

AMAFHH Healthcare Limited

Quarry Hill Grange Residential Home

Inspection report

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Date of inspection visit: 8 September 2015
Date of publication: 22/10/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 8 September 2015 and was unannounced.

Quarry Hill Grange Residential Home is registered to provide accommodation and personal care for up to 23 older people, including people living with dementia. There were 19 people using the service at the time of our inspection.

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.

Summary of findings

People told us they felt safe living at Quarry Hill Grange and their relatives agreed with them. The staff team knew their responsibilities for keeping people safe from harm which included reporting any concerns to the registered manager.

There was a recruitment process in place though this was not always followed. Paperwork required to allow people to work at the service had not always been obtained, references had not always been collected and satisfactory evidence of conduct in previous employment had not always been explored. Actions were taken following our visit to address these shortfalls.

The majority of risks associated with people's care and support had been assessed when they had first moved into the service, though these had not always been put in writing.

We identified concerns regarding the management of medicines. Records had not always been completed and staff members hadn't always signed when they had administered someone's medicine. For a person who looked after their own medicines, an assessment had not been carried out to determine whether it was safe for them to do so. A record of their medicines had also not been recorded in the medication administration records. Actions were taken following our visit to address these shortfalls.

The majority of the staff team we spoke with told us that there were currently enough staff members on each shift to meet the care and support needs of those they were supporting. Though one staff member disagreed. People using the service and their relatives felt there were enough members of staff to support them properly. We observed people's care and support needs being met, however, we found there was little time left for the staff team to spend any quality time with people.

People had been involved in making day to day decisions about their care and support and the staff team

understood their responsibilities with regard to gaining people's consent. Where people lacked capacity to make decisions, there was little evidence to demonstrate that decisions had been made for them in their best interest or in consultation with others. The staff team had limited understanding with regard to the Mental Capacity Act 2005.

People's nutritional and dietary requirements were assessed and a balanced diet was provided, with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake were not always completed consistently. This meant the provider could not demonstrate that people had received the nourishment they needed to keep them well.

People told us the staff team who looked after them were kind and they treated them with respect. We saw this throughout our visit. The staff team treated people in a caring and considerate manner and maintained people's dignity when assisting them with their care and support.

There were limited opportunities for people to enjoy interests and activities that were important to them.

The staff team felt supported by the management team. Team meetings had been held and opportunities to meet with them had been provided.

People using the service and their relatives were encouraged to share their thoughts of the service provided. Daily dialogue was encouraged and surveys had been used to gather people's views. We saw that people's views were acted upon.

People using the service and their relatives knew how to raise a concern and they were confident that things raised would be dealt with promptly and to their satisfaction.

There were systems in place to monitor the service being provided, though these had not always been effective in identifying shortfalls, particularly within people's care records.

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?

The service was safe.

People told us they felt safe and the staff team knew what to do to keep people safe from harm.

Recruitment procedures were not always robust, however actions taken following our visit addressed this.

People told us there were enough members of staff to support them properly.

The management of medicines did not consistently follow safe practice. However, actions taken following our visit addressed this.

Good



Is the service effective?

The service was not consistently effective.

People's plans of care did not show that decisions had been made for them in their best interest or in consultation with others. The staff team had limited knowledge and understanding around the Mental Capacity Act.

A balanced and varied diet was provided but records relating to nutrition and hydration were not always consistently completed.

The staff team were aware of people's health care needs and referred them to health professionals when needed.

Requires Improvement



Is the service caring?

The service was caring.

People's privacy was respected and their care and support needs were met in a caring and dignified way.

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

Good



Is the service responsive?

The service was not consistently responsive.

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

People had plans of care in place but daily records did not demonstrate that these were always followed.

There were limited opportunities for people to follow their preferred past times.

People who were able knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well led.

The staff team working at the service felt supported by the registered manager.

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

Auditing systems were in place to monitor the quality of the service being provided though these did not always pick up shortfalls, particularly within people's care records.

Requires Improvement



Quarry Hill Grange Residential Home

Detailed findings

Background to this inspection

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

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We inspected the service on 8 September 2015. The inspection was unannounced. The inspection team consisted of four inspectors.

We were able to speak with five people living at Quarry Hill Grange, four visiting relatives, five members of the staff team and the registered manager.

