The ExtraCare Charitable Trust

ExtraCare Charitable Trust Sunley Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 14 June 2018. At our last inspection, on 19 and 20 April 2016 the service was rated Good.

At this inspection, we found the service remained Good in Safe, Caring, Responsive and Well-led. The service had progressed to Outstanding in Effective giving it an overall rating of Good.

Sunley Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing were provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing. This inspection looked at people's personal care and support services.

Not everyone living at Sunley Court was receiving personal care. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do receive personal care we also consider any wider social care provided. At the time of our inspection there were 24 people receiving personal care.

Sunley Court is situated in a purpose-designed building in Kettering. There were 40 one bedroomed apartments. These were either rented or part of a shared ownership scheme. There was a range of on-site facilities including a restaurant, gardens and social and quiet lounges.

The service had a registered manager. This 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.

There was an all-inclusive approach to assessing, planning and delivering care and support. It demonstrated a holistic approach to assessing people's needs to ensure their physical, mental health, social and financial needs were identified. The service looked for innovative approaches to care and support, and how it should be delivered. Training was tailored to meet people's individual needs and the provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care and support.

People experienced extremely positive outcomes regarding their health and wellbeing. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an exceptional quality of life. A well-being advisor was available to support people with anything that could affect their health and wellbeing and action was taken quickly to address this. There was a specially trained staff member who was called The Locksmith. They worked with outside

agencies to support people living with dementia and offered tailored activities for people living with dementia-related conditions. The whole focus of people's care was individualised and centred around promoting people's independence as well as their physical and mental well-being.

People continued to feel safe at the service and staff knew how to protect them from harm. Managers and staff monitored people's well-being and took preventative action to keep them safe. There were enough staff on duty to support people and meet their needs. Staff supported some people with their medicines and this was done safely. Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they were supported by kind, caring and compassionate staff. Each person was treated as an individual and as a result, their care was tailored to meet their needs. Staff respected people and supported them to make choices about their care, support and any individual needs they might have including cultural, religious, and those relating to disability. People told us staff treated them with dignity. People's personal information was kept securely.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were personalised and written in conjunction with the person themselves and others involved in their care. They included information about people's life histories which enabled staff to get to know people and take an interest in their lives. There was a complaints procedure in place to enable people to raise complaints about the service. Staff were trained in equality and diversity and information was provided to people in formats that were accessible to them.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

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 remained safe.

Is the service effective?

Outstanding ☆

The service was very effective.

There was a very comprehensive approach to assessing, planning and delivering peoples care and support. The service contributed to the development of best practice and good leadership.

The service had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver care that meet people's individual needs.

The service empowered people to make choices about their health and how it should be monitored and managed. The well-being advisor ensured links with health and social care services were maintained and ensured excellent outcomes for people.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

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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 14 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us. We visited the office location on this date to review care records and policies and procedures and met with some of the people using the service.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience's area of expertise was the care and support of older people, including those living with dementia.

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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eight people using the service and received feedback from one healthcare professional. We also spoke with the multi-location manager, the registered manager, the well-being adviser, the locksmith,

the administrator and three care and support staff.

We reviewed the care records of four people who used the service, four staff files and three medication records. We also looked at other records relating to the management of the service, such as quality audits, staff training records, staff rotas and information about the service such as policies, procedures and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I feel safe because someone comes in every day and asks how I am. I think that's good." Another person told us, "Yes I do feel quite safe. The security is good. All the staff are geared to noticing anyone strange."

Staff told us and records confirmed they received training in relation to safeguarding, (keeping people safe) and demonstrated a good awareness of safeguarding procedures. All the staff we spoke with knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would go to [name of manager] straight away or report my concerns to the local safeguarding team or the Care Quality Commission (CQC). Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

People had risk assessments in place so staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely. Risk assessments also covered people's mental health needs and advised staff how best to communicate with people to help ensure they were supported in the way they wanted. Risk assessments were updated when care plans were reviewed or when people's needs changed.

People said there were enough staff available to meet their needs. One person told us, "There's enough staff for my needs, yes." Another commented, "Staff are always available when you need help. I think the staffing is okay." Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. One said, "Yes, we have enough staff. We do all work well together as a team." We observed sufficient numbers of staff to support people and rotas showed that staffing was consistent.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed to work at the service.

Some people told us staff supported them with their medicines. One person said, "The carers make sure I get the right medicines when I need them." Staff were trained in medicines administration and underwent a competency based assessment for the safe administration of medication, before they could give out medicines without supervision. People's medication needs were assessed when they first came to the service and written instructions given to staff on how to support them with these. People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side-effects.

