Kahanah Care

Miramar

Inspection report

145 Exeter Road
Exmouth
Devon
EX8 3DX

Tel: 01395264131

Date of inspection visit:
22 February 2017
28 February 2017

Date of publication:
06 April 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 23 and 28 February 2017.We last inspected the service on 23 and 25 February 2016. At that inspection we identified three breaches of legal requirements and regulations associated with the Health and Social Care Act 2008 and associated regulations. These related to concerns about a lack of detail in people's risk assessments and care plans which did not provide enough guidance for staff caring for them. Also because the quality monitoring systems used were not fully effective.

Miramar is registered to provide accommodation and personal care for up to 14 people. This includes people with mental health needs such as schizophrenia, bipolar disorder and autism and people living with addictions. When we visited, 13 people lived there with an age range between 45 and 96 years.

This inspection was to follow up if the required improvements had been made and ensure the provider had maintained standards in other areas. Since the last inspection we received an action plan from the provider which outlined the improvements being made. This included updating care records to include more comprehensive risk assessments and care plans. The registered manager had worked in partnership with the local authority quality assurance and improvement team to improve their quality monitoring systems.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this visit we found significant improvements had been made to people care records. Individual risk assessments had more detailed information about each person's needs and measures being taken to reduce risks. They balanced risks with minimising restrictions to people's freedom. The provider had introduced electronic care records which were person centred and had more detailed information about each person's needs. Significant improvements had been made in quality monitoring systems with evidence of ongoing improvements. Accidents and incidents were reported and included measures to continually improve practice and further reduce risks of recurrence. Regular maintenance and health and safety checks were undertaken.

The culture of the home was open, friendly and welcoming. People were relaxed and comfortable with staff who were attuned to their needs. Staff knew people well, understood their needs and care was personalised. They developed positive, kind, and compassionate relationships and treated people with dignity and respect.

People were supported by enough staff that provided skilled care at a time and pace convenient for each person. Staff spent time chatting with people and keeping them company.

Each person had a comprehensive assessment of their needs and care plans provided guidance for staff about how to meet those needs. Staff worked closely with local healthcare professionals such as the GP, community nurses and mental health team to improve people's health. Health professionals said staff were proactive, recognised changes in people's health and sought advice promptly and followed their advice. People received their medicines safely and on time from staff who were trained and assessed to manage medicines.

People praised the quality of food and staff encouraged people to eat a well-balanced diet, make healthy eating choices and to exercise and maintain their mobility. People pursued a range of individual hobbies, activities and individual interests. For example, reading, music and singing, walking, bicycle rides and gardening.

People's rights and choices were promoted and respected. Staff understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and sought consent from people for their care and treatment. Staff knew the signs of abuse and how to report concerns, including to external agencies. They had completed safeguarding training and had regular updates.

People received a good standard of care because the staff team were well led. The registered manager set high expectations of standards of care. Staff understood their roles and responsibilities, and felt valued for their contribution. They were motivated and committed to ensuring each person had a good quality of life. The registered manager used a range of quality monitoring systems such as audits of care records, health and safety and medicines management and made continuous improvements in response to their findings. The provider undertook regular quality monitoring visits and the registered manager addressed any areas for improvement identified.

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's individual risks were assessed and actions taken to reduce them.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People received their medicines on time and in a in a safe way.

People were supported by enough staff so they could receive care at a time and pace convenient for them.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that were trained and had the knowledge and skills to carry out their roles.

People's consent was sought for all care and treatment decisions. Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted in accordance with them.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were encouraged to lead a healthy lifestyle and to improve their health through good nutrition, hydration and exercise.

Is the service caring?

Good

The service was caring.

People said staff were caring and compassionate and treated

them with dignity and respect.

People were supported by staff they knew and had developed good relationships with.

Staff protected people's privacy and supported them sensitively with their personal care needs.

People were able to express their views and were actively involved in decisions about their care and the home.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs and promoted their independence.

People's needs were assessed and care records accurately reflected their care and support needs.

People were encouraged to undertake activities that were meaningful to them and to maintain their independence.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any issues raised were dealt with promptly.

Is the service well-led?

Good

The service was well led.

People received a consistently high standard of care because the registered manager led by example. They set high expectations for staff about standards of care expected.

The culture was open, friendly and welcoming.

Staff worked well together as a team and care was organised flexibly around people's individual needs.

People and staff views were sought and taken into account in how the service was run.

The service had a variety of systems in place to monitor the quality of care and made changes and improvements in response to findings.

