Rearsby Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 the 15 and 16 February 2017. The first day of our visit was unannounced.

Rearsby Home Limited is located in the small rural village of Rearsby, near Melton Mowbray in Leicestershire. The service provides care and accommodation for up to 27 older people with age related needs, including mental health needs, dementia and physical disability. On the day of our inspection there were 24 people living at the service.

People told us the meals served at Rearsby Home Limited were good. Their nutritional and dietary requirements had been identified and a balanced diet was being provided. However, people's dining experience varied, with some people enjoying a more positive and inclusive experience than others. This was because the staff team did not always interact well with those they were supporting. We also observed care workers supporting two people to eat their meal at the same time. This did not promote either person's dignity.

People told us they felt safe living at Rearsby Home Limited. Relatives we spoke with agreed and told us and that they felt their relation was safe with the staff team who supported them.

The staff team had received training on how to keep people staff and knew the procedure to follow if they were concerned that someone was at risk of abuse or avoidable harm.

People's needs had been identified and the risks associated with their care and support had been assessed. These assessments provided the registered manager with the opportunity to reduce and properly manage the risks presented to both the people using the service and the staff team.

Plans of care had been developed when people had moved into the service. These provided the staff team with the information they needed to enable them to support the people using the service in a way they preferred.

Appropriate checks had been carried out when new members of staff had started working at the service. This was to see that they were suitable and safe to work there.

People were supported by a staff team with the right skills and knowledge. Staff members were supported through Induction, training and supervision and were aware of their responsibilities under the Mental Capacity Act 2005.

People felt there were currently enough members of staff on duty each day because their care and support needs were being met. The registered manager monitored staffing levels to make sure appropriate numbers of staff were deployed.

People had been involved in making day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, these had been made for them in their best interest and in consultation with others. The staff team understood their responsibilities with regard to gaining people's consent, though this was not always observed.

People received their medicines as prescribed by their doctor. Medicines were being appropriately stored and the necessary records were being kept. There were systems in place to audit the management of medicines and medicines were only administered by staff members who were competent and appropriately trained.

People using the service had access to the required healthcare services and they received on-going healthcare support.

People told us the staff team were kind and caring. Relatives we spoke with agreed with this and told us that the staff team treated their relative with kindness and respect. This was observed on the whole, with the staff team treating people with respect and when supporting them, doing so in a kind and friendly manner.

A complaints process was in place and a copy of this was displayed for people's information. Although not everyone we spoke with had seen this, they knew who to talk to if they had a concern of any kind.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through daily dialogue and through the use of surveys.

The registered manager monitored the service being provided on an on-going basis. Audits on the documentation held had been completed and checks on the environment and equipment used to maintain people's safety had been carried out.

People told us the service was well managed and they felt able to discuss any issues with the registered manager. The registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

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 felt safe and the staff team were aware of their responsibilities for keeping people safe from avoidable harm.

There were enough staff suitably deployed to meet people's needs and keep them safe. The provider's recruitment process was being followed.

Risks associated with people's care and support had been appropriately assessed.

People were supported with their medicines by suitably trained staff members.

Is the service effective?

Requires Improvement

The service was not consistently effective.

A balanced and varied diet was provided and people were offered choices at mealtimes. However, people's dining experience varied. Whilst some people enjoyed a positive and inclusive experience, others did not.

The staff team had received training and had the knowledge they needed to be able to meet the needs of the people using the service.

Where people lacked the capacity to make decisions, these had been made for them in their best interest. Staff members understood the principles of the Mental Capacity Act 2005.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

The staff team treated people with respect and were on the whole, kind and caring.

The staff team knew the needs of the people they were supporting and they involved people in making day to day decisions about their care.

People's privacy and dignity were promoted and protected by the staff team.

People's relatives were made welcome at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they moved in and they and their relatives had been able to contribute to the planning of their care.

Plans of care were in place and the staff team knew the care and support needs of the people using the service.

There was a formal complaints process displayed and although not everyone we spoke with had seen this, they knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good

The service was well led.

People we spoke with told us that the service was well managed.

People were given the opportunity to have a say on how the service was run.

Monitoring systems were in place to check the quality of the service being provided.

Rearsby Home Limited

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 15 and 16 February 2017. The first day of our visit was unannounced.

The inspection team consisted of one inspector 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.

