Care Quality Commission

Royal Mencap Society

Caldicott House

Inspection report

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Date of inspection visit: 2 October 2014
Date of publication: 11/11/2014

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

Overall summary

Caldicott House provides care and accommodation for up to six adults with learning disabilities. Four people were living at the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People could be confident their care needs were being met and they were involved in the planning of their care. People were encouraged to be active and be part of their local community. They were encouraged to maintain relationships with friends and family and people that were important to them.

Summary of findings

Care records described how the staff were meeting people's their care needs. People had a health action plan that described what support they required. This was in a suitable format and included pictures to help people understand it.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles.

People were provided with a safe, effective, caring and responsive service that was well led. Staff were aware of the organisation's values and philosophy in providing personalised care. There was a positive culture where people felt included and their views were sought.

Summary of findings

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

People were safe. This was because staff knew how to respond to allegations of abuse. There were systems to monitor the environment and risks to people. Staff knew what they had to do to keep people safe but still encouraged them to be independent.

People were protected from the risks associated with unsafe medicines management. The risk of harm was reduced as staff had been through a thorough recruitment process before they started working with people.

People were supported by sufficient staff to keep them safe and meet their needs. Staffing was planned flexibly to ensure people had opportunities to go out in the community.

Is the service effective?

Good

People received an effective service because staff provided support which met their individual needs. People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff that were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting the people at the home to ensure their needs were met.

Is the service caring?

Good

People were supported by staff in a caring environment. People's daily routines had been recorded and care and support had been provided in accordance with people's wishes. This meant people were treated as individuals and their preferences were recognised. Care records were personalised and described people in a positive way.

Staff were attentive to people's needs. Positive interactions between people who used the service and staff were observed. Staff spoke with people in a respectful manner involving them in a variety of discussions and activities in the home. People were relaxed around staff seeking them out for support and company.

Is the service responsive?

Good

People received a responsive service. This was because the staff listened to people about how they wanted to be supported and acted on this. Care plans clearly described how people should be supported. People were involved in developing and reviewing these plans.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

Summary of findings

Is the service well-led?

Good

People benefited from a service that was well led. There was a positive culture where people felt included and their views were sought. Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way.

Staff confirmed the management arrangements and told us the registered manager was approachable. Regular staff meetings took place and staff confirmed they were able to express their views and make suggestions to improve the service. Staff told us they felt supported both by the management of the service and the team.

Staff were recognised for good practice and their commitment to providing personalised care. They were rewarded for the work they had done to improve outcomes for people by the organisation. Staff had received an award for how they had supported a person at their end of life working alongside other professionals, family and the person.

The quality of the service was regularly reviewed and involved the registered manager, the staff and the area manager. Where shortfalls had been identified, actions had been taken to improve the service.

Caldicott House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was an unannounced inspection which took place on 2 October 2014. An adult social care inspector carried out this inspection. The previous inspection was conducted in January 2014, when we found no concerns.

We spent time with people in the kitchen and lounge area of the home. We also looked at records, which included two people's care records and those relating to the management of the home.

Prior to our visit we asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This enables us to ensure we are addressing potential areas of concern. We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law. We contacted Gloucestershire County Council who fund some of the placements and three health care professionals to obtain their views on the service and how it was being managed.

We spoke with four people living at Caldicott House, two members of staff and the registered manager. After the inspection we spoke with a relative.

Good

Is the service safe?

Our findings

People told us they felt safe living at Caldicott House. They described how the staff supported them to keep safe, both in the home and the community. One person told us they were supported to answer the front door. They told us the staff reminded them of the importance of checking who the person was before they let them into their home. They talked about the importance of making sure the home was secure at night to stop intruders. People told us the staff regularly discussed aspects of keeping safe with them.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe both in the home and the community whilst encouraging them to be independent. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place which linked with the overall plan for the whole home. The fire officer had been consulted about the safety of the building and the evacuation plans. There were also business continuity plans in place for flooding and utility failure.

Regular checks were completed on the fire equipment, water temperatures and window restrictors. Risk assessments were in place in respect of safe water temperatures. Some hot water taps had not been restricted to 43 degrees, the recognised safe temperature. This was because the risk to people was not high in these areas. High risk areas such as baths and showers had been restricted to provide safe hot water temperatures. Staff regularly reviewed the water temperatures to ensure they were at a safe level.