Miramar

Detailed findings

Background to this inspection

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

An unannounced inspection visit took place on 23 and we agreed with registered manager to return to complete the inspection on 28 February 2017. An Adult Social Care inspector visited the service.

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 reviewed the information included in the PIR along with information we held about the home, such as the provider's action plan, and notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with all 13 people using the service, and received feedback from three relatives. We looked at four people's care records and at medicine records.

We spoke with eight staff which included the registered manager, care staff, the cook, housekeeper and maintenance person. We looked at systems for assessing staffing levels, for monitoring staff training and supervision, staff rotas, and five staff files, which included recruitment and induction records for new staff. We also looked at quality monitoring systems the provider used such as audits, provider visit reports. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from two of them.

Good

Is the service safe?

Our findings

People said they felt safe and secure living at the home. People's comments included; "I feel safe here"; "It's a lovely place" and "relaxed atmosphere."

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies in place. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. The registered manager had reported two safeguarding incidents to the local authority and CQC since the last inspection. Comprehensive supporting action plans showed positive support actions taken to address people's needs and reduce risks of recurrence.

Before each person came to live at the home, a thorough assessment of their physical, emotional and mental health needs was undertaken. The service used evidence based tools (where relevant) to assess if people were at risk of developing pressure sores, of falling, malnutrition and dehydration and developed detailed care plans in response to needs identified.

People's behaviour support plans provided guidance for staff on triggers for conflict so these could be avoided where possible. For example, that a person could become agitated if others disagreed with them. Staff demonstrated awareness of each person's safety and about how to minimise risks for them.

Minutes of staff meetings showed risks were regularly discussed and suggestions implemented to reduce them. For example, following a recent fall staff suggested the person have a pressure mat beside their bed at night to alert staff when they got out of bed, so they could come and help them to the bathroom, which they agreed to.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. For example, following recent altercations between two people living at the home, the registered manager identified alcohol as a trigger on one occasion. Subsequently they discussed this risk at a residents meeting where everyone agreed not to bring alcohol into the home in future. This was followed up with a letter to each person reminding them what they had agreed to. Staff said already this had made a big difference, they felt safer on duty and everyone was much happier.

People's safety and wellbeing was promoted because there were sufficient staff to keep people safe and meet their needs at a time and pace convenient for them. The atmosphere in the home was calm and organised; staff worked in an unhurried way and were able to spend time with people. The registered manager checked they could meet the person's needs alongside the existing needs of other people living at the home. Where any additional staff were needed, for example, in response to individual incidents or for a social outing, they were provided.

The registered manager used a dependency tool to assess and monitor the support each person needed and staffing levels were amended accordingly. Two care staff were on duty during the day plus the

registered manager who worked Monday to Friday. There were two night staff which we were told worked well as several people liked to stay up late and socialise at night. There was a dedicated cook, maintenance person and a part time member of housekeeping staff. A second housekeeper had recently left and a replacement was being recruited. Weekly rotas were prepared a month in advance, so staff knew which shifts they were working and any gaps in staffing could be filled by existing staff working extra shifts. This meant people were always cared for by staff who knew them, so agency staff were never used.

People received their medicines safely and on time and could administer their own medicines, where it was assessed as safe for them to do so. One person managed their own medicines and another was working with staff towards it. Staff were trained and assessed to make sure they had the required skills and knowledge.

Medicines administered were well documented in people's Medicine Administration Records (MAR), as were prescribed creams. Improvements had been made in monitoring people's individual medicines, by carrying forward numbers of tablets each month when new medicines were received. This ensured all stock was accounted for and allowed any discrepancies to be followed up. Medicines were audited regularly with actions taken to follow up any issues identified.

Environmental risk assessments were completed and showed measures taken to reduce risks. For example, there was a 'no smoking' policy in the house to reduce fire risks and exposure to smoke. An up to date fire risk assessment was in place, staff received fire training updates, and did regular fire drills. A fire inspection in June 2016 identified two fire doors needed replacing, which had been completed. Improvements had also been made in the laundry area which reduced moving and handling risks for people and staff.

We identified a risk related to a person on the third floor who was undoing the window restrictor and opening their bedroom window beyond the legally recommended opening. Although staff had discussed the risk with the person, and completed a risk assessment, this restrictor did not meet the current requirements of the health and safety executive. We asked the registered manager to take further steps to address this. They contacted us the following day to confirm this restrictor had been replaced. They also arranged for all others to be checked to make sure they met legal requirements, and undertook to ensure any others found faulty will also be replaced.