People's medication care plans were personalised and set out how they wanted to receive their medicines and whether or not they could take responsibility for some or all of their medicines. For example, one person who had a visual impairment received their medicines labelled in Braille. This ensured they were still able to take part in the medicines administration process and remained as independent as possible. People's individual medicines administration records (MARs) were audited monthly by a senior staff member and action taken if any improvements were needed. MAR charts we examined had been completed correctly with no gaps or errors evident.

Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection. If people were at risk of infection staff worked in partnership with healthcare professionals and followed their guidance to keep the risk of infection to a minimum. The provider had infection control policies and procedure in place based on NICE (National Institute of Clinical Excellence) guidance. Staff had access to these policies and procedures which were kept for reference in the office and discussed during training and at staff meetings.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through supervision meetings. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Outstanding ☆

Is the service effective?

Our findings

People received the care and support they required because their needs and choices had been thoroughly assessed and met in line with relevant guidance. The assessment process included a very detailed ability profile that looked at people's medical conditions, their mobility and sensory needs, communication and functions of daily living. It also covered the support people needed to take their medicines and what support they might need during the night. In addition to this people also received a well-being assessment that was completed by a well-being advisor. This assessment tool looked comprehensively at people's health and medical conditions, but also considered their social care needs, loneliness, social networks and their family history.

In conjunction with the well-being assessment, the well-being advisor completed an anxiety and depression assessment and undertook a memory check. The well-being advisor worked collaboratively with other healthcare professionals such as occupational therapists, district nurses and GP's, speech and language therapist and hearing services. This meant that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

The provider also took into account the diverse range of people with different care and support needs using the service. They completed a financial assessment to determine if the person would need extra support to access additional benefits or advice that could be available to them. Housing related support workers were involved in the assessment process to identify where there could be a need for assistance with housing benefit/mobility scooters or other housing related queries that they may have. The assessment process was comprehensive and robust; it demonstrated a holistic approach to assessing people's needs to ensure their physical, mental health, social and financial needs were identified.

People received care from staff that knew them well. Staff were very knowledgeable and had received excellent training and support to ensure they were able to fully meet people's needs. One person told us, "The staff do know how to look after me in the best way possible." Another person said, "My carers are very good. They get my care just right." Staff told us they were very satisfied with the training they received and felt the provider really valued them and was willing to invest time and effort into their training. One said, "The training is really good. We get excellent training and very good support to progress and develop our skills." New staff were required to complete a comprehensive induction and were not allowed to work alone until assessed as competent in practice. One member of staff told us, "The induction was really thorough and covered all the subjects we needed, and then some. I would say it was invaluable."

Staff told us there was a buddy system in place that ensured new staff had support from a consistent member of staff. Records showed that staff completed a wide range of induction and on-going training courses to enable them to meet people's needs. These included moving and handling, tissue viability, first aid, end of life care, communication skills, behaviour that challenges, and dementia awareness. If people had specific needs that were not covered by the service's training programme, the provider had an 'ExtraCare University' where staff could request any specialist or additional courses that might benefit them.

Staff training was also developed and delivered around people's individual needs. For example, we saw that one person had a guide dog. People using the service and staff had been provided with training about the right etiquette when approaching a guide dog. One staff member told us, "It was interesting. There is definitely a right way and a wrong way to approach a guide dog." The provider had achieved Investors in People (IiP) Gold status which is recognition of good practice in how an organisation engages with, enables, develops and supports people (staff and volunteers) to drive performance forward.

Staff received regular, useful and engaging supervision from the registered manager or a senior member of staff. Supervision included an opportunity to discuss training and development opportunities and review practice. Staff told us they felt supported by this process and they had individual goals they were working towards. These were based on the providers objectives and staff goals contributed to achieving these objectives. The four core values of the charity were; empowering, compassionate, collaborative and transparency and these were instilled during staff induction in all corporate training. The staff appraisal system was based around the core values and objectives set that ensured all staff were working within these values.

Staff worked with people's families, housing and social workers, and health care professionals to ensure people had effective care and support. People were empowered to make informed decisions about their lifestyle and health. They were extremely well supported to live healthy lives and have access to healthcare services to meet their needs. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. For example, the organisation employed a well-being advisor who acted as the link between people using the service, care staff and healthcare professionals. Their key role was to offer numerous screening and health promotion sessions, to develop self-help groups and access both traditional and complimentary therapies. In addition, they were able to link into the restaurant to promote informed choices about diet and nutrition.