People told us they knew who to speak with if they were unhappy or not safe. Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and who they must report this to within their own organisation. Staff confirmed they would report concerns to the registered manager or an on call manager and these would be responded to promptly. They told us there was a policy and flow chart on responding to an allegation of abuse. They told us this was a rolling topic at staff meetings to ensure they were kept informed on the topic of safeguarding.

People received the support they needed to keep their money safe and to help them with budgeting. There were suitable arrangements for keeping their money safe with records maintained of any transactions. Policies were in place to guide staff in respect of ensuring people's money was safe. Care documentation included how people were supported with their financial affairs. Staff competence was checked by the registered manager before they supported people with their finances.

Some people were prescribed medicines. They could not manage these for themselves. The arrangements for managing medicines on their behalf were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy when no longer required. These records showed people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. This was confirmed in the training records and from speaking with staff on duty at the time of the visit. The medicines were checked monthly by a designated member of staff and the registered manager.

People told us most of the time there was enough staff to support them when they wanted to go out. This was because most of the people needed some support when out in the community. One person told us there had only been one occasion they had not been able to go out because there was only one member of staff on duty. However, the staff arranged for this to happen the next day. Staff told us there were enough staff working to support people and when people wanted to go out this could be accommodated. There was usually two or three staff during the peak times of the day.

Staff told us the registered manager planned the staff rota to give everyone an opportunity to go out on a regular basis. From speaking with staff and the people living in Caldicott House it was evident that the staffing was

Good

Is the service safe?

planned flexibly to support people in a personalised way. Some people had additional funding for individual support and this was organised on the rota and planned so that the person could do activities they enjoyed.

We looked at two staff files to check that the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. The registered manager was aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

Staff completed a six month probationary period during which the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people at Caldicott House.

Good

Is the service effective?

Our findings

People received an effective service because staff provided support which met their individual needs. Staff described how they supported people and their preferred routines, their likes and dislikes. People told us they liked living at Caldicott House and the relationships they had built with the other people in the home and the staff. They told us they were involved in making decisions and were well supported by the staff team.

Care records described how the staff were meeting people's health care needs. People had health action plans that described what support they required. They were in a suitable format and included pictures to help people understand their plan. One person, for example, had a plan for the management of a medical condition. This clearly described what staff should look out for and monitor to ensure this person remained well. The plan also included details on what to do if the staff were concerned. This helped to ensure staff were well informed about people's health care needs and the support they required. Staff told us people were able to use other health services when they needed to.

People could see their GP, dentist, optician, chiropodist and psychiatrist. The registered manager told us the people in the home had a choice of three GP surgeries. People confirmed they could retain their GP if the surgery was in the local area and the staff had asked them about who they would like to be registered with. Other health professionals were involved in people's care and support including speech and language therapists, dieticians and a community learning disability nurse. Where advice had been given this had been included in care plans for the person. A health professional commended the staff on providing personalised care. They told us the staff were able to work within the legal framework of making best interest decisions to ensure the person had a good quality of life and responded to their advice appropriately.

People told us they were involved in making decisions about how they wanted to be supported. Care plans included goals people wanted to achieve for example going to the gym, playing badminton, having a better understanding of a medical condition and planning a holiday. The goals were broken down into achievable steps and records were maintained of people's progress. It was evident where a person had achieved their goal this was celebrated. One person had a goal to know more about a relative's illness; the staff had supported the person to find some helpful information about the condition and involved other members of the family in explaining what was happening.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff said they supported people to make daily decisions, for example about what to wear, what to eat and how they wanted to spend their time. It was evident from talking with the registered manager and staff that everyone living in the home was assumed to have the capacity to make all decisions.

Staff were aware of the decisions that people may not be able to make for themselves and how they should be supported. Where decisions were more complex, for example about health care, meetings were held so that decisions could be made which were in people's best interests. Although it was evident the person would be included in this process and given appropriate information in a format they could understand to enable them to make an informed choice. Care planning documentation described how people should be involved, when it was suitable to talk with someone and how the information could be shared with them. For example using easy read information about a health need and not talking to the person in the morning as this was not the best time of day for them.

We had not received any notifications from the service in connection with the Deprivation of Liberty Safeguards (DoLS). DoLS is the process by which a person in a care home can be deprived of their liberty if this is in their best interests and there is no other way to look after the person safely. The registered manager told us they had recently submitted two applications and was waiting for a DoLS assessor to meet with them to discuss these. The registered manager told us the applications were being made due to the level of supervision people needed and that they could not go out in the community independently due to risks to their safety. The registered manager was knowledgeable about the process and the recent changes in the thresholds for making an application.