There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment. Hot water was temperature controlled and regularly checked. Gas and
electrical appliances and equipment was regularly serviced and tested as was all equipment used at the home such as stair lift, wheelchairs and pressure relieving equipment. Contingency plans were in place to support staff out of hours with any emergencies related to people's care or related to services at the home such as electricity, gas and water supplies.

In the absence of housekeeping staff, care staff took it in turns to do the housework. Although the home was odour free, standards of cleanliness varied and could be improved in the kitchen and in some bedroom and corridor areas. This had been recognised by the registered manager in their February 2017 quality monitoring checks. We found the cleaning schedule lacked detail about the daily, weekly, monthly tasks that needed to be undertaken. On the second day of inspection, the registered manager confirmed they had appointed an experienced housekeeper who was due to start the following week. They planned to introduce new cleaning policies, procedures and checks that reflected national infection control standards.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed, including robust checks for volunteers working in the home. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained. The DBS helps employers make safer

recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People received effective care, from staff who had the knowledge and skills needed to meet their needs. Training enabled staff to feel confident in meeting people's needs and recognising changes in their health. A relative wrote feedback to registered manager in an e mail about how staff had supported their relatively 'carefully and sensitively' through a serious illness.

Staff undertook regular update training such as fire safety, moving and handling, health and safety, and infection control. They also completed training relevant to people's individual needs, for example, challenging behaviour and nutrition training. Annual appraisals provided staff with individual feedback on their performance and identified further development opportunities.

When staff first came to work at the home, they undertook a period of induction, and worked alongside more experienced staff and the registered manager to get to know people. A new staff member was undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. Most staff had completed health and social care diplomas at level two or above, so had the knowledge, skills and competencies they needed to meet people's needs.

People had access to healthcare services and many people independently visited their GP at their local surgery. Staff ensured others had regular dental appointments, eye tests and visits from a chiropodist. Health professionals said staff were proactive, contacted them appropriately about people and carried out their instructions. For example, contacting their community nurse when a person developed a wound that needed a dressing. Since we last visited staff had supported one person to give up smoking and another person to lose weight and their health and mobility had improved as a result.

People praised the quality of food and were supported to improve their health through good nutrition. People enjoyed lunch in the dining room although several people chose to eat later and a meal was kept for them. Meals were freshly prepared each day using fresh ingredients. Where a person didn't fancy a cooked lunch, they were offered an alternative. Staff knew people's likes/dislikes and any food restrictions due to medical conditions. They encouraged people to eat a well-balanced diet and make healthy eating choices. Most people helped themselves to drinks and staff offered others regular drinks to maintain their hydration.

Where there were concerns about a person's appetite, staff used a range of strategies to encourage them to eat. For example, by making them milkshakes to increase their calorie intake. Where there were concerns about nutrition, people's weight was regularly monitored, and action taken in response to findings. Menus were updated regularly in consultation with people. In response to feedback from several people that they got hungry later in the evening, supplies of bread, cheese, ham and other snacks had been made available so people could help themselves.

People were involved in decision making about their care and were offered day to day choices. Staff sought people's consent before carrying out any care and treatment. People's legal rights were protected because

staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Staff had undertaken relevant training in theMCA and DoLS. Policies and procedures were in place and the service had a tool to assess people's capacity. Mental capacity assessments undertaken showed currently none of the people who lived at the home lacked capacity. However, some people were subject to restrictions relating to mental health care and treatment needs. Staff respected people's right to refuse help offered and to make lifestyle choices others may not agree with.

Adaptations were made to the home to meet the individual needs of people with disabilities, for example, a stair lift was fitted to assist people with mobility issues to access their upstairs bedroom. Improvements had been made to an outside patio area, a pergola and canopy had been built so people could shelter when outside. There were plans to put decking in the patio area to make it safer and easier for people with mobility equipment to access. The registered manager highlighted further improvements they hope to make such as creating a wet room in an upstairs bathroom.

Good

Is the service caring?

Our findings

There was a strong ethos of caring by staff who developed positive, caring and compassionate relationships with people. There was a relaxed, calm and happy atmosphere at the home with lots of smiles, good humour, fun and gestures of affection. People's comments included; "I'm as happy as I could be"; "They are very kind here" and "like a family." A relative wrote in e mail about the calmness and understanding the staff team showed when a person suffered bereavement. They said, 'I see a genuine liking and concern for him and his welfare.' A health professional said staff at the home were very inclusive and welcomed people who might not have easily fitted in elsewhere.