Before the inspection visit, 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 also reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 24 people using the service. We were able to speak with six of the people living there and four relatives of other people living there. We also spoke with the registered manager, the cook and six other members of the staff team.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, three staff recruitment and training files and the quality assurance audits that the registered manager had completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Rearsby Home limited and felt safe with the care workers who supported them. This was because amongst other things, when they needed staff support, they came quickly. One person told us, "There are enough staff, you don't have to wait long but you have to wait your turn, there is always someone around." We observed during our visit that call bells were answered in a timely manner and were all responded to within a minute. Another person we spoke with told us, "I feel safe here as I have my walker, I felt like I was an accident waiting to happen at home so I moved which was my choice. I am now safe here, now I am in the home."

Relatives we spoke with also felt that their relations were safe living at the service. One explained, "[Relative] is very safe here, I have no concerns regarding that." Another told us, "[Relative] is safe here, safer here than home. We don't worry now [relative] is here."

There was a safeguarding protocol for the staff team to follow and care workers we spoke with were aware of their responsibilities for keeping people safe from avoidable harm. They had received training on the safeguarding of adults and they knew the procedure they needed to follow when concerns about people's safety had been identified. This included reporting any concern to the registered manager or a member of the senior team. One care worker explained, "I would make sure the resident was safe and then I would report it to a senior on duty and I would go to the management." Another explained, "I would speak to a senior and the manager." This care worker was not totally sure of who they should go to if they needed to escalate any issue further, for example to the local authority adult safeguarding team. We shared this with the registered manager who told us that the staff team would be reminded of the process to follow. This meant that, if required, the staff team would be able to follow proper process to keep people safe.

The registered manager and the senior team were well aware of their responsibilities for keeping people safe and knew the procedure to follow when a safeguarding concern had been raised with them. This included referring it to the local authority and the Care Quality Commission (CQC). One senior staff member told us, "I would go to [registered manager] and fill out an incident form. If [registered manager] wasn't here or didn't do anything, I would ring safeguarding and let you [CQC] know."

People were protected from avoidable harm because the risks associated with their care and support had been assessed when they had first moved into the service. These had then been reviewed on a regular basis. Risks assessed included those associated with people's mobility, their nutrition and hydration and the integrity of their skin. This meant that the staff team were able to wherever possible, identify and minimise the risks related to people's care and support.

Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used. This made sure that people's safety was being maintained. An up to date fire risk assessment was in place and regular fire drills were being carried out. This made sure that the staff team were aware of what they needed to do in the event of a fire.

Personal emergency evacuation plans had been completed. These showed the staff team how each person using the service were to be assisted in the event of an emergency. A business continuity plan was also in place. This covered emergencies and untoward events such as loss of staff through illness, loss of building through flood and loss of utilities. This provided the registered manager and the senior team with a plan to follow should these instances ever occur.

Checks had been carried out prior to new members of staff starting work. References had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. DBS checks help to keep those people who are known to pose a risk to people using care services, out of the workforce. This meant that people using the service were protected by the pre-employment checks that had been carried out.

People told us that there were enough staff members on duty to meet their needs. One person told us, "There are enough staff." Relatives we spoke with agreed and told us that they felt that there were enough staff members around to meet people's needs. One relative told us, "There is always staff around." Another explained, "Whenever I visit, there are always staff available." The staff members we spoke with felt that there were sufficient numbers of staff on duty to meet the current needs of the people living there. One explained, "I feel there are enough staff on each shift, we don't have to rush people." Another told us, "There are enough staff to meet people's needs." We found that staffing numbers were suitable and people received care and support without having to wait.

We checked the medication and corresponding records for the 24 people using the service. We checked to see that the medicine had been appropriately signed for when it had been received into the service, we saw that it had. We also checked to see that it had been appropriately signed for when it had been administered; we again saw that it had. Protocols were in place for people who had medicines as and when required, such as paracetamol for pain relief. These protocols informed the reader what these medicines were for and how often they should be offered and ensured that people were supported appropriately with these medicines.

We observed the senior staff member during their medicine round on the first day of our visit. They dispensed people's medicine out of their dossett pack into a small pot. (A dossett pack is a container in which a pharmacist dispenses people's medicines). Each time they checked the medicine against the person's name and photograph. Once satisfied they took them to the person and explained to them that they had brought their medicines. They provided the person with a drink and waited whilst they took them, they did not rush them. Once satisfied the person had taken their medicine, they signed the medicine administration record and started the process again. This meant that people were provided with their medicines in a safe way.