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

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, 19 people's medication records, four staff recruitment and training records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

Prior to our visit we had received a concern regarding the provider's recruitment processes. We looked at three staff member's recruitment files to check whether the provider's recruitment procedures were robust and had been operated effectively. One file did not include the correct paperwork to enable the staff member to work at the service. The manager immediately acted on this finding and took appropriate action. We also found two people's application forms had gaps in their previous employment with no explanation for these and one of the files only had one reference and this was not dated. The registered manager has since obtained this information including the second reference. A check with the Disclosure and Barring Scheme (DBS) had taken place. A DBS check provides information as to whether someone is suitable to work at this service.

We looked at medicine management to see if people had received their medicines as prescribed. Medicines were stored safely and there was an appropriate system in place for the receipt and return of people's medicines.

We looked at the medication administration records (MAR). We saw there was a photograph of each person on the MAR to aid identification. This reduced the risk of medicines being given to the wrong person. The MARs had information about people's allergies and how each person liked to take their medicines were recorded.

We checked to see that the MAR charts had been completed consistently, we found that not all of them had. For people who had creams applied a number of the MAR charts had not been signed to say that they had been applied, whilst others had. The member of staff explained there were no signatures because the cream was not currently required. This did not provide an audit trail to show that the need for the cream had been considered.

Creams containers had not always been dated when opened as recommended by manufacturers. This meant that there was a risk creams would be used past their recommended date. We were assured again that this was rectified immediately after our visit.

There was one person who was looking after and taking their own medicines. When we asked to see the risk assessment showing that it was safe for the person to do so, we were told that a risk assessment had not been

completed. Their medicines had also not been recorded on a MAR chart. This meant the risks associated with this person's self administration of medicines had not been considered. The manager assured us that this would be rectified.

The temperature of both the room and the fridge where medicines were being stored were not being consistently taken. Sometimes there were gaps of six days with no recording made. The recordings that had been taken showed that at some point, both areas had been out of acceptable limits. This meant there was a risk that medicines were not being stored in line with manufacturer's guidance. We contacted the registered manager following our inspection and were informed that actions had been taken. The temperatures in both the medication room and the medication fridge were now at acceptable levels.

We could not find any protocols for medicines prescribed 'as and when required' (PRN) or those offered by variable dose, though a PRN policy was in place. Medicines given as PRN included inhalers, pain relief and laxatives. Protocols inform the staff team what these medicines are for and how often they should be offered. We were told that these had been removed prior to our visit for updating. We contacted the registered manager following our inspection and they confirmed that the protocols for PRN and variable dose medicines were back in place.

Members of staff were recording the amount of medicines given where variable doses were in place, however if a (PRN) medicine was offered and refused this was not being recorded. This meant that there was no audit trail to show that the medicine had been offered.

We observed the senior staff member assisting people with their medication and saw that their interactions were good. The staff member got down to the person's level and was patient and sensitive. People were not rushed to take their medicines.

The registered manager had carried out competency checks on the staff members who administered medication. We were told that these were carried out annually. We checked one which had been conducted recently and found that it contained direct observation and assurance that medicines had been safely administered.

Is the service safe?

People told us they felt safe living at Quarry Hill Grange. One person told us, “I feel safer here than I was at home.” Another told us, “I do feel safe, I have poor health and they [the staff team] look out for me and make sure I am safe.”

Relatives we spoke with told us that they felt their relation was safe living at the service. One explained that before coming to live at the service their relation suffered from a lot of falls, but now that they were here, the falling had stopped. Another told us, “[their relative] is as safe as house’s.”

A visiting health professional said, “I think it’s safe.”

The staff team were aware of how to keep people safe. They told us the procedure to follow if they felt a safeguarding incident had occurred. This included reporting it to the registered manager. The registered manager was aware of their responsibilities to safeguard people and explained that the relevant authorities would be informed to further protect the people using the service.

People who used the service told us that they felt there were enough staff members on duty to meet their current care and support needs. Their relatives agreed. One person told us, “The girls are fantastic, they help me a lot, there is always someone around to help.” A relative explained, “There is always plenty of staff around.” Another person commented, “I think there are enough staff but it would be nice if someone could do what I do just chatting, but there is enough staff to see to people. When it’s quiet staff do chat.”

A visiting health professional told us, “Every time I’ve come I’ve always been seen promptly and quickly. I have no concerns.”

The majority of staff members we spoke with felt that there were enough of them on duty to meet people’s needs, though one staff member felt staffing levels were insufficient. The staffing rota showed that on the whole there were four care workers in the morning, three care workers in the afternoon and two care workers at night. The registered manager also explained that a member of staff who was supernumerary and rotated to work 8.00am until 4.00 pm daily also provided support.