The well-being adviser told us they provided a health promotion talk once a month and these had included subjects such as blood pressure, eating for health and osteoporosis. For many people this had reduced their anxiety levels and provided them with reassurance. One person told us, "They [meaning well-being adviser] does some tests to make sure I stay healthy." We spoke with the well-being advisor who told us, "I provide a drop-in service once a week where people can come and discuss anything. People can come and have their blood pressure taken or just chat about any concerns around their health."

The provider had been working in collaboration, over a three-year period, with the Aston Research Centre for Healthy Ageing, to look at how this service benefited people. They found that unplanned hospital stays had reduced significantly and there was a reduction in routine and regular GP visits, whilst drop-ins to the well-being service had increased. Every three months the well-being advisor attended clinical meetings with other well-being advisors and health professionals to look at best practice, any changes in legislation and new practices.

We saw health promotion leaflets around the service about various subjects such as falls and diet. People could receive an annual well-being assessment if they wished. This looked at people's lifestyles, medication, any changes to their health, falls and mobility, and an osteoporosis and diabetes assessment. The well-being advisor told us they had attended clinical training in relation to various health subjects such as falls awareness, asthma and inhalers and dementia.

A healthcare professional told us, "The enriched opportunities programme works really well. Where people might be reluctant to visit their doctor because they think they are being a nuisance, they will go and see [name of well-being adviser]. I have seen numerous occasions where people have needed medical

intervention and may not have received it because they didn't want to visit their doctor."

Another champion employed at the service was a specially trained staff member to support people living with dementia related conditions and other mental health issues, through an enriched opportunities programme. Their position was described as 'The Locksmith' to describe a role that 'finds the key, unlocks people's potential and unpicks issues in their present experience of life.' The programme offered tailored activities for people living with dementia-related issues. The Locksmith attended reviews and formulated care plans. They also ran various groups to improve people's mental well-being. On the morning of our visit we saw a group taking place called the 'Daily Sparkle. This was a newspaper that had articles from different years and was used to reminisce about different events that had happened throughout people's life times. The Locksmith told us, "We try to think out of the box to provide people with the support they need. We are always looking at best practice and new ideas. If I feel I am lacking in certain skills the provider embraces it and makes sure I get the training I need."

The Locksmith worked with outside agencies to support people living with dementia. This included Dementia Friends and The Alzheimer's Society that attended the service once a month and held support meetings for people. They worked with the Locksmith to ensure people living with dementia maintained their independence and good mental health. The Locksmith also worked to promote awareness about dementia and other mental health issues and provided advice and supervision for staff members. In addition, they organised a 'generation integration' group. This involved local children's nurseries that visited the service for a play day. The locksmith explained, "Having the children here really does make people come alive. We see people laughing and taking part in activities. Some people who usually stay in their flats come out and have a good time. It's so good for people's mental well-being."

The service used technology and equipment creatively to enhance the delivery of care and support, and to promote people's independence. For example, we saw a digital, virtual assistant in the main reception area. This could be used to orientate people because it could tell them the day, the date and the time and the activities that were on for that day. People could ask it to play music of their choosing and we saw one person listening to a Christmas song. We also saw that electronic card key systems were in use across the building. People living with a visual impairment or limited dexterity were finding the key cards much easier to use than a traditional lock and key. We also saw an IPAD tablet in the main reception which was called a 'feedback ferret'. This was used by people using the service, families, friends and visitors to input any comments, suggestions or concerns they might have. This was then fed back directly to the registered manager.

There was a strong emphasis on the importance of eating and drinking well. People had access to an on-site restaurant where they had a choice of hot meals. One person said, "The food is very good, two choices. They will do a jacket potato for you instead. It's nice in the dining room. We are never rushed." Another commented, "I like eating in the dining room. It's quite relaxed and a bit of a social event. It's better than sitting in your flat on your own and I think it encourages people to eat." We spent time in the restaurant seeing how staff supported people with their meals. We saw that staff were available to assist and/or encourage people using the service to eat and drink. This was done discreetly and staff socialised with people while supporting them and joined in conversations and banter. The atmosphere was pleasant and relaxed and people could take as long as they liked over their meals. We observed one member of staff sitting with a person and chatting while they both had lunch together and another person sitting at the table knitting between courses.

Some people preferred to prepare their own meals in their apartments with staff assistance where necessary. If people needed this assistance they had care plans in place setting out the support they needed

to help ensure they maintained an appropriate diet. People were encouraged to make choices about what they ate and staff supported people to make healthy options. Staff were trained in food hygiene and knew how to prepare food safely.

The Mental Capacity Act (MCA) 2005 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 were helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Good

Is the service caring?

Our findings

People told us the staff were very caring and kind. One person said, "The carers are very nice. They are patient and very considerate towards me." Another person commented, "I don't have any worries about the staff. They are very nice to me and I enjoy their company. I look forward to their visits."

