

The Royal School for the Blind

SeeAbility - Barclay House Residential Home

Inspection report

Barclay House
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 9 November 2016 and was unannounced. Barclay House provides care and accommodation for up to nine people. The home specialises in meeting the needs of adults with a learning disability, mental health diagnosis, acquired brain injury and a visual impairment. The main house accommodates seven people and there are two separate flats on the site to accommodate two other people. On the day we visited nine people were living in the service.

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

We met and spoke with eight people during our visit. People were not always able to fully verbalise their views and used other methods of communication, for example objects and assisted technology. We therefore spent some time observing people. One person said; "I feel safe with here." One person said; "The best home I've stayed in. I'm happy living here." A staff member said; "If I had a family member who needed care I would bring them here!"

People were engaged in different activities and enjoyed the company of the staff. There was a calm and relaxed atmosphere within the service. One person said; "I go out to a day centre some days."

People who were able to said they were happy with the care the staff provided. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People had visits from healthcare professionals. For example, GPs and occupational therapists, to ensure they received appropriate care and treatment to meet their healthcare needs. People received the care they needed to remain safe and well. For example, people had regular visits by community nurses and support to access specialist epilepsy nurses.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as specialist epilepsy nurses.

People's care records were detailed and personalised to meet people's individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review the support plans.

People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed whilst maintaining a healthy diet. People told us they enjoyed their meals and there was plenty of food available. We observed people, who required it, being supported at mealtimes. One person said; "The food is very good."

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were used appropriately. People's right to choose, safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations of abuse would be fully investigated.

Staff said the registered manager was very approachable and supportive. Staff talked positively about their jobs and took pride in their work. One person said; "Staff are very supportive. They always offer support and guidance."

People who required it had one to one staffing particularly if they were accessing the community. Staff confirmed there were sufficient staff to meet these requirements. People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills, and staff competency was assessed.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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 told us they felt safe living at the service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

People lived in a clean hygienic environment.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services in order to meet their health care needs.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Suitable equipment was available and upgrades to the service were carried out.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager, who was available and approachable. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

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Detailed findings

Background to this inspection

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

The inspection was undertaken by one inspector on 9 November 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the 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 report the service received from East Sussex County Council Department for Adult Social Care.

During the inspection we met or spoke with eight people who used the service and a relative. We also spoke with the registered manager and five members of staff.

We looked around the premises and observed how staff interacted with people. We looked at three records which related to people's individual care needs, three records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including, quality audits.

Is the service safe?

Our findings

People who lived at Barclay House were not all able to fully verbalise their views and used other methods of communication, for example objects or symbols. People had complex individual needs and could display behaviour that could challenge others. We therefore spent time observing some people and spoke with others. We also spoke with staff and a relative to ascertain if people were safe.

People, said they felt safe. One person said; "I feel safe because staff are here to help me." A relative told us; "Yes, they keep him safe". One staff member said; "You'd have to go a long way to find a better, safer home than this one" and another said; "There are enough staff to keep people safe."

The PIR described; "SaLT (Speech and Language therapist) undertakes assessments with people where there is a risk of choking, providing guidance to enhance safe eating/drinking."

People received individual support and the service liaised with specialists to support people's individual needs. Care plans detailed the staffing levels needed for each person to help keep them safe inside the service or out in the community. For example, one person required two to one staffing when they participated in activities in the community to help keep them safe. There were sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances.

People were provided with a safe and secure environment. Staff checked visitors identify and one person living at the service checked our identity before letting us in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. People had up to date personal emergency evacuation plans and risk assessments in place which detailed how staff needed to support individuals in the event of a fire to help keep people safe.

People were protected from abuse because staff had an understanding of what abuse was and how to report it. The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were confident that any reported concerns would be taken seriously and investigated.

People's finances were kept safe. People had appointees to manage their money where needed, including family members or financial advocates. Keys to access people's money were kept safe and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited regularly.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. The services PIR recorded they; "Recruit staff with appropriate skill mix/values; involving people we support in this." We saw people were involved in the

recruitment of new staff.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager discussed concerns with other agencies such as the local authority safeguarding team. Staff received training and information on how to ensure people were safe and protected.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with specialists to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual support plans and included clear guidelines on managing people's behaviour. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an episode of behaviour that challenged the staff, this was discussed with the appropriate service to help keep people safe. A relative confirmed that the service managed their loved ones care very well and fully understood their behavioural needs.

People could be at risk when going out without staff support. Therefore people had risk assessments in place. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.