There was an appropriate system in place for the receipt and return of people's medicines and audits were carried out to ensure that people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. Competency checks were carried out on an annual basis to make sure that the staff team continued to provide people with their medicines appropriately and safely.

Requires Improvement

Is the service effective?

Our findings

People using the service told us the meals served at Rearsby Home Limited were good. One person explained, "The food is good, it's got a lot better. You get a choice of two meals." Another told us, "I have a better diet here than at home, there are always two vegetables, the food is good, you get a choice."

The cook, had access to information about people's dietary needs. They knew about the requirements for people who required soft or pureed food, for people with cultural needs and those who lived with diabetes. The cook was also aware of people who were on a fortified diet and made sure that foods were fortified with full fat milk, cheese, cream and butter. This meant that people were supported with their dietary requirements.

During lunch time some people were supported to sit at the dining tables, whilst others had their lunch whilst sat in an easy chair. We noted that the tables were not set with table cloths or place mats and napkins were not available to all. We also noted that there were no condiments on the tables such as salt and pepper and none were offered.

People's lunch time experience varied. On the first day of our visit, we noted that some people were being supported appropriately, however, others were not. For example, two people were sat in the lounge area with their meal. They were left for over twenty minutes without eating. A staff member went over to encourage them to eat and then walked away again. When they returned, they asked the person if they were going to finish their meal. The person said "no". The staff member didn't ask why or offer an alternative meal. They cleared the plates away and gave the person pudding without asking them if they wanted it.

We observed care workers assisting people who could not help themselves. On more than one occasion we observed care workers assisting two people at the same time. This involved them sitting in between the people they were assisting and alternating the support. This did not promote either persons dignity. Interaction was limited with at times the only word mentioned being the person's name in order for them to open their mouth. On two occasions, another staff member came over and sat on the table and assisted two of the people using the service. They did not introduce themselves or tell them they were going to help. Again, there was no conversation and on both occasions the staff member got up and left the table and the people using the service, to go and carry out other jobs such as serving food and drinks or clearing away. Leaving the original staff members to finish assisting. We shared our findings with the registered manager and people's experiences on day two of our visit were much more positive and inclusive. Conversations took place and staff members interacted with the people they were supporting throughout the mealtime.

People we spoke with us told us they were looked after well by the staff team and their care and support needs were being met. One person told us, "They [staff team] give me everything I need." Relatives we spoke with felt the staff team were appropriately trained and knowledgeable to meet the needs of the people using the service. One explained, "I would say they [staff team] are well trained, they seem to know what they are doing."

The registered manager explained that staff members had been provided with an induction into the service when they had first started work and relevant training had been completed. Staff members we spoke with and the training records we looked at confirmed this. One care worker explained, "At my induction we went through everything, it was very thorough. I also shadowed for three shifts and got to observe how to approach people and work with them." Another told us, "I had two or three day's induction when they went through everything. I did a dementia training course and fire training and other courses, and in the last few months I have done four courses on the computer including, nutrition and safeguarding."

The registered manager informed us that the staff team had recently been signed up to complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. We observed a number of the staff team signing up for this training on the second day of our visit. This meant that the staff team would be equipped with the required knowledge to meet the needs of the people using the service.

The staff team had been provided with regular supervision. This gave staff members an opportunity to meet with the registered manager or deputy manager to discuss their progress within the staff team and to discuss any issues, suggestions or concerns they make have.

The Mental Capacity Act 2005 (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.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

We checked whether the service was working within the principles of the MCA, We saw that they were. The registered manager had a good understanding of the MCA and applications for DoLS authorisations had been made in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there were 12 authorised DoLS in place. We found that people were being supported in line with those authorisations.

The registered manager explained that if a person lacked the ability to make a decision about their care and support, for example, when deciding whether to accept help with personal care, a capacity assessment would be completed and a best interest decision would be made with someone who knew them well. This ensured that any decisions were made in people's best interest.

Care workers we spoke with had an awareness of the principles of the MCA. One care worker told us, "The MCA provides safety for someone who is unable to make a decision. It can be temporary, for example if someone has an infection, or it can be permanent for example if someone has dementia or has had a stroke. If they can't make a decision we help them."

