Qualification assessor who observed staff assisting people during a mealtime. They said "The skill and patience of staff while the resident was using their specialised utensils and the feedback throughout brought a smile to my face. Nothing seemed too much trouble." The registered manager said "This has reminded the team of the high quality support they aspire to achieve when supporting residents."

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. The registered manager told us they were "passionate about ensuring people had choice and control about their lives." Another member of staff said "We will always push the boundaries. We will never say no just because of a person's disability. We will explore every option possible for people to do what they want."

We were able to sit in on a meeting for people who lived at the home. The registered manager and other staff also attended. The meeting was chaired by a person who used the service who was respectfully supported by a member of staff. The person started the meeting by talking about their experiences of bell ringing at a local church. They said "I feel privileged to be able to do bell ringing. I enjoy it very much." They also explained that the fire bells in the home had been tested the day before. The staff member then shared

the experiences and views of the other people who lived at the home who were unable to express themselves verbally.

People were supported to express their views about their care and support. In their completed Provider Information Return (PIR) it stated "Residents have an annual person centred review where family, friends, social workers, keyworkers and residents attend to discuss what has gone well over the previous year, what the plans are for the upcoming year. This is implemented into their person centred plan. The review is carried out in a place that the resident chooses and is also presented in a format that they can relate to we have used projections and iPad based reviews for those who relate well to light and sound."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person had their own bedrooms with en-suite facilities. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were furnished and decorated in accordance with each person's tastes and preferences.

People's relatives and health and social care professionals commented on the care people received in a recent satisfaction survey. Comments from people's relatives included "I could not ask for better people to care for my [relative]. They are all amazing. It's just like a home from home." And "I am very happy with the care and attention [person's name] receives. The staff are very caring." Comments from health and social care professionals included "There is a very caring and open atmosphere where residents' needs are clearly uppermost." And "At all times staff are totally professional, caring and sympathetic and above all; put the care of each resident as a priority. Exceptional care."

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred had been tailored to people's individual needs and had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. We saw care plans had been updated to reflect any recommendations made. An example included a change in a regime for a person who received their nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG).

In their Provider Information Return (PIR) it stated "We ensure that through regular reviews we respond to the change in need of individuals we support. An example of the holistic approach we promote is a resident who required the input of the additional support team in Somerset. We met regularly with the team and supported a thorough assessment for this individual, keeping family involved with all discussions and outcomes. A programme of Sensory Processing has proven very beneficial for this individual and we continue to adapt their environment to meet their needs."

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

Each person had a named support worker (key worker) who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff and that people had everything they needed. The PIR told us "Keyworkers are chosen based on their relationship with residents; the decision is made with the resident making their own choice in their chosen form, involving circles of support. Residents, with the support of their keyworkers have life books which help to reflect their past, present and planning for their future."

In their completed PIR, the registered manager explained how people are supported to have choice and control over their lives. "Keyworker meetings involving the residents ensure we capture individuality, choice and control for the individual. A resident has shown that he has a keen interest in fire safety, he has now been appointed co fire Marshall of Wilton House, a role he is proud of and promotes his wellbeing and self-respect. During a recent fire inspection with the fire brigade, the resident was involved throughout. We are supporting the resident to gain further knowledge, as their goal for the future is to support other homes in fire safety."

Staff worked closely with people to develop an understanding of what they wanted. New technology including "communication passports" on people's tablet computers was in the process of being completed for each person who lived at the home. We were able to look at the communication passports for three people. Each one was personalised to the individual and provided clear information about what was

important to them, their preferences, health needs, social history, places they liked to go and things they liked to do. There were photographs of the person doing the things they liked to do and of the important people in their lives. There were also photographs of specialised equipment used by the individual. One of the communication passports we looked at also contained videos of the person enjoying a particular activity. There was also a video of a relative of one person reading a story for them. The registered manager told us staff received regular training in how to complete the communication passports with people and a member of staff had been delegated as 'communication passport champion' to help support and train all members of staff.

Staff told us routines in the home were flexible to meet the needs and preferences of people who lived there. People were able to plan their day with staff. On the day of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do and staff were available to respond to any impromptu requests from people. For example, two people responded positively when they were asked if they would like to go out on their bicycles. Each had their own custom made bicycle which provided them with a great freedom of movement. Other people enjoyed an interactive music session and one to one time.