We looked at two people’s plans of care in detail to see whether the risks associated with their care and support had been assessed. There were appropriate risk assessments within both records according to the person’s care and support needs. These included risk assessments for moving and handling, falls, nutrition and skin integrity. This meant the risks to the people who used the service were identified and, wherever possible, minimised to better protect their health and welfare. We did note for a person who smoked that although the risks associated with the activity had been assessed, as confirmed by the registered manager, this had not been put in writing.

For people who were at risk of falls, their plans of care identified equipment to be used to reduce the risk of further falls. These included the use of pressure mats by people’s beds. These were plugged into the call bell system and alerted the staff team when a person stood on them. One person’s plan of care stated they required a pressure mat, when we checked their room we found no mat in place. Another person’s plan of care stated they used a mat and the call bell, but neither were in place. A member of staff told us this was because they got up and went to bed when they liked. We discussed this with the registered manager who told us these should have been in place.

Personal emergency evacuation plans had been completed. These provided details of people’s support needs in the event of an emergency evacuation of the building.

Regular safety checks had been carried out on the equipment used for people’s care and on the environment. We walked around the service and it was evident that there were issues with the maintenance, decoration and cleanliness of the building. We identified floor coverings that were damaged and stained, soft furnishings that were stained and general debris and cobwebs were found in the communal area and some of the people’s bedrooms. We received a copy of the provider’s maintenance plan following our visit. This showed us how the provider intended to address the concerns identified.

Is the service effective?

Our findings

At our last inspection we found that although assessment forms to assess people's capacity to make decisions about their daily life were in place, these had not always been completed in line with the Mental Capacity Act (MCA) 2005. The MCA is a law that protects people who do not have mental capacity to give consent. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address the lack of completed assessments.

At this inspection we found that assessment forms to assess people's capacity to make decisions about their care and support had been completed. However, not all of the assessments completed were decision specific and not all had been carried out in consultation with relevant individuals or professionals. The assessment form in one person's plan of care told us that they 'lacked capacity' with no explanation as to what area of their care or support this related to. We also found that whilst their capacity assessment told us they 'lacked capacity', their medication plan of care told us they had capacity to consent to taking their medicines.

Deprivation of Liberty Safeguards (DoLS) requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Where there were restrictions relating to people's liberty, the registered manager had made an application to the regulatory body (the local authority) for an authorisation under DoLS.

The staff training record showed us that only six members of the staff team had received training on the MCA and DoLS and not all of the staff members we spoke with were clear of their responsibilities around MCA and DoLS.

At our last inspection we found that the staff team had not received training in dementia awareness. We found this to be a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address the lack of dementia awareness training.

At this inspection we looked at the training records and found that staff had received training in dementia awareness. A staff member also confirmed to us that they had received this training. They told us, "The training helped me to understand more of what they [the people using the service] are going through."

People who were able to told us the staff team had the skills they needed to look after them and they knew their care and support needs well. One person told us, "I think they [staff team] are properly trained, they know what they are doing and they have helped me a lot."

Visiting relatives told us the staff team working at the service had the skills and experience they needed to properly look after their relations. One relative told us, "I feel they [staff team] are suitably trained and they know [relative] needs."

Although dementia training had been provided, it was evident that the staff team had limited understanding of supporting people with dementia. One person spent the majority of our visit walking around the service. They tended to pick up objects that were lying around. On one occasion they picked up a box of tissues, this was soon taken off them with no explanation and placed out of reach. It appeared that the person wanted something to hold but the box of tissues was not replaced by anything else. At lunch time a member of staff was trying to encourage them to sit at the table without either a drink or their meal being in place. Both of these instances showed us that the staff team had limited understanding of what it means to live with dementia.

The registered manager informed us following our inspection that they had contacted the Alzheimer's society and were arranging more in-depth training to be provided.

A member of staff we spoke with told us they had received an induction when they had first started working at the service and relevant training had been provided. Their training records confirmed this with training on topics such as Infection control, diet and nutrition and moving and handling being provided.

Is the service effective?

The staff team felt supported by the registered manager. Team meetings had been held and members of staff had received one or two supervision sessions so far this year. Supervision provides the staff team with the opportunity to meet with the registered manager to discuss work practices and their progress within the staff team.

We asked people what they thought about the meals served at Quarry Hill Grange. Everyone we spoke with told us they were happy with the food served. One person told us, "The food is good here, I have a large appetite and I eat everything." Another told us, "It's OK, I've had worse." A relative said, "Sometimes I stop and have dinner it is very good, he is a damn good chef!"

We observed lunchtime in the dining room. Music was playing quietly on the radio. People were offered a choice of where to sit. Jugs of juice were brought through with three choices, but no visual choice of drink was offered. People were offered more to drink, one person was brought some shandy and another a milky drink. We noted that there were no condiments on the tables such as salt and pepper and none were offered. We also noted that some of the table cloths were scuffed, sticky and stained.