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. We observed the staff team offering choices and supporting people to make decisions about their care throughout our visit. This included supporting people to decide what to have for lunch and

whether to join in the activities offered.

Although the staff team understood that when people had the capacity to make decisions about their care and support, they had to obtain a person's consent before supporting them, this didn't always happen. For example, one person was being assisted to move using a hoist, whilst this was done in an unrushed way and staff members explained what was happening, their consent was not obtained before the procedure commenced. A staff member told us, "We always have to ask for consent before we do anything. If a service user cannot give consent we will explain what we are doing and why as what we will be doing will be in their best interests." Although staff were aware of the importance of gaining people's consent, this did not always happen.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. This was evidenced through talking to them and their relatives and checking their records. A relative told us, "They contact the GP if they are worried and they always inform us of the outcome of any visits or appointments." One person's records showed that following concerns with regards to their breathing, the GP had been contacted and the family informed. This showed us that people's healthcare needs were monitored, taken seriously and acted upon.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff team at Rearsby Home Limited were kind and caring. One person told us, "They are very good; they work hard to look after us." Another explained, "The staff are very good, they are very sympathetic to your needs." A third stated, "I love living here, this is my home. You have to make the most of what you have and enjoy. You are still able to have a laugh here."

Relatives we spoke with told us that the staff team were kind and they treated the people using the service with dignity and respect. One told us, "They [staff team] are very kind and treat [relative] with respect. Whenever I come, which is never the same day, [relative] always looks cared for." Another explained, "I can't fault it. [Relative] is treated with respect, I am very happy with this place; it is so much better than the last place they were in."

With the exception of the mealtime on the first day of our visit we observed the staff team treating people in a thoughtful and caring way. Conversations took place between the people using the service and the staff team. They were inclusive and relaxed and it was evident that the people using the service were comfortable in the staff teams company.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One care worker explained, "I always knock on the door." (We saw this happening during our visit). The care worker continued, "I put a sign up to say personal care is in progress, so people don't walk in and when I'm assisting someone with personal care, I put a towel over them." Another explained, "I explain to people what I am doing and when providing personal care, I keep them [people using the service] covered up."

We looked at people's plans of care to see if they included details about their personal preferences and their likes and dislikes. We saw that they did. People and things that were important to them were also included. This meant that the staff team had the information they needed to provide individualised care and support.

Relatives we spoke with told us that they were always made welcome by the staff team. One relative told us, "We can come when we want, it is suggested that we avoid mealtimes and that is fine. We are always made welcome." Another explained, "The staff are very good and I am always greeted when I come."

People using the service had whenever possible been involved in making day to day decisions about their care and support. For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available, details of which were displayed for people's information. This meant that people had access to someone who could support them and speak up on their behalf.

Good

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "Yes, we were involved in the assessment process." Another explained, "[Relative] couldn't live alone anymore. We looked around and a lot we discounted. We had a long chat with [registered manager] before [relative] came in. We discussed what help was needed."

The registered manager explained that when a new person moved into the service, an assessment of their care and support needs would be carried out. This was so that they could satisfy themselves that the staff team would be able to meet their needs appropriately. Relatives we spoke with confirmed this. From the original assessment, a plan of care had then been developed.

We looked at three people's plans of care. This was so that we could determine whether they accurately reflected the care and support the people were receiving. We found that on the whole they did. One of the people using the service who had recently moved in did have less information about their needs included in their plan of care, but it was evident that the registered manager was in the process of addressing this. It was also evident when talking to members of the staff team that they knew of this person's care and support needs. The remaining two plans of care we looked at were detailed and had personalised information about the people in them. This included information about their history and preferences in daily living. The plans of care encouraged the staff team to offer people choices and to develop and respect people's independence. For example one stated, 'Even if [person using the service] is unable to make choices, staff should always ask before they carry out any task in order to promote choice and independence.' One person's plan of care required them to be repositioned in bed every two hours to avoid the risk of pressure sores. When we checked the repositioning charts they demonstrated that these directions had been followed.

People's plans of care were made available to the staff team. One staff member explained, "You get to read the care plans, they help you to get to know them." Another explained, "We get information sheets and the assessment to look at also, so we know the service users very well. If people come into the home without an information sheet completed, we will ask a family member or ask the service user about their past as although some users suffer from memory loss, their long term memory is usually very good so we can learn about them."