People's medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MARs) had been fully signed and updated. We observed medicines being safely administered. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines. One person who purchased homely remedies had documents to show the service, with the person's permission, had spoken with their GP to confirm these were suitable to take with their usual medicines. This helped to ensure this person medicines were managed safely. People had protocol in place for any medicines that may be needed when required. For example to help people who became very anxious or for people who have epilepsy and may need emergency treatment. These protocols help keep people safe.

People were kept safe by a clean environment and people were protected from cross infection by good infection control practices. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available for staff to use. Staff had completed infection control training and were aware how to protect people.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received training to support people in the service for example, through attending epilepsy training.

Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. One said; "The staff team have been brilliant and very helpful in settling me in." The registered manager confirmed new staff completed the Care Certificate (a nationally recognised training course for staff new to care) as part of their training. The registered manager informed us staff received appropriate ongoing training, for example positive behaviour support. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People's consent was sought by staff as much as possible before care was provided. Staff said they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to partake in. People spent time with staff in shared areas such as the lounge and were encouraged to make choices. We observed staff offering people a choice of drinks and snacks and their preferences were respected. People had signed consent forms to show they agreed to receive medicines from the staff.

The service PIR records; "We involve individuals in assessing, planning and reviewing their support and seek their consent to this. Identify how people are supported to make decisions and when others need to be involved, so best interest decisions can be made."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager confirmed that no people were currently subject to a DoLS authorisation but advised that one person's application was waiting approval. Staff were aware of people's

legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. One person had a best interest meeting minutes on their file. This showed a fully discussion on the suitability of this person moving into Barclay House. This showed they were acting in people's best interest and this helped to ensure actions were carried out in line with legislation.

Staff received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. A daily planner was completed for each shift to help ensure important information was passed on, for example any appointments. Care records recorded updated information to help ensure staff provided effective support to people.

People had access to local healthcare services and specialists including in-house speech and language therapists and a senior rehabilitation specialist for the visually impaired. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. A relative told us the service had contacted a nurse specialist who had attended to assist their relative when they became unwell. They said; "They were very supportive. I was always kept informed about what was going on."

People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health action plans detailing their past and current health needs, as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and helped when needed, hospital staff to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible, including using samples of foods. Care records recorded what food people disliked or enjoyed. People had guidelines in place if they required food in a particular consistency to assist them. We observed people being supported by staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged.

People who required it had their weight monitored and food and fluid charts were in place when needed. People's special diets were catered for and staff were familiar with people's individual nutritional needs. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks.

People lived in a home that was regularly updated and maintained. The registered manager talked through recent upgrades in the home, for example one person's flat had new flooring. The registered manager confirmed that the improvements planned for the service were suitable for the people who lived there and any adaptations/upgrades needed would be carried out. A relative confirmed the company had purchased a new bed and flooring for their relative.

Is the service caring?

Our findings

People were supported by staff who were both kind and caring. The interactions we saw between people and staff were very positive. We observed staff treated people with patience and compassion. Staff informed people prior to supporting them, and ensured the person concerned understood and felt cared for. A relative said the staff were "Very caring."

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive, caring way. Staff interacted with people in a caring way, for example, if people became upset or distressed, staff were observed to respond quickly to reassure people; staying with them until they became calm. For example, one person became anxious during our visit. Staff distracted them by giving them an object they enjoyed holding. This provided reassurance to this person and reduced their anxiety.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. One person told us how they were working towards having their own guide dog to be more independent. Another said they were encouraged to make their own lunch.

Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible for ensuring the person's care records were kept up to date and reflective of their individual needs.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were not all able to express their views verbally. However staff used different communication equipment to encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

The service's PIR states; "SeeAbility has a forum, Speak Easy, for people to influence their service and the development of the charity and raise issues, with one person elected as representative for Barclay House." This helped ensure people's views about the service were sought and respected.

Staff showed concern for people's well-being in a meaningful way and spoke about them with fondness. People attended medical appointments and staff recorded any actions and outcome of these appointments. The registered manager told us people were treated as individuals. A relative wrote to the service to say; "Thank you, I'm impressed and grateful about trying to get an earlier appointment with the Doctor."

People had their privacy and dignity maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected.

We observed staff knocking on bedroom doors and closing bedroom doors when people wanted to be on their own. People were always involved and asked if they were happy we visited them and met them.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed, if they wanted to be, when they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. One person contacted their relative during our inspection and another had a visit by a relative. One person said; "I see my sister and I go to visit my mum in her home." A relative said; "I visit often. Yes I am made to feel welcome."

Is the service responsive?

