

Longley Hall Limited

# Longley Hall Limited

## Inspection report

Longley Hall  
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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

This inspection took place on 21 March 2018 and was announced. This means we gave the registered provider 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

At the last inspection, we found the registered provider had a new quality assurance system in place, but this required further embedding into practice to ensure any potential areas requiring improvement were identified. We also made a recommendation about staff completing training in 'challenging behaviour' and 'conflict management'. At this inspection, we found the quality assurance system had been embedded into practice and was being used to improve the quality of the service and improvements had been made to staff training.

At the last inspection, we found that Mental Capacity Act (2005) guidelines were difficult for the registered provider to follow, as local authority court of protection orders were not always forthcoming. At this inspection, we found the registered manager continued to work with the local authority to ensure people's rights were maintained and protected, and their liberty was not being restricted illegally.

Longley Hall Limited is registered to provide personal care and comprises of one self-contained flat and four flats, which share a communal area. The service provides 24 hour support to people using the service. The service office is located in an annex between the flats. At the time of the inspection, the service supported 13 people and employed 21 support workers. The property has accessible gardens with seating and is in close proximity of Longley Park and public transport.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection 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. 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.'

People receiving support at Longley Hall told us they felt safe and they liked the staff. Some people who we spoke with did not use verbal communication. They expressed their happiness and satisfaction with the

care they received by facial expression (smile), body languages and gestures. When we asked them if they felt safe, they expressed a positive response by holding their thumbs up. The reading of their body language was that they were happy, content and felt safe.

Staff were provided with training and information about safeguarding people. They knew what was meant by abuse and their responsibilities for reporting any concerns they had about people's safety. Risks people faced, including in the event of an emergency had been identified and plans were in place detailing how to minimise the likelihood of harm occurring.

Safe recruitment procedures were followed. Applicants were required to provide information about their previous work history, skills and qualifications and they were subject to a range of pre-employment checks. This information was used to assess their suitability and fitness to work with vulnerable people.

There were sufficient numbers of suitably qualified and skilled staff to safely meet people's needs and keep them safe. Staff were provided with training relevant for their roles and they received a good level of support.

People's views, choices and preferences about their care and support and how they wanted it provided was captured in assessments and incorporated into care plans. Care plans were kept under review with the involvement of people and relevant others so that people continued to receive the care and support they needed and wanted.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager and staff had good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. People gave consent to the care and support they received and their ability to make informed choices and decisions was reviewed regularly. Care plans included details of those who had legal authority to make decisions on behalf of people.

People were treated with dignity, respect, and their privacy and independence was promoted. Staff showed people compassion in the way they supported them emotionally. People had formed positive relationships with staff and staff knew people very well including their backgrounds and things of importance.

People were provided with information about how to complain and they were confident about complaining should they need to.

The registered provider held regular coffee mornings and consultations to obtain people's views. People's feedback was used to help bring about improvements and changes to the service.

People knew who the registered manager was and where they could find her in the building. People and staff described the registered manager as being supportive and approachable and they told us she managed the service well. Staff told us they were recognised for their hard work and felt valued. They described an open door policy whereby they could speak with the registered manager at any time for advice and support.

There were effective systems in place for checking on the quality and safety of the service and for making improvements. This included checks carried out on care records, medication, staff performance and health and safety. Prompt action was taken to address any areas which were identified as requiring improvement.

## 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.

There were systems in place to protect people from harm, including how medicines were managed.

Safe recruitments procedures ensured staff were suitable to work at the service.

There were sufficient numbers of suitably qualified staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who received appropriate training and support for their roles.

People's needs were assessed and planned, taking account of their preferences and choices.

People consented to their care and support and staff understood their right to do this.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, kindness and compassion.

There was a familiar and stable staff team who knew people well.

Positive relationships had been formed between people who used the service and the staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their needs.

People were confident about complaining if they needed to.

People were provided with opportunities to engage in meaningful activities.

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### **Is the service well-led?**

The service was well-led

People and staff were complimentary about the way the service was managed.

Staff felt valued and clearly understood the visions and values of the service.

The quality and safety of the service was effectively monitored and improved when required.

**Good** ●

# Longley Hall Limited

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 21 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager, some staff and people they support would be available to meet with us. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

Before our inspection, we contacted staff at Sheffield Local Authority and Sheffield Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments received and feedback received were reviewed and used to inform inspection.

During our inspection, we spoke with six people who were receiving support to obtain their views about the service. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting. We spoke with the registered manager, the unit manager, the administrator, one team leader and two members of the care staff to obtain their views.

We reviewed a range of records, which included three people's care records, three staff support and employment records and reviewed records relating to the management of medicines, complaints, training and how the registered manager monitored the quality of the service..

