

Neptune House Limited

# Neptune House

## Inspection report

Neptune House  
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22 January 2016

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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

We inspected this home on 21 and 22 January 2016. This was an unannounced inspection.

Neptune House is registered to provide accommodation and personal care for 15 people who have a learning disability and/or Autism. At the time of our inspection, there were 13 people living in the home full time and two other people who spend part of the week at the home to give their carers respite.

There was a registered manager who was also a part owner at the home. 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 were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse to look out for. Staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's physical and social needs and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs, protect their safety and promote their independence. Staff were aware of their roles and responsibilities and the lines of accountability within the home. Staff attended regular supervision, had an annual appraisal and regular team meetings.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role at the home. Staff told us the management was approachable, very open, and supportive. Staff morale was good, and many of the staff had worked at the home for many years. Staff talked positively about their roles within the home.

We observed that staff had developed very positive relationships with people living in the home. Staff were kind and respectful, and were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People who had been assessed as lacking capacity to make decisions for themselves staff made sure their best interests were taken into account. Staff received training in the Mental Capacity Act 2005 and DoLS to enable them to understand the need for referrals and their responsibilities around best interest decisions.

The systems for the management of medicines were followed by staff and people received their medicines safely. People had good access to health and social care professionals when required.

People were involved in the care planning processes. Their support needs, likes and lifestyle preferences had been written by the individual and were updated with new pictures people had found to pictorially represent their choices. Their needs were carefully considered and were reflected within the care and support plans.

People were encouraged and supported to pursue activities inside and outside of the home. Staff made people aware of what is happening in the local community, such as festivals that they may wish to attend. People were also encouraged to keep active and continue learning.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals. This ensured they received treatment and support as required.

Staff meetings and residents meetings took place on a regular basis. Minutes were recorded and any actions required were documented and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

## 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.

The registered manager had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The registered manager operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced with the individual identifying how much support was needed to be provided. These plans were tailored to meet each individual's requirement and reviewed on a regular basis.

People were involved in a wide range of activities in house and outside in the community. Activities were tailored to meet people's interest and promoted independence.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

### Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and approachable. Staff received regular supervision and an annual appraisal.

There were effective systems in place to monitor and improve the quality of the service provided.

# Neptune House

## **Detailed findings**

### Background to this inspection

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

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

During our inspection, we spoke with five people residing at the home and three care workers including one senior carer. We also spoke with the registered manager and a relative who was visiting.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at three people's records these included care plans, risk assessments, and behavioural records. We sampled a number of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around part of the care home and the outside spaces available to people.

At the previous inspection on 7 October 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

The people who lived at Neptune House told us that they felt well supported and safe. One person said, "They look after me here and they keep me safe". A relative told us, "I have been so happy with the care they give my son, I know he is safe here and this gives me peace of mind".

Staff told us that they had received safeguarding training in the last year and this was confirmed by the training matrix kept by the registered manager. The staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should that occur. Staff trusted the registered manager to respond appropriately to any concerns. The staff understood that if they saw or suspected any abuse was taking place they had to report this. They were all clear that they would report a colleague if they needed to. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed in the last six months. We saw that these policies clearly detailed the information and action staff should take to protect people in their care. They also had an up to date copy of the safeguarding protocols supplied by the local authority. Staff knew how to report abuse and keep people safe if believed abuse might be taking place.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's support needs and possible risks that had been identified. Through talking with the staff, we found they knew the people living at the home well, and had also understood risks relating to people's individual care and support needs. The people were being supported in accordance with their risk management plans. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example, one person is a little unsteady on their feet at times, when they are out with staff they like to link arms with a member of staff. Staff spoken with were all aware of the persons need to feel safe when out in the community.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults that needed support to live in the community would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the registered manager confirmed this. People could be confident that they were supported by staff who were not known to have abused people in the past. The registered manager had a disciplinary procedure and other policies relating to staff employment in place to deal with any staffing issues effectively.