We observed a member of staff supporting a person with a healthy eating plan; discussions were open and inclusive.

Good

Is the service effective?

The person was consulted about what they wanted recorded and what staff support they needed. People confirmed they could read their care plans and discuss these with staff. Staff told us care review meetings were held every two months and this was an opportunity to sit with the individuals to discuss and plan for future goals.

People told us they could choose what they wanted to eat and were involved in the preparation of meals. We observed the lunch time meal. People were assisted at different times to make their lunch and offered one to one support from a member of staff. People were given different levels of support as was required. People confirmed they could choose from the menu or have an alternative and everyone had something different for lunch. The meal time was unrushed and support was given to people at an appropriate pace. Records were kept of what each person had eaten to enable the staff to monitor whether the person was having a healthy diet. Staff were observed guiding people on healthy eating choices and explaining what was available. People told us there was always enough to eat. Care plans clearly recorded the level of support people needed in respect of healthy eating and their involvement in the kitchen.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. We looked at the training staff had completed. Staff completed induction training when they first started working at the home. This training was then updated periodically in respect of health and safety, fire, food hygiene and safeguarding. Staff confirmed they had completed this and shadowed more experienced members of staff when they first started working in the home. The registered manager completed competency assessments in respect of some of the roles, for example managing medicines, dealing with finances, personal care and moving and handling. This provided assurance that staff had not only completed training but the registered manager had assessed them to ensure they had both the knowledge and skills for the roles they were completing.

We spoke with two members of staff about the training they had completed. They told us there was lots of training available to them including health and safety and training relevant to the needs of the people they supported. Both staff told us they had completed an introduction to people with a learning disability and supporting people with autism. They told us the training was a combination of e-learning, workbooks and external courses. The registered manager also ensured that team meetings included an element of learning and refresher training. This was confirmed in the monthly minutes of the meetings where staff had recently discussed safeguarding adults.

All the staff had completed a National Vocational Qualification (NVQ) in care at level 3. The registered manager told us in the Provider Information Return some staff were now working towards a level 4.

Staff confirmed they were supported by the registered manager through monthly staff meetings, one to one supervision meetings every 6 to 8 weeks and annual appraisals. The registered manager was able to demonstrate these were kept under review. This ensured the staff were aware of their roles and had the skills and knowledge to enable them to support the people living at Caldicott House.

Good

Is the service caring?

Our findings

The philosophy of this service was to put people at the centre of the planning and encourage them to make choices on how they wanted to live their life. Staff told us the focus was always the person, ensuring they received personalised support. People described positive relationships with each other and with staff. Comments included "I have only recently moved to the home but I really like it here, everyone is really friendly", "The staff are kind and always around to help" and "I like it here, it is my home I can do what I like, I can have my friends and family to visit, I am really happy".

We saw the interactions between people and staff were caring, professional and supportive. Conversations were inclusive between staff and the people living at the home. People were relaxed with staff, choosing to spend time in their company. Staff were knowledgeable about the people they supported.

People confirmed the staff knew them well and they liked the staff that supported them. Comments from people included; "The staff know what I like and do not like" and "I have no worries here, the staff talk to me about lots of things and they listen".

People were able to move freely around their home choosing where to sit and spend time. The home was spacious and people were able to spend time on their own if they wished. People told us they often chose to spend time in the large kitchen as this was where it was busiest but other times they could go to their bedroom or the lounge.

People told us they could personalise their bedrooms with pictures and posters. People confirmed they had keys to their bedroom door and that if they wanted to they could lock their door but often preferred not to. Staff confirmed they would only enter a person's bedroom if they were invited.

From the conversations it was evident the emphasis was that it was the person's home which staff respected. For example, staff were observed asking permission if it was alright to enter the person's home when they arrived for work. People told us they were encouraged to answer the front door and the telephone, showing that staff respected Caldicott House was their home and encouraged their involvement.

Staff involved people in making choices and decisions about how they lived their life. Staff told us people could make day to day decisions. Staff supported them to do this by ensuring people had the time they needed to understand the information and in a format they could understand. This included using pictures or information that was written in plain English. Staff explained options to people and took the time to answer any questions they had. For example, a person was planning to go out and they were asking questions about how they should travel and whether money was required. The conversation was two way and the person was evidently involved in the planning of the activity.