Staff we spoke with were caring and passionate about the people they cared for. One staff member told us, "I love my job and I love looking after the people that live here. I want to make sure they get the best." Another told us, "Hand on heart I have found a job I love."

Staff told us that they had been able to shadow experienced staff when they first commenced at the service so they could get to know people well and to see if they were a good match to work with them. One staff member told us, "We are a small team and we work well together. We tend to see the same people most of the time which means you can get to know them, what they like and don't like and how they like things to be done."

During our inspection visit we saw staff in the communal areas of the premises chatting to people. There was a good rapport between people using the service and the staff. We observed lots of laughter and banter taking place. It was evident that staff knew people very well and had developed trusting and comfortable relationships with them. We also saw staff greeting people's relatives and friends and making them welcome.

The service was committed to promoting equality and diversity. Records showed staff supported people with any individual needs they might have including cultural, religious, and those relating to disability. One person told us, "I love that I can have my guide dog here with me."

People told us they were involved in making decisions about their care and support and had copies of their own care plans. One person told us, "[Staff member] discussed my care with me the other day. I'm happy with the care I get at the moment and I told them that." People had regular reviews of their care and could invite anyone they wished to attend, for example a family member, friend, social worker or advocate or anyone else involved with their support.

People were treated with dignity and respect. They told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person said, "I don't have any issues about the carers treating me with dignity. They listen, they are polite and they respect what I have to say." Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People's personal information was kept securely. Staff were trained in data protection and signed confidentiality agreements to show they understood their responsibility to protect data about people and keep it securely.

Good

Is the service responsive?

Our findings

People told us the staff provided them with person centred care that met their needs. One person said, "My care is what I need and it's just how I want it. If I need anything extra I can always discuss it with my carers." Another person told us," I am quite independent but do need some help. The carers know what I need and know what I can do for myself and what I need help with."

We found that staff took steps to ensure people's diverse needs were met. For example, one person had a visual impairment. The staff had purchased a braille maker to support the person to remain independent. The locksmith told us that this had resulted in the person now being able to play dominoes, scrabble which they hadn't been able to do before. The staff made sure the person received all information such as activity schedules and other information relating to events and changes at the service in braille. People told us that staff spent time with them before and on admission to fully identify their care preferences and future wishes. The assessment process was very thorough and ensured all areas of a person's life were considered so their needs could be fully met.

We saw that care plans were written in conjunction with people receiving a service and others involved in their care. They focussed on the individual and contained information such as their past life history, how they preferred to receive their care and how they communicated their everyday care needs. People's care plans were very personalised and stated how staff would provide them with the care and support that met their needs. One person told us, "I was given enough information when I first came here and the staff do talk with me about my care and whether I need anything changing." People had copies of their care plans in their apartments which they could refer to if they wanted to.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to care packages if they wanted to.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that one person had their documents provided in Braille. We were told that the provider would make every attempt to ensure all information could be provided to people in an accessible format that met their communication needs.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began using the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf.

Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The registered manager carried out a thorough investigation, involving the complainant, and shared the

resolution with them. This meant that a person making the complaint could be confident that the managers would take action to resolve it and make improvements to the service where necessary.

All complaints were logged and tracked so the registered manager could identify any trends and see if improvements were needed. We looked at the complaints log which showed that any issues people had were addressed and resolved.

Staff could support people who were at the end of their lives so they remained comfortable, dignified and pain free. Some staff had received end of life care training that meant the same experienced staff team could work with the person and their relative to ensure they received the care they needed at the end of their life. The multi-location manager told us that staff would work with district nurses and other health professionals to ensure people's needs were met if they had reached the end of their lives.

Good

Is the service well-led?

Our findings

People were positive about the management of the service and were satisfied with the care and support they received. One person said, "The manager is [name of registered manager]. She is very nice, good with people. She always asks how I am." Another person commented, "The new manager I like. We get on. She is a caring manager."

The registered manager promoted a positive and open culture within the service. One person told us, "We have these street meetings where we express our opinions. They are quite open and I am forthright in my views. It's good that we have a say." Staff said they liked working at the service because they were well supported and felt valued. One staff member said, "Although [name of registered manager] hasn't been here very long they have made an impact. They are around all the time, always available to talk to and you can tell they are caring. Very easy to talk to."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place. Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

Peoples views about the quality of care were sought formally through surveys, individually through reviews and by regular street meetings. One person said, "There's a street meeting every month and you can raise any questions you like." Quality assurance systems were in place to help drive improvements. These included several internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The registered manager liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, and developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.