Mr Vincent Kelly

Damascus House

Inspection report

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Date of inspection visit:
10 March 2016

Date of publication:
19 April 2016

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 the service on 10 March 2016 and the visit was unannounced.

Damascus House provides accommodation for up to 12 people who have a learning disability. At the time of our inspection 12 people were using the service. The service is on two floors accessible by stairs. There are two lounges and dining areas for people to choose from. There is also access to a large garden area for people to use should they choose to.

It is a requirement that the home has a 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. The service had a registered manager in place at the time of our inspection.

People told us that they felt safe living at the home and staff knew how to protect them from harm and abuse. Accidents and incidents had been investigated and analysed to try and prevent them from reoccurring. Risks to people had been assessed and the regular checking of equipment within the home had taken place. There were plans available to staff on how to keep people safe during emergencies.

People were supported to keep safe by the provider having adequate staffing numbers available at all times. Staff were checked prior to working for the provider to make sure that they were suitable for their role. This helped the provider to make safer recruitment decisions.

People received their medicines as prescribed by their GP. The provider had made arrangements for the safe storage and administration of medicines. The registered manager told us that they would review some of their guidelines when considering the use of as and when needed medicines. This was because the current practice of staff was not always documented.

People received effective support from staff that had the rights skills and knowledge. Staff had undertaken regular training and there were plans to enhance their skills further. For example, training in fire safety was due to occur within the next month.

People received support from staff who knew the requirements of their role. Staff had received an induction when they had started to work at the service and met regularly with the registered manager.

Staff understood the Mental Capacity Act (2005) and could describe the importance of gaining people's consent prior to carrying out care and support with them. People were being supported to make their own decisions where possible and their understanding of specific decisions had been assessed.

People had enough to eat and drink and were being supported to maintain a healthy lifestyle. People had

been involved in planning the menu and the food offered was based on their preferences.

People had access to healthcare services when they needed to. Information about people was available to healthcare staff in order to support people appropriately when, for example, they needed a hospital admission.

People were supported by staff who cared. Friendly relationships between people and staff had developed which people spoke positively about. People's dignity and privacy had been respected and their sensitive and private data was being kept secure.

People's preferences and interests were known by the staff team. Staff had taken care to make sure that care and support offered was in line with these. People took part in activities that they enjoyed and that were important to them.

People and their relatives had contributed to and been involved in planning and reviewing the care and support provided. People's support plans were individual to each person and in such detail that staff had thorough information about how to provide good support. People's independence was being encouraged and relationships that were important to them had been maintained.

People did not have information about advocacy services that they might have needed to in order to support them to speak up about things that were important to them. The registered manager told us that they would look at ways to improve this.

People and their relatives knew how to make a complaint. The information was presented in a way that helped people to understand the process. Feedback about the service had been sought through meetings people had been involved in.

The service was well-led and staff and social care professionals confirmed this. The provider had looked at ways to improve the service for the people it supported.

Staff knew about their roles and responsibilities. This included raising concerns about their colleagues should they have needed to. The registered manager gave feedback to staff about the standards of their work.

The registered manager was spoken highly of and largely understood the requirements of their role. They needed to tell CQC when a person's deprivation of their liberty had been authorised by the local authority.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff knew their responsibilities to protect people from avoidable harm and abuse.

There were sufficient staff to keep people safe who had been checked for their suitability prior to them starting work for the provider.

People received the medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who received regular training and were guided by the registered manager.

People's consent had been obtained for the care and support being provided. Staff knew about their responsibilities under the MCA.

People had enough to eat and drink and had access to healthcare services to support them to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who cared and knew about their preferences, interests and what was important to them.

People's dignity and privacy was being respected.

People were involved in planning their own care and support and their independence had been promoted. However, information about advocacy was not available.

Is the service responsive?

Good

The service was responsive.

People contributed to the assessment and review of their care needs and staff offered support based on their views and wishes.

People's support and their support plans focused on them as individuals.