Staff were visible around the home, spent time sitting chatting with people and were interested in what they had to say. For example, a staff member was sitting with a person and looking at their family photograph album and chatting to them about it. In the lounge, people and staff enjoyed spending time together, there was lots of banter and good humour between them. Where a person chose to stay in their room, staff and other people popped in regularly to see them.

Staff spoke about people with respect and affection and organised themselves flexibly around their needs and wishes. They knew each person well and treated them as an individual. Staff treated people with dignity and respected their privacy. For example, one person didn't want staff to go into their room, so staff negotiated with the person when they needed to access the room to clean and change their bedding. Staff were discreet, and respectful in their manner and approach when supporting people with personal care. For example, knocking on doors before entering, seeking the person's permission before providing any personal care and providing privacy for a person to use the bathroom. People could spend quiet time on their own, whenever they wished.

People were supported to express their views and be actively involved in making decisions about their care. They were consulted and involved in developing their care plans.

Each person was encouraged to personalise their room with things that were meaningful for them. For example, photographs of family members, treasured pictures or favourite ornaments and pieces of furniture. The maintenance person had made a large cupboard to house a person's book collection, which they were delighted with.

Visitors were made welcome and could visit at any time. Staff supported people to keep in touch with family and friends, including by phone and email.

People were part of the local community and several people had friends and family in the local area. Staff were aware of people's religious and cultural needs, for example, that one person always ate fish on a Friday.

Good

Is the service responsive?

Our findings

People received care that was personalised and responded to individual needs. One person said, "Staff are nice," another said "I am happy here" but explained they would like to go back to living independently in the future. A health professional said, "You couldn't ask for a better team. They talk with passion about respecting people, they are available to everyone when they want them."

Care was holistic and person centred, staff knew about each person, and their lives before they came to live at the home. Staff spoke with pride about the people they cared for and celebrated their day to day achievements. For example, one person's improvement in health and mobility following weight loss and several people's musical skills which had been shared with others and staff at impromptu sessions. Staff understood people's needs well and cared for them as individuals. For example, staff supported a person to visit and tend a relative's grave monthly to support them through bereavement. Staff recognised changes in people's behaviours and triggers for challenging behaviour and intervened to distract the person or diffuse tensions when required.

People were consulted and involved in developing their care plans and in reviewing and updating them as their needs changed. One person told us about changes they made to their care plan. Care plans were individualised and person centred. For example, one person had a very varied sleep pattern. Their night support plan showed that they liked to stay up and play cards and other games with night staff and go walking at night. People with mobility needs had detailed moving and handling plans which showed how staff needed to assist a person to mobilise, and any equipment such as a wheelchair or walking frame. Where a person was at risk of developing pressure sores, care plans provided staff with detailed instructions about the care they required. This included information about appropriate moving and handling and the use of a pressure relieving cushion. This person received regular skin care, in accordance with their care plan. People with mental health needs had personalised care plans about how staff needed to support them. For example, one person's care plan said, 'I can become very withdrawn when in low mood. This is when I need encouragement to talk to staff.'

Care plans were more detailed and accurate about people's care needs. The provider had recently introduced electronic care records which were more person centred. Staff were in the process of transferring all paper records onto the electronic system. They included a detailed history about the person and their life before they came to live in the home, so staff could engage in conversations of interest to them. Care records were audited regularly so ongoing improvements were identified.

The provider's quality monitoring report completed on 6 February 2017 described a 'vast improvement' in care records. They described how care records now 'tell a story' for staff about each person, and their needs in a easy to understand way.

Some people who lived at the home were recovering from addictions and did not plan to live there permanently. The statement of purpose said 'We encourage service users to do as much for themselves as possible to minimise dependency.' Staff said people sometimes helped with housework and brought their

washing to the laundry but didn't do their own laundry or any cooking. People's care plans didn't capture any specific information or goals towards independent living skills. However, when we discussed this with the registered manager, they said they regularly encouraged people to attend support groups such as 'MIND' and 'Rethink.' They also described how staff were supporting a person with managing their money, which had previously been a source of conflict for them. The registered manager had given them their allowance it each week. In discussion with the person, they recently arranged for a person to have a debit card, so they could go to a cashpoint and get their own money, and manage their budget. The registered manager said they would work with people to incorporate goals towards independent living into the new electronic care plans.