Staff were kind and patient with people, reminding them to use their cutlery. One person needed staff to assist them to

eat, however there was no space for staff to sit and do this until someone else had left the table. The person seemed to be reaching for their meal but this was removed, instead of offering the person the opportunity to help themselves.

We saw that the cook had access to information about people's dietary needs. They were knowledgeable about the requirements for people who required soft or pureed food and for people who lived with diabetes. There were four weekly menus in place which provided a variety of foods and choices. There was a pictorial menu in the dining room though this did not show the actual meal of the day. The chef told us they were aware of this and they were currently taking pictures of food in order to update this.

One of the people using the service had monitoring charts in place to document their food and fluid intake even though they had not been assessed to be at risk of dehydration or malnutrition. When we looked at their records we found that they were not being completed accurately anyway. We discussed this with the registered manager who told us that these would be discontinued.

The people using the service had access to health professionals such as doctors and community nurses. A relative we spoke with told us, "They are very good, any concerns they get the GP out and they always let me know."

Is the service caring?

Our findings

People told us that the staff team who looked after them did so in a kind and caring way. One person told us, “The carers treat us with respect and they are very considerate.” Relatives visiting during our inspection agreed. One told us, “[Their relative] is looked after really well here, the carers are lovely and treat [their relative] with kindness and respect.”

We observed the staff team supporting the people using the service in a kind and considered way.

We observed the staff team interacting with the people using the service. We saw that most interactions were appropriate, kind and patient. We saw the staff team used good communication skills when talking with people. For example, one staff member placed their hand on a person’s arm to get their attention, another got down to eye level with a person so that they could see them before speaking. People seemed relaxed and at ease when chatting with the staff team.

We saw that interactions between the staff team were professional at all times. People were treated with kindness and support was provided in a calm and caring manner.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. The staff team gave us examples of how they obtained people’s consent to their care on a daily basis. One staff member told us, “I always ask if it is ok for me to help them and I give them the time they need. I offer people choices such as what to wear each day.”

People confirmed to us that they had choices. One person told us, “You can go to bed anytime, 8.00pm or 9.00pm whenever you want really.” Another told us, They [the staff team] give us choices such as what we want to eat. I had a cooked breakfast this morning.”

The registered manager explained that for people who were unable to make decisions or choices about their care and support, either by themselves or with the support of others, an advocate would be sought. This meant people had access to someone who could support them and speak up on their behalf.

Staff had a good understanding of how to respect people’s privacy and dignity while providing their care. We observed a staff member assist a person to the bathroom. They made sure the door was kept closed and they spoke with them discreetly so that their privacy and dignity was maintained.

A health professional visited during our inspection. The senior staff member on duty made sure that people were seen in private and conversations couldn’t be overheard. This promoted people’s privacy and dignity. The health professional told us, “From what I’ve seen the staff here are caring.”

We looked at two people’s plans of care to see if they included details about their personal history, their personal preferences or their likes or dislikes. We found that whilst one did, highlighting their love of sport and ballroom dancing, the other offered little information. Being aware of this type of information would enable the staff team to provide more person centred care. The person who enjoyed sport and ballroom dancing told us how the staff team supported them to watch these on television.

Relatives told us that there were no restrictions on visiting times and that they were always made welcome by the staff team. One relative told us, “I can come any time and I come most days, the staff are great.” Another told us, “I can visit anytime and I am always made welcome.”

Is the service responsive?

Our findings

People who were able to talk with us told us they had been involved in deciding what care and support they needed and in the planning of their care. One person told us, “They asked what help I needed at the very beginning.”

Relatives told us they too had been involved in deciding what care and support their relation needed and they had been involved in reviewing their plan of care. One relative told us, “We came to look around and to discuss what help [their relative] needed. The manager was ever so nice and helpful.” Another explained, “They did an assessment when we first came and we had a review last September, I think we are due another any time.”

Initial assessments were carried out so that the registered manager could assess whether the person’s needs could be properly met by the staff team. From the assessment, a plan of care had then been developed.

We looked in detail at the plans of care for two people using the service. These had been reviewed every month by the registered manager. However, reviews were not routinely carried out with the person using the service and/or with their relatives. We were told that should a person’s needs change in between times, the plan of care would be updated to reflect this.