Through our observations and discussions with the people and staff members, we found there was enough staff with the right experience and training to meet the needs of the people. We looked at records such as the rotas and the training matrix; these confirmed training had been made available to meet the specific needs of the people who lived in the home. People living at the home required different levels of caring hours, the registered manager had systems in place to make sure that people had the staff availability as agreed with the contracting authority. For example people had one to one supervision when they were out in the community.

There was a designated room where medicines were stored. Medicines were locked in a cupboard which was bolted to the wall. The room where medicines were stored was kept locked and only staff who were designated to administer medicines had the keys. Staff who administered medicines had received training and their competency had been checked. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. This resulted in people receiving their medication as prescribed.

The home was well maintained and had been refurbished throughout recently. We saw that there was a maintenance book where staff recorded any issues that needed attention. These are signed off once completed. Contracts were in place to maintain the safety within the home, for example cover regarding the boiler, gas and electrical appliances.

There was a PEEP (Personal Emergency Evacuation Plan) staff could use in the event of an emergency. This included arrangements for each person to be evacuated from the home which were clearly documented. The home had also started to put an emergency bag together, this had things like torches and bottled water in.



# Is the service effective?

## Our findings

People told us that the staff knew how to look after them. One person said, "The staff know how to look after me, they do training I know that because they do it here". Another said, "When I am unwell they look after and I see the doctor if I need to". A relative told us, "I was very impressed that staff used the instructions I had written out about my sons care, it was in the care plan and staff follow it, and if anyone is not sure about any aspect they ask me".

Staff told us that when they go on training they are encouraged to talk about what they have learnt and put it into practice. Staff received all training face to face. . The trainer knows the home well and is able to draw on examples within the home in the training, staff told us this has helped them understand the subjects better. One staff member told us, "We have all the normal training, but we also have training on all the conditions people suffer from. This understanding has helped us improve the care and support we provide". For example when a new person was admitted who could sign, the registered manager made sure that staff had been trained in Makaton the same method of signing.

We also saw specific information on people's files giving staff further information about people's individual conditions. For example the registered manager had also set up specific training about Jouberts syndrome. This meant staff understood a person's condition, their support needs and how the condition may change the person's support needs over time. This also showed staff were being given the skills and knowledge they needed to provide the specific and safe support for the people residing in the home. Staff were also required to undertake training to carry out their roles safely. We found this included training on subjects such as safeguarding vulnerable adults, first aid, fire, health and safety, nutrition, infection control and medicines administration. We saw on the training matrix that training is also refreshed to keep staff knowledge current. Staff had the skills and knowledge to improve the care and support they provided to protect peoples' wellbeing and safety.

Staff worked with health and social care professionals who supported the people who lived at the home. They also supported people to attend appointments and make sure their other physical health needs were met. People could see a GP when they wanted or needed to. People had health action plans in place. These plans provided advice and health awareness information which supported peoples' health and wellbeing. These had been reviewed at least six monthly or when there had been a significant change.

People had individual health assessments within the care plans and the records were seen of hospital and GP visits. Staff told us people would need support to access their GP. Care plans recorded these visits and any instructions for staff to follow when required to maintain peoples' health and well-being. The care plans were regularly reviewed and updated in line with the person's changing circumstances. The plan changes were brought to staffs attention during regular handover of information between shifts. This ensured staff provided care and support appropriately.

Staff told us the registered manager was extremely supportive and they regularly received supervision sessions and an annual appraisal. The registered manager told us that they completed monthly supervision

with all staff. More recently, the registered manager was receiving supervision from a professional person outside of the home, this had been beneficial and has now extended this to the senior staff. The registered manager intends to provide training on supervision to senior staff so that they can in turn supervise the other staff in the home. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff explained that at their supervision they had talked about recent training or issues they had encountered since the last meeting. These were discussed along with future training and development needs.