Most people pursued their hobbies and interests independently, several people enjoyed hobbies such as running, walking and cycling. A weekly programme of activities was available to provide interest and stimulation for people. For example, quizzes, bingo, an exercise class, music, game and film evenings. Where people chose to spend most of their time in their room, or didn't have many visitors, staff popped in regularly and chatted with them. One staff was looking through a photograph album with a person and prompting them to chat about their family and their memories. One person was working locally doing gardening jobs and woodwork, another person was looking forward to their voluntary work at a local museum when it opened for the summer. Each year staff arranged a holiday for people who wanted to and were planning a cottage in Penzance later in the year.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager or any staff and were confident it would be dealt with straightaway. Staff gave us examples of how people raised things day to day, which they dealt with proactively before they became a bigger issue. For examples, minor disagreements between people.

The provider had a written complaints policy and procedure. Written information was given to people and was on display in the home about how to raise a complaint. People, relatives, staff and visiting professionals said they would be happy to raise concerns with the registered manager or provider and were confident any concerns would be addressed. We looked at the complaints log and saw no complaints had been made.

Good

Is the service well-led?

Our findings

People and relatives said they were very satisfied with the quality of care provided at the home. One person said, "I couldn't wish for better staff here, they are super."

The service used quality standards to set people's expectations of the service. For example. 'You have the right to expect recognition of your human rights and needs. You will receive a non-judgemental attitude.' The registered manager described their 'open door' approach to people and staff in their 'firm but fair' approach in setting boundaries about their expectations. Speaking about the home's success in supporting people who had struggled in other settings, a mental health professional said, "The registered manager is great, they are very receptive to people and role model tolerance."

When we previously visited the home, the registered manager had been in charge of two locations and spreading their time between both sites. Since then they have been working full time at Miramar, which people and staff commented positively about. The registered manager was in day to day charge, worked alongside staff and offered clear leadership to the staff team. They had a positive 'can do' attitude and acted as a role model for staff about the standards of care and attitudes they expected. A director in their February 2017 quality report spoke of their 'total confidence' in the registered manager.

They registered manager encouraged the staff team to work together for people's benefit and supported staff to develop and progress. One staff member was undertaking a management qualification and they had been working with another member of staff to to develop the skills required to deputise for them when they were on leave. Other staff had lead roles such as supporting the team with the introduction of electronic records. This including reviewing and updating all risk assessments and care plans transferred onto the electronic system. Where issues about practice or capability were identified they were dealt with through supervision, training and through formal capability procedures, if expected improvements were not achieved.

Staff worked well as a team, and there was good communication and support. One staff said, "There is no hierarchy;" another said, "Its friendly, we all get on well." Staff felt valued and appreciated for their work and there were opportunities to progress. Regular staff meetings were held with all staff.Minutes showed people's individual care needs were discussed, as were care records and dignity and respect issues, risks and how to minimise them.

Staff were made aware of any recent changes to people's health and care needs when they came on duty through a staff handover meeting. This ensured that important information was shared, and acted upon. A communication book was used to follow up important messages about people's care and treatment. For example, blood test results and prescription changes.

People's views were regularly sought through day to day interactions, at residents meetings and through individual care reviews. For example, recently several people said they didn't like the conspicuous signage at the front of the home, which highlighted Miramar as a care home in a residential street. People said they

wanted it removed, a suggestion which was discussed with the provider who arranged this.

The service had worked closely with the local authority quality monitoring team to improve quality monitoring at the home. They used a range of quality monitoring systems to continually review and improve the service. For example, undertaking audits of people's care records, medicine records, environmental health and safety, and checks on cleanliness, equipment, the laundry and waste management. Action plans showed steps taken to address areas where improvements were needed. For example, several beds and mattresses had recently been replaced.

A director of company did regular quality monitoring visits, most recently on 6 February 2017. They spoke with people and staff and looked at care records, the environment and at checks undertaken. They met with the registered manager and produced a written report and any issues identified were addressed and captured in an action plan. For example, they discussed incidents and actions taken in response. The provider information return highlighted further improvements planned in the forthcoming year including increasing storage and replacing the call bell system.

The service received the monthly Care Quality Commission (CQC) newsletter and used the website to keep up to date with regulatory changes. This showed the service was committed to continuous improvement. The registered manager kept up to date with evidence based practice through regular attendance and participation in the Torbay provider engagement network. For example, they described how participants had looked at reports of 'Outstanding' rated services at the last meeting. Regular staff meetings were held and were well attended. At the recent staff meeting on 16 January 2017, the registered manager discussed duty of care and accountability. They also shared information from the provider network and discussed best practice ideas for improving their service.

The service had policies and procedures to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.