Our findings

The company's website records; "We believe that everyone has ability. We teach and empower people to develop and maintain their skills to lead meaningful and fulfilling lives."

The service had a day centre and sensory room on site which could be accessed by people living in the service. The service website states; "The onsite activity centre provides a range of opportunities including arts and crafts, singing and board games. This resource is accessible seven days a week."

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. Guidelines included information on triggers to behaviours displayed and response needed. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist individuals. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. This response helped people to avoid becoming anxious.

A relative told us how the service had responded to their relative's needs. This included arranging additional help and support by providing staff to enable them not to be social isolated. They said their response had enabled their relative to; "Go out more."

People were supported when transitioning between services. For example, the PIR stated; "The transition for someone who moved to Barclay House, involved gathering information from observations of the person, family, social worker, medical professionals and their previous placement, alongside a programme of visits to/from the person over the month prior to their move. This included staff from Barclay House undertaking shadow shifts at the person's previous placement; and the person undertaking an overnight visit to Barclay House accompanied by their existing staff. SeeAbility's rehabilitation practitioner and SaLT were also involved, undertaking assessments during this process."

People's records had information that told a brief story about the person's life and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they wished. For example, one person required assistance with their breathing at night. Clear guidance was recorded on how the staff were to respond to this. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on people's support plans and behavioural guidance to help ensure staff had the most recent, updated information available.

People led active social lives and participated in activities that were individual to their needs. People were provided with the support they required when accessing the community to enable them to receive quality time from any activities undertaken. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities. Staff were knowledgeable about how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. We heard people planning to go to the shops during

our visit and another person had been to a day centre.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. One person said they were involved in the local Church Community group.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with family members regularly. People confirmed they had regular contact with their relatives. One person in one of the flats said their friend from the main house visited them.

The complaints procedure was available in suitable formats so people could understand it. A relative confirmed any issues raised were always dealt with. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

People living in the service were able to make every day complaints. For example, the service held a residents' meeting. During these meeting people were reminded of how to make a complaint and raise any concerns. When asked, some people were able to confirm they would talk to the registered manager or named a staff member they would approach if they had any concerns. One person said; "Staff help me sort it (any concerns)." A relative said they had made a complaint and it had been dealt with via a meeting and resolved within two weeks to their satisfaction.

Is the service well-led?

Our findings

People, staff and a relative spoke positively about the registered manager. One person said; "I have spoken to them about my concerns." A relative said; "I can phone [...] (the registered manager) at any time and have no concerns how the home is run."

Barclay House was well led and managed effectively. The service and company had clear values and state on their website; "We work with individuals to realise their potential and help to fulfil hopes and ambitions." They go onto to say; "We work hard to add value to someone's life by supporting them in learning new ways to increase communication, confidence and independence."

This demonstrated the service had clear values in place on how people's needs should be met and respected. One staff member said; "Good company to work for."

The service PIR stated; "We adopt SeeAbility's vision to enrich the lives of people who have sight loss and multiple disabilities through person centred services and contribute to the charity's five year strategy." It went onto to say; "Monitor quality of services to share good practice, address concerns and promote improvement."

The service had a visit from East Sussex County Council Department for Adult Social Care. The report said that they; "Wish to work in partnership with providers in delivering a high quality of support for adults with care and support needs and hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with providers." The report included in their conclusion; "Staff spoken to during the visit felt well supported and the individuals living at Barclay House appeared relaxed and comfortable."

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to be able to provide feedback about the service. For example people were involved in staff's yearly appraisals and staff recruitment. This enabled people to be involved in the running of the service as much as possible.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the registered manager. Staff said the registered manager

was available and was approachable. Staff confirmed they were able to raise concerns and told us any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and explained how the registered manager worked alongside them when needed. Staff said there was good communication within the staff team and they all worked well together. One said; "We have a good team here."

Staff were motivated and hardworking. Some staff had worked for the provider for many years and shared the philosophy of the management team. One staff member said; "I'm amazed how long other staff have been working here. But I'm not surprised- it's great." Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to make comments on how the service was run. Staff were updated on any new issues and had the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans and people's health files. The registered manager also completed regular audits of people's individual finances and medicines. The registered manager sought verbal feedback regularly from visitors and people living in the service. One person said; "I go to resident meetings and fill out questionnaires." Annual audits and maintenance checks were completed which related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

A senior manager of the company carried out monthly site visits on behalf of the provider to audit the premises, records and observe if people were well. One person told us they had spoken to the senior manager about a concern they had and was waiting for a response. Systems were in place to help ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw accident and incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.