People told us they were involved in the planning of their care and met with their key worker regularly. A key worker is a named member of staff that takes a particular interest in a person and keeps their care files up to date. Staff told us about their roles as key worker and how they could spend time with people on a one to one basis. This enabled them to get to know the person better.

Staff were well informed about people's rights. They described how they supported people to ensure their privacy and how they treated people with dignity and respect. People were asked how they would like to be supported with personal care and their preference for the same gender support. This was clearly documented in the person's care records.

People were receiving support from staff about their right to vote and what additional resources may be required to enable them to do this. This included contacting local members of parliament to come and talk with people to enable them to make an informed choice. These had been topics at house and staff meetings about how people could be better informed.

Staff told us they felt confident that when they finished work that other team members would provide people with the same consistent quality care. They told us they worked as a team to ensure people's support needs were met. One member of staff told us "All staff would go the extra mile and stay later if a person wanted to go out. They told us the staff were very flexible and would swap shifts if a person had asked to go out so this could be accommodated.

People had regular house meetings where their views were sought on activities, menu planning, home decoration and planned maintenance and staff changes. Where

Good

Is the service caring?

suggestions had been made we could see these had been acted upon. For example some of the activities that had been discussed had already taken place. We saw people were asked if they had any concerns or complaints during this meeting.

People confirmed they could see their care records whenever they wanted and these were held securely. People were aware that their records were private and other people in the home were not allowed to read them.

The registered manager told us in the Provider Information Return they were making improvements to the advanced care planning for the end of life. This was so people's preferences were established and documented. This would include sourcing training about how to approach this with people with a learning disability.

We received positive feedback from two health care professionals about how the registered manager and the team had supported a person at the end of life. One of the professionals told us; "I was closely involved in this person's care and had a lot to do with the home. I felt that the staff there were diligent and caring, and dealt with this person's end of life needs very well. I had no concerns about the way they were looked after, and the staff always consulted appropriately and responsibly". Another heath professional commended the home on their sensitivity during this time and ensuring that the care was tailored to the individual involving the family throughout. The registered manager told us during this time they had worked closely with the GP, the palliative care team, intensive support team and district nurses in planning the person's care. The manager told us this was to ensure appropriate care was in place for the person at the end of their life ensuring it was pain free, dignified and comfortable.

Good

Is the service responsive?

Our findings

People confirmed they were encouraged to be as independent as possible and told us how they were involved in everyday activities like meal preparation and making drinks and going shopping. People told us that they were not stopped from doing things they wanted to do but if they could not do something staff would help them. A relative told us the service had exceeded their expectations and were impressed with how their relative had gained everyday skills from using a microwave to being an active member of the local community.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported enabling them to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. Staff told us that care plans were always evolving as they got to know people better or as their needs changed.

Care plans clearly described how people should be supported describing their personal routine, likes and dislikes. The information recorded was person centred and evidenced that the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review every two months or as needs changed involving the person and their key worker.

When we arrived some people were sitting at the kitchen table doing arts and crafts with staff. The atmosphere was calm and relaxed. People told us they were supported to lead active lifestyles both in the home and the community. Each person had an activity planner which was tailored to their personal interests. People told us they completed a variety of activities including going to college, attending clubs, swimming, exercise, meals out and shopping trips. People described these activities in a positive way helping them to keep contact with friends and building new friendships. People told us activities were organised in the evenings including going to the pub, social clubs or playing on the games console at home. We observed a person who was new to the home being asked about their interests and how they would like to spend their time. The staff member was actively supporting the person to make choices and explaining how these could be accommodated.

One member of staff said the reason they liked working in the home was that each person was treated as an individual and this was respected by all staff. They described a team that was flexible in meeting the needs of the people they supported. Telling us that if a person made a request to go out or participate in an activity this was accommodated with most staff working extra hours to support or swapping shifts to enable this to happen. Staff told us the registered manager was very good at planning the staffing to enable activities to happen for people.

People told us the staff were responsive to their needs. One person told us the staff had provided some assistive technology to enable them to call for help at night. They showed us how they alerted staff at night if they needed assistance. This was a remote control buzzer that alerted staff in the sleep in room. They confirmed the staff responded very quickly on the occasions they had used the alarm. They told us they had no worries about asking staff for help at any time of the day or night.