People regularly accessed a range of activities both in the home and local community. Staff told us they supported people to make choices about what they wanted to do. The registered manager told us that people chose who they wanted to support them with an activity. They showed us a "daily allocation sheet" which provided clear information about planned activities/events and who the person had chosen to support them. On the day we visited two people attended a hydrotherapy pool at one of the provider's other homes and two people attended their first session at a recently set up community group which offered a range of therapeutic activities. The registered manager told us "I am passionate about choice and control for people. We want to get people out in the community and for them to become a genuine part of the community." They told us one person regularly attended bingo sessions at a local community centre. They also told us people regularly go into town for lunch or coffee.

People were supported to maintain contact with the important people in their lives. The PIR stated "Wilton House encourages family visits and contact, through trips to family homes, phone calls, skype sessions and emails. We recently assisted a resident to go on a small break away to London with their mother as ill health meant that the resident could no longer stay overnight at parents' home. We provide transport so that residents can visit families or friends either at their home or out in the community."

## Is the service well-led?

### Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection. They were very visible in the home and they knew the people who lived there very well. Staff spoke highly of the registered manager and provider. One member of staff said "[name of registered manager] does everything purely for the guys here. She really cares and also values what the staff say." Another member of staff said [Name of provider] is amazing. If you need anything for the people here, you get it. He really cares."

Staff morale was exceptionally good and staff told us they were very well supported. In their completed Provider Information Return, the registered manager said "As a manager, I support the team with a gentle coaching technique, leading the team by example. This sets the tone of the home and the expectation of the senior team that consists of a full time deputy manager two full time home leaders and 6 team leaders. I have introduced a monitoring approach where I personally observe the team once per calendar month. We then meet for a debrief to explore what has gone well during the observation and what could be improved upon. This sets the basis for building on skill development within the team."

The provider had recently introduced "team talks" which were held at the provider's head office. In their PIR the registered manager said "We have recently introduced a new initiative 'team talk' where staff members have been identified by the management team as representatives of the team. These staff members meet with the support manager to discuss ideas to improve the quality of the service and make suggestions and address concerns. After the first session maintenance with the home was identified as an issue. As a result a maintenance man was employed for the home. The sessions have proved valuable and empowering for the team. We aim to plan these quarterly and advertise meetings asking for staff who feel they would like to represent the home. In the second meeting there was a theme of managing stress. The outcome is that we are going to embark on adopting Mindfulness techniques for the team to utilise to help manage stress and support their wellbeing."

The service was committed to providing people with the highest quality of care and enabling them to live happy and fulfilling lives. The provider's website states "We are determined to take no short cuts in achieving our goal which is care provision of the highest quality. This must be inclusive and transparent and above all else provide the consistency and warmth which will allow the people in our care to progress and feel 'at home'." Through our observations and discussion with the management and staff team it was evident this ethos had been adopted by all staff. The service looked for innovative ways to enable people to have a voice and express their views. These included the use of assistive technology to improve people's communication, skills, independence and decision making. The PIR demonstrated a commitment for further improvements to enhance people's quality of life. It stated "Specific person centred programmes will be devised on individuals ipads. Cream Care are further planning to enhance the sensory experience for residents who live at Wilton House by refurbishing the sensory room to be a soft play interactive sensory experience."

There were quality assurance systems in place to monitor care and plan on going improvements. There

were audits and checks to monitor safety and quality of care. The provider employed a quality and compliance manager who regularly visited the home to monitor the quality of the service provided. We were able to meet with the quality and compliance manager during our visit. They had recently introduced an in-depth quality monitoring system which focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit. Findings were mainly positive. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales.

Annual satisfaction surveys were sent to people's representatives, health and social care professionals and staff to seek their views. The results of a recent survey showed a high level of satisfaction about the quality of the service provided. The surveys asked questions based on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? Responses had been either "Good" or "outstanding." A health care professional had responded "Without doubt; the most efficient and professionally run care organisation I visit." A relative described the care provided as "Exceptional."

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The manager told us they were always informed of any changes and that these were cascaded to staff and implemented without delay. The PIR stated "The manager remains up to date with current best practice via attending seminars as well as independent research and awareness. The support manager and quality assurance & compliance manager and training manager ensure that relevant changes in legislation and best practice are effectively cascaded. The home is a member of the Registered Care Providers Association which is a forum for information sharing, as well as subscribing to relevant publications such as Expert Care Manager & Caring Times. We are a member of BILD (British Institute of Learning Disabilities) and receive regular updates and information. We are growing our on-line presence; as a result we are able to access more information, groups and forums which are relevant to the home. The manager maintains professional peer relationships in order to share awareness and good practice."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.