

# Royal National Institute of Blind People

## RNIB The Clockhouse

### Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 6 June 2018 and was unannounced.

RNIB The Clockhouse (The Clockhouse) is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Clockhouse provides residential care to a maximum of six adults who have sight difficulties. They may also have additional learning disabilities, autism, emotional or mental health needs. There were six people living in the home at the time of our inspection.

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.

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

We previously carried out an unannounced comprehensive inspection of this service 24 February 2016 when we rated the service as Good. At that inspection, there was no registered manager in post and the leadership of the service required improvement. Since that inspection, a new registered manager has been appointed and the service has undergone a significant level of change at both provider and management level.

The physical environment at The Clockhouse was not wholly suited for the stated purpose of the service. In particular, the layout and stairways were not suitable for people living with visual impairment. The provider is aware of this shortfall and the RNIB are undertaking a major re-development project to provide more suitable accommodation to all the people they support across their services.

As a result of concerns raised about the service from a number of different sources, The Clockhouse has recently been the subject of a Large Scale Enquiry (LSE) which was led by the local authority safeguarding team. Throughout this process, the provider and registered manager have cooperated with the investigation and extensive external auditing of the service has taken place. We have participated in the LSE and monitoring the service through regular phone calls, attending safeguarding meetings and reviewing ongoing improvement plans for the service.

The operational focus for the management team has been on implementing new systems to ensure people

receive a safe and personalised service. A crucial part of this process has been recruiting a new and stable staff team for The Clockhouse. This has been a period of considerable uncertainty and change both for the people living at the service and for their family members. We have spoken with relatives throughout the LSE and also as part of this inspection and the feedback from all stakeholders is that whilst the service is not yet perfect, it has significantly improved and that people living at the service are safe and happy.

The management team have been open about the actions they were still working on and had clear plans in place to ensure good outcomes for all were achieved. We made one recommendation as a result of this inspection in order to encourage the provider to continue to develop best practices for people living with a visual impairment. We will continue to review the service against their own improvement plan, in particular ensuring the provider continues to monitor and support the service.

Until recently, the operational focus for the management team had been on rectifying previous mistakes in order to ensure people received a safe and personalised service. Now those objectives had been achieved, governance frameworks need to be embedded and sustained to ensure a future of consistently proactive and high quality support.

People were protected by the systems in place to safeguard them from the risk of harm. In particular, the procedures for managing people's finances have greatly improved and help prevent the risk of abuse.

The service was clean and hygienic and appropriate steps had been taken to ensure good infection control.

There were now sufficient staff in place to meet people's needs and deliver a more personalised service. People had good relationships with the staff who supported them with kindness and compassion. Staff had access to training and support that enabled them to undertake their roles effectively and ensure people's legal rights were protected.

Staff and management worked well as a team to enable people to maintain good health. There were systems in place to ensure people received their medicines as prescribed. Staff responded swiftly to any changes in people's needs and sought specialist healthcare advice as necessary.

People had choice and control over the way in which they spent their time and now had regular opportunities to engage in meaningful activities. Care plans and risk assessments were in the process of being reviewed and updated to ensure they fully reflected the support being provided.

## 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 were protected by appropriate systems and practices that safeguarded them from abuse. Staff understood their roles and responsibilities in keeping people safe.

Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom.

There were now sufficient staff in place to support people in a way that safely met their needs.

There were safe systems in place to ensure people received the right medicines at the right time.

The service was clean and hygienic and infection control was managed to reduce the risk of cross-infection.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong.

Good 

### Is the service effective?

The service was effective.

Staff now had a better understanding of people's capacity and were committed to giving people choice and respecting their legal rights.

People's needs had been re-assessed to ensure support was delivered in a way that achieved effective outcomes.

Staff received ongoing training and support to enable them to develop the skills to provide effective care.

People were supported to maintain a healthy and balanced diet.

Staff and management now worked effectively as a team and with other professionals to enable people to maintain good health and lead fulfilling lives.

Good 

The design and layout of the premises was not wholly appropriate for people living with a visual impairment. The impact of this was minimal and plans were underway to develop a new home environment.

### **Is the service caring?**

**Good** ●

The service was caring.

People had developed good relationships with the staff that supported them and were relaxed and happy in their company.