## Is the service safe?

### Our findings

People said they felt safe and secure living at Longley Hall and that staff were caring and supportive. One person receiving support told us, "I have my own personal space, I have a key to my room which means my things are safe."

We were not able to verbally communicate with some people receiving support. When we asked them if they felt safe, they expressed a positive response by holding their thumbs up. The reading of their body language was that they were happy, content and felt safe.

People were protected from abuse and avoidable harm. We spoke with the registered manager and three support workers about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse and signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding and this was repeated on an annual basis. The staff records we saw supported this.

The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately. This meant staff were aware of how to report any unsafe practice.

The registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the manager kept a log of these incidents and evaluated them based on the outcome.

We saw there was a positive approach to risk taking. This ensured people were still able to undertake their desired activities and achieve their goals. The service helped people push boundaries and improve their confidence through breaking down goals into small steps. This enabled them [staff] to continually assess the risk and adjust plans of care to ensure they remained safe.

People's care records contained assessments about any potential risks to their needs and lifestyles, and these had been reviewed regularly. Risk assessments were personalised to each individual and covered areas such as the risk of self-harm, access to the community, the risk of absconding and medicines management.

Behavioural management strategies had been developed which guided staff in steps they should take to keep people safe where they may become distressed and present a risk to themselves or others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way we saw referrals had been made for professional assessment to be

completed.

Staff and people receiving support told us there was enough staff with the right skills, knowledge and experience to meet people's needs. Staff were visible throughout the home and we saw them responding to people's requests quickly. The people we spoke with confirmed staff were available when they needed support. Some people that lived at Longley Hall were supported on a one to one basis during the day and we saw adequate staff were on duty to ensure this was maintained.

The recruitment and selection process made sure staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This showed recruitment procedures in the service helped to keep people safe.

There were safe systems in place for the management of medicines. The registered provider had policies and procedures in place for the safe management of medication which were made available to staff. Staff with responsibilities for handling medication had completed the relevant training and competency checks and their practice was periodically observed to make sure they carried out the task safely. This was to check staff had understood the training and knew what it meant in practice.

People told us they got their medicines on time and that staff were careful when administering it. Medication and medication administration records (MARs) were kept secure in each person's flat. MARs listed each item of prescribed medication and detailed instructions for their use. MARs were initialled by staff where they had administered medication to people, or with a code to indicate other circumstances such as if medication was refused or if the person was in hospital. Where medicines were not given a record of this and the reason why was recorded on the reverse side of the person's MAR and in their daily notes.

People who were prescribed PRN medication had a protocol in place for their use. PRN medicines are only to be given when required, such as pain relief and laxatives. The PRN protocols provided staff with instructions such as what the medicine was for, time between doses and the maximum amount to be taken in a 24 hour period.

The level of support people needed with their medicines was clearly recorded in their medication care plan. Other information detailed within the plan included any known allergies, what the medicine was for and how people preferred to take their medicine.

Staff were knowledgeable about medicines and their side effects. We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure. This showed procedures were in place for the safe handling and storage of medicines.

The control and prevention of infection was managed well. The service had policies and procedures in place about infection prevention and control. We saw evidence that staff had received training in infection control. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Communal areas of the home we saw were clean. However, some areas were in need of decorating.

Staff told us that they had access to personal protective equipment (PPE) (aprons and gloves). Supplies were held at the office and they never ran out. Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had happened, the cause and effect of each accident or incident was investigated. Similar incidents were linked together to identify any trends and common causes and action plans were put in place to reduce the risk of them happening again.

The service had a policy and procedure on safeguarding people's finances. The manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for three people and found the records and receipts tallied. This showed robust procedures were in place to help safeguard people from financial abuse.

# Is the service effective?

## Our findings

People told us that staff were good at their job and that they provided them with the right care and support.

At our last inspection, we saw that staff completed an induction process and they had received a wide range of training, which covered courses the service deemed essential, such as safeguarding, medication and Mental Capacity Act 2005 (MCA).

At this inspection, we found improvements to the provision of training and support. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills.

Induction training was provided to new staff so they had the skills and knowledge for their role. Induction records showed a two day induction was provided to staff that covered roles and responsibilities, health and safety, food hygiene, fire safety, personal care, first aid, safeguarding, MCA, autism awareness, epilepsy awareness and managing tenant's finances.

New staff spent time shadowing more experienced staff to help them understand their role. The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

Records we reviewed confirmed all essential training had been completed by existing staff in moving and handling, health and safety, food hygiene, fire safety, safeguarding, medicines, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS.)

Staff spoken with told us they were provided with a range of training which included specialist training. For example, staff had attended training on Makaton (A language programme using signs and symbols to help people to communicate) to be able to meet the needs of people who used the service. There were also a range of bespoke workshops arranged to look at how best to care and support people receiving support at Longley Hall.