People were supported to have enough to eat and drink. At lunch time, people were encouraged to choose what they wanted to eat and drink. One staff member said they discussed healthy eating during informal discussions with people. This had resulted in people making better choices when choosing what they wanted to eat. Another member of staff discussed how different themed meals were developed with the people. Staff told us that they had tried Mexican, and there were other meals to try such as Chinese, Indian and Spanish meals. Another person said "We have a good choice of meals and staff support us to shop and look after ourselves. The menu is very flexible and most people can help themselves to breakfast. They are also offered a cooked breakfast twice a week. We saw that people had been weighed every month, people's weight was monitored to make sure a healthy weight was maintained, any issues were reported to their GP.

Menus were formulated through weekly residents meetings. People were asked what they wanted and this changed as the season change. The chef works out a menu for the week with the people in the home. They offered main meals twice a day. They have a white board with the selections for the day as well as a picture menu so all people understood the choices available. The chef made mainly homemade meals, the chef recently has been trying to make the meals healthier, for example they used balotti bean ground up instead of fat to make an orange cake. A member of staff said the cake was extremely nice. Staff sat with people at meal times and ate with them, this was observed and was a very mutually social occasion.

Staff gained people consent and people were fully involved in all aspects of planning their day. Staff had a good understanding of each person's likes and dislikes and the things that they wanted to learn or achieve. They understood people's identified risks and what they needed to do to reduce or prevent harm. For example one person told us, "The staff talk to me and help me to do things I like to do. I have been to college and work in a café, I like that, the home found me the job".

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Registered manager explained how they supported people to understand information to enable them to make decisions. Registered manager said they had applied for a best interest decision for some people in the home. For example where people were not safe leaving the home alone.

People had been encouraged to think about what they could do for themselves and what they really did need help with. For example, if someone required assistance with personal care, first staff asked what can the person actually do, and then they used prompting before giving hands on care. Another person could attend to all their personal care except for washing their hair, They found it hard to lift their arms up that high without losing balance. So in this case staff did assist them. People were able to use advocacy services if they wanted support making decisions. This meant that if people needed help to make a decision, there was information available to enable them to find appropriate support. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. Where this was not the case then capacity assessments were available to evidence that people's capacity had been assessed in relation

to decisions.

## Is the service caring?

### Our findings

The people had their own care plans and they used pictures to say what they want help with and to describe their personal details. For example, someone had chosen a birthday cake on the page where they had written their date of birth. A giraffe picture with a height chart was used on the page which says 'how tall are you'. In this file the person liked to use a lot of glitter and shiny things to embellish the pages. They had used photos to show who their keyworkers were and also show their best friends in the home.

A page called, 'I need help in the morning' explained with words and pictures what people needed help with. For example one person needed help to wash their hair in the shower, they used pictures of hair shampoo and a person showering. Another needed reminding to take their shower gel to the bathroom, they had included a picture of a large bottle of shower gel. We saw people also needed to be reminded about cleaning their teeth and to bring all the dirty washing down to the laundry. Again this was all described with words and pictures. There were also pages that showed what the person could do for themselves. For example pictures of combs for combing their hair, this person was also able to read, they wrote they loved boxes, Lego, and shopping. Every page was full of pictures and photos they had stuck on the pages. It was the same with the activities, staff said that the people often ask to see their files and they like adding new pictures in the file.

During the course of the inspection we saw that staff interacted with the people they supported with warmth and respect. People looked comfortable and relaxed around staff and enjoyed friendly banter with them. People's diversity and values were respected. Staff described in detail how they respected people's individuality. People were supported to continue with their previous interests and maintain contact with friends and family.

Staff spoke about the people they supported in a caring way and they also told us they promoted people's wellbeing. Staff told us they listened to people, they encouraged and respected their wishes and choices. People confirmed this, one person said, "Staff do really encourage me to decide things for myself". Another person told us, "I can't always tell them straight off, but they wait till I have thought and know what I want to do". Staff told us they enjoyed working with all the people. One staff member said, "Things have changed a lot here over the last couple of years, this really is their home and we respect that".