In addition to the health action plan each person had a hospital passport. This documentation gave a summary of the person's support needs enabling the hospital staff to get to know the person if they were admitted to hospital. This ensured that people were supported consistently when they moved from one care provider to another.

People were able to keep in contact with family and friends. One person told us they could have visitors to the home and they were supported to make telephone calls whenever they wanted. A relative confirmed that they had regular contact and they visited the home or the staff would support the person to meet them. Care documentation included information about the people that were important to them and the arrangements that were in place to maintain contact. Staff confirmed people were supported to maintain friendships and described how this was promoted.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaints procedure was available in easy read format and discussed at the monthly house meeting. There had not been any complaints raised by people or by their relatives in the last twelve months. Staff knew how to respond to complaints if they arose. People told us if they were not happy they would speak with the registered manager, their key worker or a member of staff.

Good

Is the service responsive?

When we asked two people if they had any concerns or if there were any improvements that could be made, both told us they were happy and no changes could be made to improve the home.

Good

Is the service well-led?

Our findings

The service was well led. Staff spoke positively about the team and the leadership in the home. They described the manager as being approachable and leading by example. Staff described a team that was open with effective communication systems in place. Staff told us they could always contact the registered manager or an on call manager for advice and support if the registered manager was not working in the home. Staff described a service that was led by the people living in the home and their commitment to provide person centred care. People living at Caldicott House told us they were happy living in the home and they were involved in making decisions about how they wanted to live.

The organisation's values and philosophy were clearly explained to staff through their induction and on going training. Staff were given information which clearly described the aims and philosophy of the service. There was a positive culture where people felt included and their views were sought. Regular meetings were taking place between the people who used the service, their relatives and other professionals involved in their care. A relative confirmed they were kept informed and care reviews were held annually. They told us there was regular contact with the staff and the registered manager throughout the year and they were made to feel welcome when visiting. Monthly staff meetings were organised with minutes kept of discussions and any actions that were agreed.

We received feedback from four visiting health and social care professionals. All commended the staff on their approach to provide care that was tailored to the individual. Other comments included; "the staff are knowledgeable about the needs of the people they are supporting" and "this is an extremely well run home and the care staff are extremely caring." Another professional told us, "this is a well-managed home and I have no concerns".

People's views and those of their relatives were sought through an annual survey. The registered manager told us they were in the process of sending these out to people. These would be used to evaluate the service provided and make improvements where necessary. Comments from the previous survey were positive. Relatives had rated the service as either excellent or very good. One relative had written "all the staff are wonderful, the manager is very caring and keeps me informed". The only criticism was the lack of parking. The registered manager told us they were trying to resolve this issue and were in discussion with the local council and local property owners.

Staff confirmed daily handovers took place to keep them informed of any changes to people's well-being and other important information. A daily shift planner was in place to plan activities, any appointments and household chores. This meant staff were aware of their daily responsibilities in meeting people's support needs. People confirmed their involvement in the planning the day. Staff told us the member of staff who was on the sleep in, was responsible for planning the shift which would include talking to people and taking information from the house diary. The registered manager told us they reviewed the shift planners on a regular basis to ensure that all areas had been completed.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the first aid equipment, medication, care planning, training, supervisions, appraisals and infection control. The registered manager told us they periodically checked the audits had been completed and followed up on any actions that were required.

Staff were recognised for achievements in the workplace. The staff and the registered manager had been awarded in February 2014 a 'great customer services' award from the organisation in supporting a person at the end of their life. In addition, the registered manager was given an award for being "top talented" in her management and leadership of the service. The registered manager told us they were in the process of completing a Diploma in Health and Social Care level 5 having already completed the registered managers' award and a National Vocational Qualification at level 4. It was evident that they were committed to providing a learning environment for the staff team that improved the quality of the service and improving outcomes for people.

The registered manager told us monthly quality assurance visits were carried out by the area manager. The checks that had been completed were recorded on a spread sheet which was accessible to the organisational management team. The spread sheet confirmed what monthly checks had been completed and where improvements needed to be made. Action plans were in place to ensure improvements happened. The registered manager told us

Good

Is the service well-led?

they had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the organisation to have an overview of the service and any risks so these could be jointly managed.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed on a monthly basis by the registered manager.

The registered manager told us that monthly reports were sent to the area manager on what actions had been taken to address any reoccurring themes. They told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports we could see that the registered manager had sent us appropriate notifications. A notification is information about important events which the service is required to send us by law.