Staff were provided with ongoing support for their role. Each member of staff attended regular one to one supervision sessions throughout the year. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. These sessions provided staff with an opportunity to meet and discuss with their line manager matters such as their work performance, general health, relationships at work, and support for their role and training or development needs.

Staff also attended an end of year appraisal, which gave them an opportunity to reflect on outcomes and achievements over the previous year and agree the next year's performance plan. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. A written record of the discussions was kept and included any agreed actions and timescales.

Staff meetings also took place to keep the team informed and up to date with any changes. They also provided an opportunity for staff to share ideas and ask questions. Staff told us they felt supported within their roles and were confident about approaching the registered manager should they need to for advice or support outside of planned one to one and group meetings.

People receiving support were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that support plans were in place to identify assistance required in this area. This identified what people liked and disliked and their individual choices.

People receiving support told us they were involved in shopping and menu planning and they chose what they wanted to eat and drink. People were involved in all stages of food preparation where appropriate. During the inspection, we observed staff offering drinks and snacks to people who were unable to assist themselves.

People we spoke with said they enjoyed their meals and although they were encouraged to eat healthy, they sometimes had a takeaway as a treat.

We spoke with staff about what they would do if they identified any concerns associated with the person's diet. Staff were knowledgeable about when they should contact the GP or other professionals such as the dietician and the speech and language therapist.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We found policies and procedures were in place regarding the MCA so staff had access to important information.

We found the service was working within the principles of the MCA. Currently the registered manager was liaising with the local authority to ensure people's rights were maintained and protected, and their liberty was not being restricted illegally. Relevant applications and best interest meetings had been undertaken. Staff we spoke with understood the principles of the MCA. This showed staff had relevant knowledge of procedures to follow in line with legislation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The service worked in partnership with a range of health professionals to ensure people's healthcare needs were met. This included working closely with healthcare professionals to ensure they were provided with the right level of emotional support. Where people displayed behaviours that challenge we saw specialist input had been provided from behavioural specialists. The service worked with other agencies to secure increased funding for people when it was identified they needed it.

Care records we looked at showed detailed information about a person's medical needs and what medicines they were prescribed, along with any allergies the person had. Records we looked at included a health action plan and a hospital passport that covered whether people needed support, and if so, to what level.

We spoke with people and they felt comfortable and able to discuss healthcare issues with staff. One person said, "Staff listen to me and when I need appointments they support me to go" and "If I had a concern I would tell the staff, they sort it."

Where appropriate advocates were used to ensure individuals have a voice. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions, which are in their best interests.

## Is the service caring?

### Our findings

People we spoke with praised the care staff and said that the staff were very good. Their comments included, "It's really good living here because I have my own independence. They have given me responsibility and built my confidence" and "If I had to mark the staff out of ten I would give them a ten because you can't fault them. You can have a laugh and a joke with them."

During the inspection, we saw staff and people they supported talking, laughing and joking together. It was very inclusive. There was also banter between people who used the service and people were enjoying themselves.

People told us that staff encouraged their independence and never took over. One person said, "I like my own personal space and they [staff] respect that."

The care records we looked at contained information about the person's preferred name and how people would like their care and support to be provided. This showed important information was available so staff could act on this and provide support in the way people wished. This showed important information was recorded in people's plans so staff were aware and could act on this.

Staff were knowledgeable about people's needs and they had taken time to really get to know 'the person'. This helped staff to develop positive and trusting relationships with people. Staff knew people's backgrounds and things that were important to them such as where they grew up, where they worked and special relationships. Staff used this knowledge to engage people in meaningful conversations and activities.

Staff worked hard to understand people's needs and encouraged them to communicate in their own individual way (a form of individual sign language and gesture was used with two people). One person gave a thumbs-up sign (and had a very wide smile) when asked if they liked the staff.

Staff and people who used the service spoke of each other with kindness and respect, people told that they had a regular team of care staff who knew them and how they liked to be supported. This showed a respectful approach from staff.

Staff were very attentive and understood people's individual needs. It was clear that there were friendly and caring relationships between people and staff. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own

The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction this gave them.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they

treated people with dignity.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services, which they would share with people who may require this support. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions that are in their best interests.

Care records and other documents were stored securely to help keep all information confidential. Staff were trained to keep documents confidential and how to safely share information. This helped to ensure people's right to confidentiality.

## Is the service responsive?

### Our findings

People receiving support from Longley Hall said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided.

When asked if they got the support they needed people told us, "It's really good living here because I have my own independence. The staff have helped me with everything. They have given me responsibility and built my confidence" and "The staff always listen to me and do anything they can to help me. I can't thank them enough."