Staff used terms such as 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence.

Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity. For example, staff knocked on people's doors before entering.

Relatives were aware they could visit at any time. They told us there were no restrictions on visiting and they were always made welcome. One visitor told us that their relatives were well cared for and the registered manager and staff also had time to talk to them. They said "I have found their support for both my son and

myself invaluable, they are all so kind

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. One person said, "If I tell staff there is something I want to do, they all ways help me". People were very clear that they would say something straight away if they were not happy about something. One person said, "I am happy most of the time. If I have any worries, I would talk to the staff, they would sort it out". The relative visiting said, "I would have no hesitation in making a complaint if I needed to, I would talk to the registered manager".

Before a new person came to live at the home the manager would meet with them and their family. They were then invited to visit the home and spend time with the people who lived there. Staff and the person benefited from getting to know each other along with the other people living in the home. Staff spent time finding out about their lives prior to moving into the home. The information included information about their personal care, their interests, hobbies and their preferred routines. The registered manager and staff by gathering this information had a better understanding of whether they could meet the persons care and support needs. With a trial stay the registered manager had time when they could see if the people already in the home got on well with the new person. We were told, "It is the people's home therefore anyone new coming to live here must fit in with them".

As the plans were written with people and they used pictures to interpret what they wanted to say people's individuality and character shone out of the records we viewed. For example, one person's care plan looked at all aspects of the person's life. We saw pages about 'These are the foods I like, these are the foods I do not like, these are the things I like to do, these are my best friends at the home and these are the people who are important to me'. All these were backed up by pictures and had been written by the person. These care plans were reviewed monthly at meetings with the person and their keyworker. All changes were documented straight away and ensured staff knew how to manage specific health conditions and care needs.

People were supported by staff who were knowledgeable about their needs and preferences. Staff clearly knew people well which we observed from interactions with them. Care plans also contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. Assessments were reviewed every six months with the person concerned and their relatives and care plans had been updated as people's needs changed. Staff described how they offered people choices on a day to day basis and adapted the day to accommodate this. We observed that staff were attentive to people's request for assistance throughout our inspection. During our observations, staff involved people in decisions about their daily care, such as what time they wanted to go out into the community and listening to their plan for the day.

People were supported in promoting their independence. For example people's independent skills were promoted in the preparation of meals. We saw that several people liked to cook and staff time was spent with them in the kitchen. Staff knew what people could do for themselves and encouraged them to improve the amount they could do. People were given the opportunity to set goals for things they wanted to achieve for themselves. The goals were split into small tasks which they could do to build up to the end result within

an achievable timescale. People agreed it made them feel good when they had managed to do something new. People were supported to use local community facilities and the home had a vehicle to take people out.

The registered manager had recognised that people enjoyed making changes to their care plans on a regular basis. The registered manager responded to this by coming up with work books for the people to work through if they wanted to. This was called 'LIFE' which stood for Learning Is Fun Every Day. There were workbooks for people to work through at their own speed and in any order they wanted. They included subject such as 'out and about' where people evidence a trip they had planned and using different transport. 'Health' when they find new ways to improve or maintain good health like looking at what they eat or exercise. 'Shop till you drop' learning budgeting and looking for bargains, such as buy one get one free. People have responded well to this and enjoy doing them learning as they go. There were ten subjects and people got a certificate when they had all been completed.

People were involved in regular reviews of their needs and decisions about their care and support. Each month the staff had individual meetings with people when they discussed their care and support. We saw that staff checked that people were happy with the support and discussed the progress of any goals that had been set. At the moment people had been asked to think about where they would like to go for their next holiday. Several people told us about this, one person said, "I really like where we went last year, but, I think it is good to different places".