People and their relatives knew how to make a complaint and they could offer feedback to the provider.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and knew about their responsibilities. They knew how to raise concerns if they had needed to and to offer suggestions for improvements.

The registered manager was aware of most of their responsibilities and had made arrangements for regular quality checks of the service.

Damascus 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 was planned to check whether the provider was 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 took place on 10 March 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection, the provider completed 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 also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of as detailed in law. After the inspection we gained feedback from health and social care professionals about their experiences of the service.

We spoke with six people who used the service, three of their relatives and three other relatives of people living at the home. We also spoke with the registered manager, the deputy manager and two support staff. During our visit we observed the care and support people received and we looked at the care records of two people. We also looked at other documentation to see how the service was managed. This included policies and procedures, quality checks that the registered manager had undertaken and medicines management systems. We also viewed three staff files to check recruitment processes and the arrangements for staff to receive support.

Good

Is the service safe?

Our findings

People who used the service were safe. One person told us, "I feel safe living here. We know about health and safety. The staff look after me. If the fire alarm goes off we go straight out". Another person said, "They don't do anything bad here - they're nice to me". The relatives we spoke with had no concerns about the safety of their family members. One told us, "The care and support is excellent. No problems at all. [Person's name] is safe and well". Staff members were able to explain how they kept people safe. One said, "One person can just leave the building without us knowing. There is a risk assessment in place that I know about and I have also read the missing person's procedure so that I would know what to do".

People were being supported by staff who knew their responsibilities when dealing with potential or actual abuse. This was because staff were able to describe the different types of abuse and what they would do if they had concerns. One staff member told us, "If I see anything I thought wasn't right I would go straight to the manager. If they weren't available I would go above her. There are phone numbers I can call as well such as the local authority". This was in line with the provider's policy on safeguarding adults. Staff had received recent training in abuse and their understanding had been checked during meetings with the registered manager.

People were satisfied with how risks to their safety had been managed. One person told us, "I go on the bus with staff to keep me safe. I go off then and do my own shopping and then meet staff after, this is good because it keeps me safe". People's safety had been assessed with them where possible and this had been documented in their support plans. For example, one person was at risk of displaying behaviours that could challenge. We saw that the person had written on the assessment about the support they required to manage their behaviour. This meant that people were actively encouraged to assess their own risks which had helped to protect their freedoms. We saw that risk assessments had been regularly reviewed so that staff had up to date information to support people safely.

People's behaviour that could challenge was being managed to keep people safe. Where there had been an incident this had been recorded and staff's response had been detailed. For example, we saw that staff had used diversion techniques to support a person to reduce their anxieties. Staff told us that they had received training in dealing with behaviour that could challenge and records confirmed this. In these ways people were being kept safe by staff that knew how to manage difficult situations.

People could be sure that accidents and incidents were being managed well. One relative told us, "When he had a small accident, staff dealt with it well and they communicated with us". Staff members had received training in first aid and we saw that accidents and incidents had been recorded and analysed with a view of trying to reduce them. For example, where a person had left the service without informing staff, an incident form had been completed. This had included the registered manager's investigation that sought to understand why the person was leaving the service. In this way the registered manager was looking at the root causes of incidents to support the staff team to keep people safe.

People were supported to stay safe if there was an emergency. On the day of our visit the fire alarm sounded

unexpectedly. The staff members supported people and any visitors to vacate the home quickly. This was done in a calm and supportive way. The staff followed the provider's fire procedures to make sure that people were safe. After the incident staff discussed how people had evacuated to see if improvements could have been made. Fire drills and the checking of fire detecting equipment had been carried out regularly. We also saw a plan of what to do in other emergencies, for example the loss of staff due to illness, that was available to staff. In this way the registered manager had made arrangements to maintain people's safety during emergencies.

People were being supported in a home where the equipment and the environment was routinely checked. For example, the electrics and the gas system had recently been tested. We also saw that additional smoke detectors had been installed following a recent fire risk assessment that had been undertaken. In this way the registered manager had made sure that people's safety was being maintained.