People received personalised care and support responsive to their needs. Prior to using the service people underwent an assessment of their needs, which took account of their physical, mental health and social needs.

Care records were developed based on assessments carried out and through discussions with people and/or those acting on their behalf. Care plans provided clear instructions for staff on how the person wanted to be supported and the things that they could or wanted to do for themselves.

Care records were kept under review with the full involvement of the person and relevant others. People had a copy of their care plan in their home, a copy was kept safely in the office, and both were accessible to the relevant staff. Any significant changes to people's needs were communicated to staff at the start of every shift. This ensured staff had the most up to date information about people's needs and how best to meet them.

The care records we looked at contained detailed information about the person's communication needs. This included whether the person was able to communicate verbally or whether they used sign language, if they used pictorial as well as gestural/physical movements. Information was also available to show how the person may respond to questions being asked. Care files also contained information about how the person interacted with others.

People were provided with opportunities to engage in meaningful activities and staff encouraged and supported this where necessary. People told us they enjoyed the activities, one person said, "I like to go out and about with staff" and another said, "Staff take me out and I do my own shopping." The registered manager explained that they were always looking at other ideas for promoting peoples involvement and engagement in activities.

We found care records held evidence they had been reviewed to keep them up to date. For example, one person's behaviour management plan had been updated following an increase in incidents. The care records detailed signs to look out for and the staff actions required when known behaviours were apparent to reduce the person's anxiety. The care records also evidenced appropriate health professional's guidance had been obtained. This showed a responsive approach.

A daily progress sheet was maintained for each person. These records were used by staff to summarise the tasks and activities which they carried out during the visit as well as any significant observations, which needed to be communicated onto other staff and relevant others such as family members. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care was also entered onto the record. The records helped to ensure that relevant information was shared about people with those who needed to know and to check that people had received the right care and support in line with their care plan.

People were regularly asked to give their views about the service. This was done through regular coffee mornings where people were encouraged to comment about all aspects of their care. This included their care and support, where they live and their support team.

We found a system was in place to respond to complaints. Staff told us they would always pass any complaints to the registered manager, and they were confident the registered manager would take any complaints seriously. Records we reviewed confirmed there had been three complaints since the last inspection. The registered manager had kept a log, which showed the complaints had been investigated and responded to appropriately, and included the actions taken and the outcome.

We saw an 'easy read' version of the complaints procedure had been provided to people receiving support from the service. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed people were provided with important information to promote their rights and choices.

## Is the service well-led?

### Our findings

At our last inspection, the registered provider had a new quality assurance system in place, but this required further embedding so that audits were able to identify potential areas for improvement.

At this inspection, we found improvements to the quality assurance systems had now been embedded. The registered manager explained a monthly service improvement plan was produced. The service improvement plan included audits at various intervals on things such as care records, medication, staff training and performance, accidents and incidents. Where areas for improvement were identified an action plan was developed which provided realistic timescales for completion and who was responsible for ensuring the action was followed through.

We were provided with a copy of the most recent service improvement plan, which showed checks were made on all aspects of the running of the home. This showed actions were identified to ensure ongoing improvements to the home.

People told us the service was well managed. They told us they knew who the registered manager was and where they could locate her in the building. People commented that the registered manager was supportive approachable, kind and caring and always took time to speak with them.

People told us they would recommend the service to their family and friends without hesitation. One person told us, "I was very apprehensive and nervous before I came here, but it's the best move I have ever made; I have gone from strength to strength."

The registered manager was very knowledgeable about the needs and backgrounds of each person. One person receiving support told us, "The registered manager is smashing, she is a really good manager, she is always on my side, I am really grateful to her. She's given me a lot of confidence and she's been smashing with my family."

Staff also commented positively on the management and leadership of the service. One staff member told us; "The [registered manager] always makes sure people get the support they need" Another member of staff said, "The management are open, you can go and talk to them and they are supportive."

Staff told us they enjoyed their jobs, communication was good and they were a good team that worked well together. Staff commented, "We get lots of support," "The manager is very approachable. She listens and asks for opinions. She takes on board what we say" and "I definitely feel supported at work."

We saw staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so staff were aware of these.

People and where appropriate those acting on their behalf were regularly asked to give their views about the service. This was done through regular review meetings and coffee mornings.

The home had policies and procedures in place, which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

We found that records were managed and stored safely and securely. Information was accurate and up to date.

The service worked in partnership with other agencies. One healthcare professional told us, "The registered manager and the unit manager have been flexible, accommodating and open to input from professionals" and "They are person centred in their approach and a good advocate for service users."

The registered provider and registered manager understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe. We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received. The rating from the previous inspection was displayed in the office.