The plan of care for one person stated that they required their blood sugar levels to be monitored weekly but according to the recording sheet this was stopped in July 2015. There was no recorded explanation as to why this had stopped and the monthly review sheet stated no changes to their plan of care. We could not evidence what the ‘normal’ limits should be and what action should be taken by the staff team should they have concerns about the person’s blood sugar levels. Because of this we checked the records for a second person who required their blood sugar levels monitoring and again the records stopped in July of this year with no explanation as to why. This meant that the health of these two people had been put at risk because the required monitoring had not taken place. We shared this with the registered manager who assured us this would be looked into.

The plan of care for a person who had recently moved into the service stated that they needed assistance to change their catheter bag once a week. When we looked at their

records, there was no record of it being changed since their arrival. The staff member we spoke with was certain that the task had been completed, but had simply not been recorded.

For a person who’s plan of care stated they required regular turns and a person who required their catheter bag emptying on a regular basis, their records were also incomplete. The staff team assured us that assistance with these tasks had occurred, however there was no evidence to demonstrate this.

A visiting health professional told us, “There are no pressure areas, they will let us know promptly if someone needs us. Diabetes care is well maintained. They are fantastic with one person with dementia, judging their mood and responding.”

We noted that there were no bathing facilities at the service, only showering facilities. This meant that people wishing to have a bath would not have their needs or wishes met.

We were told that a member of the staff team was nominated to provide activities daily. There were limited activities taking place during our visit and people were not really supported to follow their interests. There was a volunteer working at the service and they spent their time chatting and conversing with people. This was enjoyed by the people using the service. One person told us, “There isn’t a lot to do, activities would be nice.” Another person said, “We never go out, I would like to go for a walk or to the shops.”

During our visit we observed the staff team supporting people. It was evident that whilst they were completing the required tasks there was little time left for them to interact and socialise. People were therefore often left to their own devices. This resulted in some people spending their time continually walking around the service, whilst others were left on their own asleep.

People who were able to talk to us told us they knew how to raise any issues of concern and were confident these would be dealt with to their satisfaction. One person told us, “I would talk to [the registered manager] he would deal with any worries that we had.” Relatives were also aware of the procedure to follow. One told us, “I would go and see [the registered manager] he is very approachable and very understanding.” A copy of the formal complaints process was displayed in the main reception area.

Is the service well-led?

Our findings

People who were able to talk to us told us they felt the service was properly managed and the registered manager and the staff team were open and approachable. One person told us, “The manager is really nice, you can talk to him about anything. A relative explained, “He [the registered manager] is approachable and he listens, in fact all the staff listen.”

Staff members we spoke with told us they felt supported by the registered manager and they felt able to speak to him if they had any concerns or suggestions of any kind. One staff member told us, “If you have a worry or a query he [the registered manager] listens and takes notice.” Another stated, “There have been improvements since [the registered manager] started here. He has brought about improvement such as stream lining the paperwork to what is appropriate and this allows us to spend more time with the service users. He is approachable and we have more regular team meetings. [The registered manager] will provide hands-on support and reassurance when required.”

A visiting health professional said, “The seniors are informed about the residents.” A volunteer told us, “I do feel supported and the management are approachable.”

People had been given the opportunity to share their views and be involved in how the service was run. This was through daily dialogue with the staff team and the registered manager. The people using the service and their relatives had also recently been sent surveys to complete. A relative explained, “[The registered manager] gave us a questionnaire to complete recently, I don’t think they can improve though.” Another told us, “We have completed a survey in the past and a resident satisfaction form as well.”

Once the questionnaires had been returned the registered manager had collated the results and developed an action

plan to address any issues or concerns. Comments in the surveys returned included. “When we asked he said [their relative] he is happy at this home.” Another comment read, “Some staff lack patience when I try to talk to them.” We checked the registered manager’s action plan and found that a staff meeting had been carried out to discuss the comments received. This showed us that people’s thoughts and views were taken seriously.

We saw that whilst audits had been undertaken to monitor whether the service was running in line with the provider’s policies and procedures, not all of these had identified the inconsistencies that we found during our visit. This included the monthly auditing of people’s plans of care and their daily records. We did note that the registered manager monitored when people fell on a monthly basis. These audits enabled them to identify any patterns or trends around people’s falls and resulted in one person being referred to their GP for further support.

The registered manager had carried out regular checks on the environment and on the equipment used to maintain people’s safety. Although environmental audits had been carried out these had not identified issues seen during our visit. An action plan was received following our visit showing how the provider intended to address the concerns identified.

A business continuity plan was in place in case of foreseeable emergencies.

The registered manager was aware of their responsibilities to ensure that they informed us of certain events that happened at the service. These included any serious injuries, any allegations of abuse and any death of a person using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.