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person who had been losing weight, contacting their GP for support. Their plan of care had been amended to reflect the additional support provided around their nutritional needs. This showed us that the plans of care were kept up to date and accurate.

People's plans of care included information about their interests. Activities were provided by the staff team on duty and these were provided on a daily basis. On the first day of our visit, a member of the staff team encouraged people to join in with a catch and throw game and a game of hoopla, whilst another staff

member polished and varnished a person's nails. On the second day of our visit a game of bingo was clearly enjoyed by those who participated. We did note that although these activities were provided there were large periods throughout the day where people were left to their own devices in one of the two lounge areas. Some of the people using the service told us that they would like more to do, whilst others were satisfied with the activities provided. One person told us, "There is not much to do; it gets boring as I like to be active. I clean my room myself and I do a few bits of washing and dry it. It gives me something to do and I like to do it." Another person explained, "I like to write and I am currently writing at the moment, there is nothing to do but I don't want to do anything." A third stated, "There is not a lot on, but I get a newspaper every day and the hairdresser comes in and I get my nails painted."

On the first day of our visit we noted five staff members all completing paperwork at the dining room tables with none engaging in conversation or activity with the people using the service. We shared this with the registered manager as this was a missed opportunity to sit and interact with people. On the second day of our visit there were much more positive interactions with people because the staff team were sat with them whilst completing their paperwork.

Outside entertainers including singers regularly attended the service. Activities including music and movement, pet therapy and an organist visited every month. One person told us, "I like to sit in this lounge as it is quieter but I can join in with the bingo or listen to the organist in the other lounge if I want."

A complaints process was in place and this was displayed for people's information. Not all of the people we spoke with were aware of this process but they knew what to do if they weren't happy about something. One person told us. "I have no complaints; I would speak to someone if I did." Another explained, "I have no complaints but I would speak to someone if I did as they are all approachable." A relative told us, "We have no concerns, but we would talk to [registered manager] if we did."

Good

Is the service well-led?

Our findings

People we spoke with told us that they felt the service was properly managed and the registered manager was friendly and approachable. A relative explained, "[Registered manager] is very approachable, she always says if there are any problems please let me know, we feel it is well managed." Another told us, "We can't fault it, we looked at a lot of options, it is much more open here and the management are approachable [relative] liked it and settled straight in."

Staff members on the whole told us they felt supported by the registered manager and felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "You can go to the management, the manager is approachable you can talk to her." One staff member did share that they thought, "Staff do not always go to the manager because of the reaction they may get." Though another staff member told us, "I can talk to the manager even about personal issues. The deputy manager is good as well. I am very happy because the manager and senior staff are very helpful."

We saw that staff meetings had taken place on a three monthly basis. These provided the staff team with the opportunity to be involved in how the service was run. Issues discussed at the last meeting held in January 2017 included staff training, getting to know the people they were supporting better and staff performance. A fire drill had also been carried out and the process to follow had been discussed.

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. This was through daily dialogue and one to one meetings. Surveys had also been used to gather people's feedback on the care and support they received. These were being completed on an annual basis. The last survey which had been sent out in September 2016 showed us that of the 18 given out, all 18 were returned. In this survey relatives were asked if they would prefer group meetings or one to one meetings to discuss the care and support their relative received. Seventeen of the 18 people responded to say they preferred one to one meetings. These were arranged. Comments included in the returned surveys included, 'Thank you for your continued support, care and attention you give [relative] we know she is content in her routine here.' And, 'No need for relatives meetings, contact with staff is good every week when we call in to visit.' And, 'It would be good if [relative] could be taken out for a walk in her wheelchair at least once a week to get some fresh air.' The daily diary showed us that this had been arranged.

Daily handovers were taking place between shifts. These provided the staff team with the opportunity to discuss the needs of the people using the service, discuss day to day issues that arose during their shift and encouraged open communication.

The provider had aims and objectives for the service however, not all of the staff members we spoke with were fully aware of these. One care worker told us, "It is to care for people." Another explained, "It is to keep people occupied and motivated and involved in every day life. It is their home at the end of the day," By reminding the staff team of the aims and objectives of the service, the provider would be assured that these were being met on a daily basis.

There were systems in place to monitor the quality and safety of the service being provided. The registered manager was completing audits on a regular basis. These included looking at the medicines held and corresponding records, people's plans of care, incidents and accidents that happened at the service and staffing levels. Health and safety checks and checks on the environment had also been completed.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.