People were actively encouraged to make their own decisions. Staff understood the importance of respecting people's choices and advocating strongly on their behalf.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Support was becoming increasingly person centred and staff responded well to people's changing needs.

Access to meaningful activities was improving as staff continued to explore new opportunities for people to spend time doing the things they enjoyed and were interested in.

The views of people and their families were better listened to and concerns and complaints responded to in a way that improved the quality of care.

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

**Requires Improvement** ●

The service was not wholly well-led.

Previous leadership failings had significantly impacted on people's lives and resulted in a period of instability at the service.

The registered manager and management support team had worked hard to engage effectively with people and their representatives with the result that the culture was now more open and transparent.

New systems and governance frameworks now needed to be embedded and sustained to ensure a future of consistently

proactive and high quality support for people living with a visual impairment.

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# RNIB The Clockhouse

## 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 was a re-inspection of this service to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 6 June 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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.

As part of our inspection we met with all of the six people who lived at the service. As some people were not able to give us verbal feedback about their experience of the service, we spent time observing their support and interactions with staff. Following our visit to The Clockhouse we gathered feedback from four family members. We spoke with five staff, including the registered manager. Through the LSE process we have also been gathering regular feedback from the local and placing authorities.

We reviewed a variety of documents which included the care plans for three people, four staff files, medicines records and other documentation relevant to the management of the service.

## Is the service safe?

### Our findings

Those people who were able to do so, told us they felt safe living at The Clockhouse. When asked what made them feel safe, one person commented "The staff do." Likewise, relatives felt that their family members were safe and were pleased that the new system in place for managing people's money provided greater oversight and transparency.

There were appropriate systems to safeguard people from abuse. Staff had received relevant training and safeguarding was always discussed at staff meetings. Staff understood their roles and responsibilities in keeping people safe from abuse and were able to describe the different types of abuse and what they would do if they had concerns. Staff said that they felt confident to report abuse and escalate concerns if needed.

The registered manager now ensured that all safeguarding concerns were referred to the local authority and CQC. Recent safeguarding investigations highlighted that the provider and registered manager worked collaboratively with partner agencies to ensure people were safe. For example, after a recent safeguarding concern new systems had been introduced to ensure people's finances were managed in a way that better safeguarded their money.

Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. Equipment around the service supported people to live safely and independently despite their visual impairment. For example, the oven had a quick to cool hob and cover to prevent people getting burned after use.

Staff knew people's individual risks and these were considered in the way support was provided. For example, one person was agitated and shouting prior to going out and a staff member calmed them by reminding them, "You need to calm down for horse riding or it won't be safe." The person immediately responded in a way that indicated they understood why this was a risk and subsequently went and enjoyed their horse riding lesson. Similarly, we saw that another person liked to sit behind their bedroom door. We noticed a discreet sign reminding staff of this on the person's bedroom door and staff were cautious before entering this room.

Each person's care plan was linked to a set of risk assessments which outlined the support needed to enable people to undertake their daily lives and activities safely. Personal Emergency Evacuation Plans (PEEPs) reflected people's level of visual impairment and provided guidance to staff in the event of an emergency situation. One person told us that they knew what to do in the event of the fire alarm sounding, but required staff support to get to the emergency meeting point. This information was reflected in their PEEP. Regular fire drills had been undertaken which involved both people and staff. The registered manager confirmed that the next fire drill would be held at night to ensure night time evacuation protocols were effective. We will check this has taken place at our next inspection.

There were now sufficient staff in place to support people in a way that safely met their needs. Prior to the inspection, the registered manager had notified us of a high number of staff vacancies within the service and

the steps that were being taken to recruit. During this period, a high number of temporary staff were employed to maintain appropriate staffing levels. Whilst staffing numbers had been safe, people were affected by the lack of consistency and access to activities. At the inspection we found that four new staff had recently been employed and as such there was only two staff vacancies at the service. The new staff had clearly settled in well and people were now benefitting from a stable team of permanent staff. One person said of staff, "I like them all" and a relative commented, "There are lots of new staff now which is a big relief."

Staffing levels enabled people to lead safe and active lives. Staff told us and the rotas confirmed that there was always a minimum of three staff on duty during the day and often four staff during periods of external activities. One person received additional funding for 1-1 support and we could see this had been maintained. During the inspection we saw people accessing a range of external activities and receiving support when they needed it. Staff confirmed that there was now sufficient staff to care for people safely and effectively.

There were systems in place to check the suitability of new staff. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) prior to new staff starting work to help ensure staff were safe to work with people who use care and support services. Other information that had been collected included; staff employment history, references, medical fitness and proof that people had the right to work in the UK. We identified that the appropriate references for one new staff member had not been obtained. This was highlighted to the registered manager who immediately contacted the recruiting agency and sourced this information. Within 24 hours of the inspection the registered manager devised a recruitment compliance tool which she said would complete for each new starter to ensure all required information had been received ahead of them starting work. This will be checked at the next inspection.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time. Staff understood how to support people safely with their medicines. Only staff that had completed training and competency assessments were permitted to give medicines. We observed a person been administered their eye drops and this done in a safe and person-centred way. The registered manager told us that due to the recruitment of new staff, there were now sufficient trained staff to administer medicines on each shift.

Policies and procedures provided staff with appropriate guidance to support people with their medicines in accordance with safe practices. There was also a policy for the use of "homely" or "domestic" remedies, such as those for minor ailments and the GP had authorised the safe use of certain medicines to enable people access to treatment if they had a cough or cold.

Staff completed Medication Administration Records (MAR) following the administration of medicines to people. The MAR charts we looked at had been appropriately completed with no gaps which indicated that people had received their medicines as prescribed. Where additional medicines had been prescribed during the monthly medicine cycle, two staff had signed the handwritten entry on the MAR chart to show the GP's guidance had been checked and followed.

Each person had a locked medicines cupboard in their own room and this facilitated medicines being given in a person centred way. The temperature of storage cabinets was checked daily and we saw that where a cabinet had exceeded recommended storage temperatures, staff had used an ice pack to ensure medicines were stored at safe levels.

The service was clean and hygienic and infection control was managed to reduce the risk of cross-infection.

There were appropriate systems in place to manage infection control. Staff completed training in infection control and food hygiene and were clear about the systems in place. Staff confirmed that they had access to appropriate personal protective equipment, such as gloves and aprons and that these were routinely used. The latest infection control audit confirmed good standards were maintained across the service.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong. The registered manager and provider have been open and transparent about how things had previously gone wrong within the service and demonstrated a commitment and drive to implement new systems to prevent re-occurrence. We noted from records that there were few incidents and accidents, but where these had happened, consideration had been given to minimising future risks.

## Is the service effective?

### Our findings

People told us that they had choice and control over their lives and that staff respected their decisions and we saw this happen in practice. During the inspection we observed people confidently making choices about their daily lives and no decision was made by staff without prior consultation with the person.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. DoLS authorisations had been submitted for each person living at the service.

The registered manager was open about the improvements that were still being made to the documentation around how consent was gathered and capacity assessments were still in the process of being reviewed. The arrangements and timeframe for doing these were clearly documented on the provider's improvement plan and best interests' meetings had been scheduled with relevant parties. In the interim, steps were being taken to ensure people's legal rights were protected and we will continue to monitor the progress of this through our ongoing engagement with the provider.

People's needs had been re-assessed to ensure support was delivered in a way that achieved effective outcomes. There have been no new admissions into the service since our last inspection. As part of the provider's improvement journey however, each person's needs have been re-assessed to ensure their plan of care and expectations are being met. Staffing levels and activities were now being planned in accordance with these assessments.

People had good relationships with the staff that supported them and it was evident that staff understood people's individual needs and preferences. Staff had a good knowledge of people's visual and communication impairments and effectively supported and engaged with them.

New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively. Each new member of staff had shadowed more experienced

staff to get to know people and their individual needs and routines. New staff had the benefit of joining as a group and as such had completed their training together which we were told facilitated both learning and teamwork.

Ongoing training and support provided staff with the skills to deliver their roles. All staff completed a mandatory course in 'sight guiding' prior to working with people. Staff described this training as "Brilliant" and "So informative" and we were repeatedly told that this enabled them to understand how to support people with visual impairment safely. Alongside their training, staff received regular support from their line manager through team meetings and one to one supervision sessions where they were encouraged to reflect on their practice and professional development. One staff member told us, "I've learnt so much here. The registered manager is really good and so supportive." Similarly, another said, "The training I've done here has been so comprehensive and everyone is so lovely."

People were supported to maintain a healthy and balanced diet. It was evident that people enjoyed their food and had a lot of choice in respect of their meals. People made their own selections for breakfast and lunch and we saw these being prepared individually with people in accordance with their preferences and plans for that day.

Evening meals were discussed and planned as a group with each person choosing a meal for the menu. One member of staff was designated 'Menu Champion' and it was their role to ensure people were offered varied and balanced food choices. People told us that they were involved in going food shopping and preparing meals on their day. One person was very excited about making a lemon meringue with their keyworker later that week.

People's specialist dietary needs were considered and planned for. Where people chose or were unable to eat something on the menu, suitable alternatives were always available. Staff encouraged people to eat healthily. For example, one person's favourite food was Kentucky fried chicken and staff had found a baked recipe to promote a healthier version of their meal choice.

Staff and management worked effectively as a team and with other professionals to enable people to maintain good health and lead fulfilling lives. Staff and management had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks and that advice was included in their support plans. For example, one person had been prescribed an arm splint to wear for part of each day. Guidance about this was included in the person's care plan and a poster explaining how this should be fitted was discreetly displayed in their bedroom.

Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital. One person had complex healthcare needs which required frequent hospital admissions. Their relative told us, "It is very well organised by the house and [person's name] is very well supported in difficult circumstances."

The physical environment at The Clockhouse was not wholly suited for the stated purpose of the service. In particular, the layout and stairways were not suitable for people living with visual impairment. The provider is aware of this shortfall and the RNIB are undertaking a major re-development project to provide more suitable accommodation to all the people they support across their services. People currently living at the service have done so for many years and were not negatively impacted by the environment in which they lived. They told us that they could safely move around their home and we observed this to be the case. There were no vacancies at the service, but should any new admissions take place, the physical

environment would need to be carefully considered as part of the admission assessment for any person considering moving into The Clockhouse.

The registered manager was in the process of introducing new technological ways of improving the service for people with sight loss. For example, voice activated tablets were being used to share important information with people.

## Is the service caring?

### Our findings

People expressed that they were happy at the Clockhouse and that staff were kind to them. We asked one person which staff member they liked best, the replied, "All of them. I love them all." Relatives described their family members as being settled at the service, with a relative of one person telling us, "He loves it there. Whenever he comes home to visit, he is always keen to go back to The Clockhouse."

People had developed good relationships with the staff that supported them and were relaxed and happy in their company. We observed a staff member spending time with one person listening to music and dancing. We noticed the person smiling and holding hands with the staff member as they danced. On another occasion we noticed a staff member singing a song to a different person. The staff member included the person's name in the song which made them laugh. They then got out a drum and the person was hitting the drum as the staff member sang and both were laughing and smiling throughout.

Staff showed kindness and compassion in the way they treated and spoke about people. One person had recently been unwell and staff talked about this with empathy and concern for the person's welfare. During the inspection, staff were overheard contacting the person's relatives and doctor to try and explore new ways of supporting this person to make them more comfortable.

Staff understood the importance of respecting people's choices and delivering inclusive support. Care was planned in a way that included people and encouraged their independence. For example, support in respect of meal preparation, washing and dressing was tailored to the needs of each individual. One staff member told us, "We always make sure we give people the opportunity to do as much for themselves as possible." Similarly, another staff member said, "I always help [person's name] to have a shave, but then I let them have a feel and tell me if it's ok."

Each person had a daily notes book where staff recorded information that was important and relevant each day. People had been supported to decorate these books in a way that was meaningful to them. We saw that people now identified with these books as being their own which made them feel involved in this recording process.

People's bedrooms had been personalised and furnished with items that reflected their own interests and preferences. People proudly showed us their rooms and said that they were supported to keep their rooms clean and tidy. Each week people had allocated time with their keyworker in which they were supported to tidy their room and do their laundry. The guidelines in respect of these tasks reflected the level of support people needed.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. The open plan layout of the communal areas of the home enabled staff to support people effectively without crowding their space. Similarly, we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that

balanced safety and privacy considerations.

Equality and diversity were managed well and people were supported to follow their own religious and cultural preferences and beliefs. Staff knew about people's beliefs and ensured these were respected in the way care was delivered. For example, three people liked to go to church each Sunday and staff were allocated to support this.

## Is the service responsive?

### Our findings

Support was becoming increasingly person centred and staff responded well to people's changing needs. Each person had a personalised plan of care that outlined their individual needs and preferences. This included a pen portrait of the person that provided a summary of their needs, interests and care preferences. Care plans were still in the process of being reviewed and updated. We found that more detail was needed around how people's visual impairment impacted on the different parts of their lives. From observation and discussion however, it was clear that people received person centred care. This was because staff knew people well and they received the support that was tailored to their needs. The provider had a clear improvement plan in respect of updating the records and we will continue to monitor this through our engagement with them.

Relatives told us that staff responded quickly to people's changing needs. For example, when people's behaviour or health changed, staff made immediate referrals to other professionals and kept all relevant parties informed. There were systems in place to monitor people's weight and where changes were noted, plans were put in place to manage this.

Access to meaningful activities was improving as staff continued to explore new opportunities for people to spend time doing the things they enjoyed and were interested in. Staffing and management changes at the service had previously impacted significantly on people's opportunities to engage in activities that interested and developed them. The recruitment of new staff had led to recent improvements in this area and at the time of the inspection, people were engaged in a variety of internal and external activities. Activity plans showed that people once again had access to things they enjoyed doing such as horse riding, swimming and music therapy sessions.

Staffing levels were planned flexibly to enable people to access activities across the whole day. For example, we saw that some people attended evening activities such as discos and a choir club. We also saw that staff responded to people's impromptu requests to go out.

The views of people and their families were better listened to and concerns and complaints responded to in a way that improved the quality of care. People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. One person told us, "I have no complaints, but if I did, I'd tell staff." At the start of the LSE process we spoke with relatives and at that time they felt frustrated that their concerns were not being heard. In particular, they expressed that their family members were not receiving consistent support and felt disconnected from the management team. Since that time, the registered manager has made regular contact with relatives and better relationships have developed. Relatives now told us that they felt better informed and listened to.

A copy of the complaints policy was displayed in the entrance of the home. The registered manager was also in the process of uploading a verbal complaint procedure to the house table t to make this more accessible to the people living at The Clockhouse. The registered manager now maintained a detailed record of complaints and concerns that had been received and it was evident that feedback was being valued and

responded to appropriately.

# Is the service well-led?

## Our findings

At the last inspection, there was no registered manager in place. Since that time there have been some leadership failings that significantly impacted on people's lives and resulted in a period of instability at the service. Over the last few months, these failings have been openly acknowledged by the provider and they have worked hard with the new registered manager to bring about a positive change to the running of The Clockhouse.

The registered manager and management support team had worked hard to engage effectively with people and their representatives with the result that the culture was now more open and transparent. One relative told us, "Things have improved considerably since the registered manager has been more visible and hands on." Likewise, another relative commented, "Things are a lot better now and the service is getting back to being good again."

Communication of information across the service had improved. There was now a clear management and staffing structure in place, with staff individually and collectively understanding their roles and responsibilities. Staff reported that effective handovers took place on every shift changeover which allowed information and issues to be shared and taken forward. Staff told us that communication, team work and morale was good at The Clockhouse. The atmosphere was positive and happy and it was clear that staff now enjoyed coming to work.

The provider had an ongoing improvement plan for the service which has been shared with us and the management team have been working hard to embed many new systems that have been recently introduced to take the service forward. Actions from each individual audit was fed into the overall development plan for the service. We will continue to monitor the service against this improvement plan, in particular the oversight and support from the provider.

Staff were positive about the changes that had taken place and were enthusiastic and optimistic about the future. Feedback from other professionals highlighted that the service was continually improving and had positively embraced partnership working. The registered manager was clear that the focus had been on reviewing the whole service to improve outcomes for people and now the next step is about ensuring the changed ways are sustained and fully embedded throughout their recording systems.

The RNIB Charity promote their services as offering bespoke support for people with sight loss. As such governance frameworks need to focus on outcomes and be more strategic in the capturing and development of the goals and ambitions of both people and the service as a whole. Likewise, the use of technology had started to be explored to improve independent living and this again needs to be developed.

We recommend that the provider seek advice from a reputable source regarding best practices for supporting people with people with long term visual impairment.

The new registered manager had a good understanding of their legal responsibilities as a registered person.

For example, sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.