People were satisfied with the amount of staff to support them. One person told us, "The staff, there are enough ". People's relatives confirmed that the staffing levels were appropriate. One said, "As far as I know there's always been the right number of people (staff)". On the day of our visit we saw that there were enough staff to keep people safe. The staffing rota was available to staff that indicated who was the on-call contact. In this way staff were clear of who to contact should they need additional support or guidance.

People were being supported by a staff team who had been checked prior to starting work for the organisation. One relative told us, "They always seem to vet their care staff well". We saw that the provider had sought references and a criminal records check for each employee and these had been recorded in their files. This was in line with the provider's recruitment procedure. In this way people were being supported by staff who were appropriate to work in care.

People received their medicines as prescribed. One person told us, "The staff help me with my medication. I know what I take". There was a medicines policy available to staff to guide them. This included the process to follow if staff made a medicine error. We saw that the list of over the counter medicines that people used to take needed removing as only prescribed medicines were currently offered to people. The registered manager told us that they would review this paperwork. One person had as and when required medicines to support their anxieties but the guidelines for when this was offered had not been agreed by a healthcare professional. The registered manager told us that they would discuss this with the person's GP. We saw that people's medicines were being stored safely and administered only by trained staff. When people had taken their medicines this had been recorded thoroughly. In these ways the provider had made arrangements for medicines to be handled safely.

Good

Is the service effective?

Our findings

People were receiving care and support from staff members who had the necessary skills and knowledge. Relatives confirmed this and one said, "I feel that they are well trained". Another relative told us, "I'm reassured because all of them seem so keen to get 'into' [person's name] and know what to do. Even if they are very young they want to make it better for him".

Staff confirmed that they had received regular training. We saw that the registered manager kept records of this which included planning for the future learning needs of the staff team. For example, fire safety and report writing had been planned within the next month. Some staff members had recently started their Qualifications and Credit Framework (QCF). This is a nationally recognised qualification that staff can achieve that checks their skills and knowledge when delivering care and support. In this way staff members received information on best practice to help them to support people effectively.

People could be sure that they received effective care as staff members were supported by the registered manager to understand their roles and responsibilities. New staff had completed an induction when they started working for the provider. One staff member told us, "I am completing the Care Certificate which has been part of my very good induction". The Care Certificate is an award that helps to equip new staff in the caring profession with knowledge about how to provide good support to people. We saw that the registered manager was available to staff during our visit and provided guidance and support where this had been requested. Staff told us, and records confirmed, that they had met regularly with the registered manager to discuss the expectations of their role and to consider people's changing needs. In these ways staff received support that enabled them to enhance their work with people.

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.

We checked whether staff were working within the principles of the MCA and we found that they were. Staff understood the requirements of the MCA. For example, they told us about the importance of seeking people's consent before they carried out care or support. People told us that they had control over their care and support where they were able to. One person said, "I do all of the planning for myself and decide where to go and what to do". One relative told us, "I like that they involve [person's name] in discussions and that he has a free choice". We saw that people had consented to the care and support they received. For example, where people could, they signed their support plans and review documents.

People's mental capacity had been assessed for individual decisions, as required under the MCA, and this was confirmed in their support plans. For example, we saw that a person had been assessed to see if they could make the decision to access the community independently. Although it had been assessed that they could not, they were able to make other decisions. The person's support plan detailed how they had chosen

the colour and style of their shoes during a recent shopping trip. This meant that people's human rights were being protected by staff who had the necessary information about people's capacity when supporting people with decision making.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. For example, some people were being constantly supervised. The registered manager had recognised this and taken the appropriate action.

People told us that they had enough to eat and drink and were satisfied with what was offered to them. One person told us, "I have nice meals, the food tastes nice. I like to have healthy eating dinners which I can have". All of the relatives spoke positively about the food that was available. One said, "The food seems enough and generous and there are lots of choices". We saw that people were asked what they wanted for their lunch and evening meal and mealtimes were calm and relaxed. There was information available to staff on how to prepare and cook healthy foods as this was important to some people. We saw that people had attended meetings where they had been asked for menu ideas. In these ways the provider had made sure that the food and drink available was based on people's preferences.

People were being supported to maintain a healthy diet. We saw records that showed a person was being supported to lose weight and specialist support had been sought from a dietician. There was information for staff to support the person who had been involved in deciding to 'keep down my sweet intake'. We saw that one person was diabetic but through the support of staff to receive good nutrition, they did not require medicines to help the condition. In these ways staff knew how they could support people to stay healthy.

People received support to access healthcare services when they needed them. One person told us, "I go to the doctors. They take me, it's nearby". Relatives confirmed that people had access to healthcare professionals. One said, "[Person's name] attends all of his health appointments. I completely trust them that this happens". People's records contained booklets to take into hospital so that health staff supporting them would know how to offer the right care and support. We also saw that there was detailed information for staff to follow to meet specific health needs. For example, one person needed support to maintain healthy teeth and gums. There was information about what help was needed and how best to support the person. In these ways people were being supported to maintain good health.

Good

Is the service caring?

Our findings

People were being supported by staff who cared. One person told us, "The staff are really good because they are really nice. We help one another out". Another person said, "They show you respect, they're not rude". Relatives equally felt that staff were caring. One told us, "They are really friendly, they always seem happy. They greet us well. They are so caring of [person's name] and other residents". A social care professional gave us feedback about the staff team. They said, "I have always found Jane (the registered manager) very caring in her approach and this seems to be passed on to her staff". Staff described what good care meant to them. One told us, "When I support people to wake up I knock on their door and gently encourage them, it's about giving people the time and space they need". The registered manager told us about the caring approach of the service. They said, "We don't have staff toilets or breaks or separate meals. We are all together. There is no them and us".

We saw that staff spoke with people in a gentle way respecting both their dignity and privacy. People had built good relationships with staff members and other people living in the home as we saw people laughing and smiling when spending time together. Staff asked people throughout the day about how they were feeling and were able to adapt their communication styles to the people they were talking with. For example, for one person, staff used simple words so that the person could be involved in making decisions about their lunch. Staff were patient and gave people time to respond. Where people could have been distressed there was information in their support plans to offer ways to help them. We observed the handover between staff finishing their work and new staff coming on duty. Staff spoke about people in a warm and compassionate way. For example, staff spoke about how people were feeling and about a friendship group that people were due to attend later that evening.

Staff knew about the life histories, interests and preferences of the people they were supporting. This helped staff to offer care and support to people in ways that were important to them One staff member told us, "At the end of every shift when I have time, I read people's support plans so that I can learn about them and their needs". Another staff member said, "She loves shopping and goes out in her wheelchair, she loves musicals and loves the chocolate man, Willy Wonka". People's interests were recorded in their support plans. For example, there was information for staff on how to spend time with a person. This detailed suggestions for topics that the person enjoyed including talking about new clothes and Cliff Richard. This showed that staff cared about what was important to people.

People's bedrooms were personalised with things that mattered to them. Some people had family photographs and had their own choice of wall coverings. We saw that a person's daily support notes detailed that they had been shopping recently to choose butterfly wall stickers for their room. In this way the provider had made sure that people felt that they were at home.

People had been involved in making decisions about their care and support. A relative told us, "It wasn't as if we'd like [person's name] to do such and such, it was about [person's name] saying I want such and such". We saw that some people's risk assessments and support plans contained quotes from them that had showed their involvement. Statements such as 'I need prompting', 'Pop on Saturday' and 'Shopping

Saturday' had all been said by individuals and, where possible, recorded by them. It was also documented how people could be assisted by staff to make decisions. For example, for one person a description of the gestures they used to show their decision making was recorded. In these ways staff had showed a caring approach by involving people in planning their care.

People did not have information available to them about advocacy services. An advocate is a professionally trained person who can support people to speak up about things that matter to them. The registered manager said that they would consider how they could discuss with people about advocacy services that were available.

People's independence was being encouraged in a caring way. One staff member told us, "Some people deny they have skills. I think they would prefer us sometimes to do things for them but with a bit of humour and encouragement you can get a lot out of people". People's support plans detailed how their independence was being encouraged. For example, in one support plan we saw that a person was assisting with daily living activities such as helping to prepare meals and to change their own bedding. In this way people were being supported by staff members to be as independent as possible.

People were supported to maintain relationships that were important to them. One staff member told us about a person who they had supported to maintain regular contact with their brother which was important to them. They said, "They phone each other regularly…They do talk to each other even though they cannot speak (clearly). They were separated before but they have meetings with each other, they come here for tea, or to each other's care homes".

People could be sure that their personal information was being kept secure. This was being kept in an office which was locked when not in use. Staff knew how to keep information safe as there was a confidentiality and record keeping policy available to them. In this way the provider had put into place procedures to maintain people's privacy.

Good

Is the service responsive?

Our findings

People and their relatives had contributed to the assessment and planning of their care and support. One person told us, "I plan everything". A relative told us, "We don't get involved in any reviews but we can and do give information to them". Another relative said, "I spoke with the manager about his care plan, we spent quite some time regarding routines and when he's cooperative. They're still working on getting him to do things at his pace because you can't make him do anything". We saw that people had signed their support plans where they were able to do so to say that they had contributed to them. This meant that people were receiving care and support based on their individual needs.

People's needs were known and acted upon by staff. One relative told us, "They keep finding things to make things better for her – they've just got a little walker for her and she's really confident getting about now". People had support plans that were detailed about their preferences for care and support. Staff members would have been able to provide care and support responsive to people's needs because they were detailed with thorough information available. For example, one person had required assistance from staff for managing their finances. The person had contributed to this part of their support plan by writing in it that they had requested support and had signed to say they had. It was recorded that the person was more confident once they had received this support from staff. This meant that staff could be responsive to people's needs and wishes as they had contributed to their own care and support.

People had been part of reviewing and updating their support plans. A social care professional gave us feedback about this and said, "It has been great to witness that when meetings take place the individual is present". We saw that where changes to people's needs or preferences had occurred, these had been recorded. For example, one person used to manage their own medicines but staff had now assisted with this. This was at the person's request because they had sometimes forgotten to take their tablets. The person had stated in their support plan, "I have tried to self-medicate but made mistakes". In this way the provider was meeting the changing needs of people.

People were supported to take part in hobbies and interests that were important to them. One person told us, "We went on holiday in July to Butlin's from Monday to Friday. We had fun". Most people were undertaking activities in the community when we visited but we saw them on their return. People told us that they had been to a wide range of activities including a day on a farm to do work experience and to the local library. We saw that people had timetables of activities detailed in their support plans that included pottery, attending a disco and work experience. People spoke enthusiastically about their interests when we discussed them which showed that they were important to them. We saw in a person's case notes that staff had responded to a request to go shopping to buy a watch. In these ways people's preferences for activities had been positively responded to by staff who knew people well.

People and their relatives knew how to make a complaint if they needed to. One person told us, "If I'm sad or unhappy I would tell Jane, she would help". Another person said, "I don't need to complain. If I'm sad I can talk to them (the staff)". A relative told us, "I could contact Jane in the first instance if I need to or the owner". The provider had made the complaints procedure accessible for people using pictures which meant

that they had considered the communication needs of people using the service. Staff members were able to describe the provider's complaints procedure which meant that they could support people to complain if they had needed to. People had been reminded how to complain during a recent residents meeting. In the last 12 months the provider had received no complaints.

People's experience of their care and support was being sought. A person told us, "We all sit round and staff sit round to talk about food". A staff member said, "When we have an evening meal we talk about what's happened in the day, ask if everyone had a good day; if there's anything they want to do and we talk about food". When we asked people about other ways that they had given feedback to the provider one person told us, "We have residents meetings every Sunday". We saw records that confirmed these meetings had occurred regularly and staff had discussed with people things that were important to them such as suggestions for day trips. Changes to the menu and day trips had taken place as a result of gaining feedback from people. In these ways people had opportunities to comment on their care and support and could be confident that their views would be acted upon.

Good

Is the service well-led?

Our findings

People were being supported by a provider that was well-led, open and transparent in its approach. A relative told us, "They are very, very honest. If something goes wrong they tell me". We were given feedback by a social care professional praising the staff team. They told us, "The service appeared to be well-led, the staff team work coherently, and any actions I requested through management were always actioned in good time, to a good standard". This feedback showed qualities of the service being well-led.

People knew who the registered manager was and they told us that they were friendly and approachable. We were told that they were doing a good job. One social care professional told us, "I personally feel that Damascus House is well led by Jane and have always enjoyed a good professional relationship with her, sharing information as confidentiality allows in order to ensure that the residents are supported in a caring manner throughout". The provider had received many compliments about the service over the last 12 months praising the registered manager and the staff team.

The registered manager and the staff team had a shared vision of what the service strove to achieve as detailed in the provider's policies and procedures. We were told by staff about how people were put first when providing the service. Staff described how they had worked with the registered manager to improve the quality of lives for people they supported through promoting their independence. In this way the provider was clear about its aims and staff knew about them.

Staff had opportunities to contribute to the development of the service. They were able to share ideas about areas for improvement. For example, regular staff meetings had occurred where staff were asked about the suitability of new front door options that the provider had been in the process of replacing to keep people safe. The registered manager also had ideas for how to improve the service. For example, they told us that they were looking to achieve the local authority's Dignity in Care Award to check that they were doing everything they could to offer a quality service to people.

People, their relatives and professionals involved with the service had been given a questionnaire to complete in the last 12 months. The provider had sought feedback from these groups of people on the experience and quality of care being offered to people. Questions asked of people included the quality of staff and views of the accommodation. All of the feedback received had been positive. The registered manager told us that verbal feedback was given to people on the outcomes as there were no suggestions for improvements or actions identified. We discussed with the registered manager about sharing the summaries that they had collated based on the feedback received. They told us they would consider this.

People could be sure that poor practice from staff who supported them would be challenged. Staff were able to describe the provider's whistleblowing procedure that was available to them. One staff member told us, "I can go to the manager or the owner if I had concerns about another member of staff". We found that the whistleblowing procedure contained information reassuring staff members that they would be protected should they raise concerns about their colleagues. However, this policy did not reflect other organisations that staff could share concerns with. This was important as staff members may have wanted

to raise concerns about the provider itself and needed to know who they could discuss this with. The registered manager told us that they would review the procedure.

The registered manager was aware of the culture of the staff team by meeting with them regularly and discussing their practice. During one to one discussions with the registered manager staff had discussed their approach to people receiving care. The registered manager had also offered their support and guidance and had given motivating feedback about the performance of staff as seen in records. In these ways the registered manager was making sure that they improved the support people had received.

The registered manager was aware of most of their responsibilities. They had submitted the required notifications to CQC containing information on significant incidents. However, where a DoLS authorisation had been received by the provider, the registered manager had not notified CQC. They told us that this would happen in the future as they had not known of this requirement.

The registered manager had carried out regular audits with the deputy manager to monitor the quality of the service. We saw audits on the environment including people's bedrooms, medicines management, people's monies, support plans and incidents. These had been carried out comprehensively and identified any actions for improvement. For example, where a medicines audit had been carried out it had identified that a person had refused their medicines. The action documented was to inform the registered manager for advice and support. In this way, the provider was checking the premises and the care and support offered to improve people's experiences of care.