There was a complaints procedure which told people how to make a complaint and the timescales for a response to be received. Staff were familiar with what to do if people approached them to complain and they understood the policy. There was a complaints policy and procedure, with an easy to follow procedure in pictures on the notice board. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. There were no complaints recorded in the log since we last visited. The registered manager told us there had not been any complaints received. The staff discussed with us the process that would be used for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

## Is the service well-led?

### Our findings

The people who live at the home were extremely complimentary about the staff. They told us that they thought the home was well run and staff supported them. We observed staff listening to people's views and they were receptive to their suggestions. One person said, "The staff are always interested and they listen to what we have to say".

The staff spoken with about the home and the way it is run said that they felt it was well-led. The staff members spoken with had worked at the service for many years, they stated that they felt they could easily express concerns and make suggestions about the running of the home and they were listened too. They said in their opinion the home had improved a lot and were pleased with the way the people came first. One person said, "residents are treated as individuals, home is managed to cater for their needs".

Communication within the home was facilitated through daily handovers between management and staff. The service had staff meetings where areas such as staff training, health and safety, and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the registered manager. Staff agreed the registered manager was approachable and easy to talk to.

The provider sought people's and others views by giving annual questionnaires to people, staff, professionals and relatives to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For example, relatives commented, 'I feel that I am listened to when I suggest or ask a question on my son's behalf', 'Yes, I receive monthly feedback' and 'Yes, I feel confident in raising issues. I have done in the past and things were quickly resolved. Overall the responses were positive, and stated people were happy with the care being provided.

Resident' meetings enabled the registered manager and staff to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus and where people would like to go for their holiday later in the year. We saw that suggestions such as weekly menu were acted upon.

Staff knew the ethos of the home, they explained the importance of people being able to live in a comfortable, safe, and homely environment. Each person had agreed care and support plans which were consistent but also flexible to encourage people to grow. With people making informed choices and understanding the risks associated with daily life. Staff through one to one support made people take responsibility for their behaviour and their lives. One staff member told us, "We try to make this home like a real home, homely and safe". Our observations during the inspection saw this to be the case and meant that people benefited from the staff following the ethos of the home.

We saw on the headed paper and on notice board 'Extraordinary care for extraordinary people' this also was part of the ethos of the home. The staff were encouraged to work with people to try new things. There were risk assessments but people were able to take informed risks with staff supporting them to stay as safe as



possible.

The registered manager and all staff had regular supervision on an individual basis and staff meetings are a time when staff discuss what has gone well since the previous meeting and what if any issues still need to be considered. In this way the service provided was monitored and improved.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was supported by the other owners who visited the home regularly. Monthly visits by an independent person had been arranged to monitor all aspects of the home over the year. Speaking to people, staff, looking at the monitoring records and the environment. They would be producing a report for the registered manager/owners, in turn any actions necessary to improve the home would be the subject of an action plan. This will be a part of the quality assurance process in the home.

The registered manager understood the principles of good quality assurance and used these principles to critically review the home. We found that the registered manager had effective systems in place for monitoring the home. The daily, weekly and monthly audits covered all aspects of the service, such as medication, infection control, learning and development for staff and people's finances. We also saw on file that staff make regular recordings for example fridge and freezer temperatures. Staff also completed a cleaning schedule that cover all parts of the home and people's bedrooms. Staff undertook weekly testing of the fire alarm systems and several fire drills during the year made sure everyone knew what to do in the event of fire.

Necessary checks had been undertaken by contractors who visit the home, such as PAT (Portable Appliance Testing) testing. We viewed an in date electrical and gas certificate. Fire alarms and emergency lighting had been checked and regularly serviced. We saw where issues were found during the audits the registered manager had produce an action plan, which clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent future accidents. Staff told us what incidents they would record and that these would be checked by the manager. One staff described what accidents would also need to be sent the Health and Safety Executive on the RIDDOR form. We saw completed forms and these detailed what had happened and the action taken by staff.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. We saw from our records that notifications had been sent in to tell us about incidents as required. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations