

Methodist Homes Ryelands

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?		Good	

Overall summary

This inspection took place on 22 September 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 27 August 2014, where we found the service was meeting all the regulations we looked at.

Ryelands is a care home that can accommodate and provide personal care and support for up to 50 older people. The service consists of two separate units known as Ryelands and Brooklands. Ryelands is located in the main building where up to 32 people can live at any one time and Brooklands is the much smaller 18 bedded unit

which specialises in supporting people living with dementia care or receiving end of life care. There were 49 people living in the home at the time of our inspection, approximately three-quarters of whom were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were happy with the standard of care provided at Ryelands. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

We saw people could move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for. Their knowledge and skills were updated through attendance at regular training.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times and we saw staff made people's guests feel welcome.

Staff encouraged people to participate in meaningful social, leisure and recreational activities that interested them. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. Staff also worked closely with other health and

social care professionals to ensure people received the care and support they needed. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well. People received their medicines as prescribed and staff knew how to manage medicines safely.

There were enough suitably competent staff to care for and support people. The management team continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

Staff supported people to make choices about day to day decisions. The management team and other staff were knowledgeable about the Mental Capacity Act (2005) and best interests meetings were held in line with the Act to make decisions on behalf of people who did not have the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) were in place to protect people's safety, and the staff were aware of what this meant and how to support people appropriately. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. We saw the registered manager led by example and was able to demonstrate a good understanding of their role and responsibilities.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service provided at the home. The registered manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living at the home. There were robust safeguarding and staff whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity, Deprivation of Liberty Safeguards (DoLS) and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

People also received compassionate and supportive care from staff when they were nearing the end of their life. Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Good



Is the service responsive?

The service was responsive.

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a wide variety of meaningful activities that reflected their social interests.

Good



Summary of findings

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

The service was well-led.

The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

The registered manager demonstrated good leadership and they were proactive in making changes and improvements that were needed in the home. People using the service, their relatives and staff spoke positively about the registered manager and her deputy and the way they both ran Ryelands.

The provider regularly monitored the quality of the care, facilities and support people using the service received. Ongoing audits and feedback from people were used to drive improvement.

Good



Ryelands

Detailed findings

Background to this inspection

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

This inspection took place on 22 September 2015 and was unannounced. It was carried out by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with 12 people who lived at the home, two people's visiting relatives, the registered manager, the deputy manager, ten care workers, the cook and one of the home's chaplains. We also spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at various records that related to people's care, staff and the overall management of the service. This included five people's care plans and three staff files.

After the inspection we obtained written feedback from a health and social care professional who had recently visited the home to assess the standard of care provided at Ryelands on behalf of the local authority.

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe living at Ryelands. A person's relative told us, "The staff are all excellent and do everything in their power to look after my [family member] and keep them safe". The provider had a policy and procedures in place which set out the action staff should take to report any concerns they might have. These were clearly displayed on a notice board in the staff room. Other records showed staff had received up to date safeguarding adults training. It was clear from discussions we had with the registered manager and staff that they knew what constituted abuse and neglect, how to recognise these signs and to whom they should report any concerns they might have.

Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised in the past, the registered manager had taken prompt and appropriate action to report this to the relevant local authority. Following an investigation into a recent safeguarding incident, an action plan was put in place by the registered manager that made it clear what staff needed to do to prevent or minimise the risk of a similar incident reoccurring.

Staff were knowledgeable about how to support people displaying behaviour that challenged the service whilst maintaining the person's safety and dignity. Staff worked closely with other health and social care professionals to try and identify triggers to people's behaviour and how they could support the person to prevent the behaviour from occurring.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed guidance on how to do this in a safe way was included in their care plan. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed to provide them in order to keep them safe. For example, on two separate occasions we observed staff use appropriate moving and handling techniques and various walking aids to help people who were at risk of falling, stand up from armchairs they were sitting in and walk the short distance from the lounge to a seat at a table in the dining room.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with foreseeable emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated staff regularly participated in fire evacuation drills. Records showed us staff had received basic fire safety and first aid courses. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, emergency lighting, and mobile hoist had been regularly checked and/or serviced in accordance with the manufacturer's guidelines. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were sufficient numbers of staff deployed throughout the home's two units to ensure people were kept safe. People said there were enough staff available when they needed them. One person's relative told us, "There always seems to be plenty of staff around when I visit my [family member] and as you can see there's lot of them [staff] about in the main lounge area today." Throughout our inspection we observed staff were always visibly present in both the unit's main communal areas and were prompt to support people when needed. We saw numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. The staff duty rosters showed staffing levels were determined according to the number and dependency levels of the people using the service.

The provider had established and operated effective recruitment procedures. Staff records showed pre-employment checks were undertaken by the provider to ensure staff had the qualifications, skills and knowledge to support people, and that they were suitable to work at the service. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines

Is the service safe?

were safely stored in medicines cabinets, trollies and fridges, which remained securely stored away in the locked clinical room when they were not in use. Each person had their own medicines administration record (MAR) sheet which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets were completed correctly. Our own checks of medicines in stock confirmed

people were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was assessed annually.

Is the service effective?

Our findings

People received care and support from staff who were appropriately trained. People told us staff had the right mix of knowledge, skills and experience to meet their needs. One person said, “The staff definitely know what they’re doing.” While another person’s relative told us, “I think all the staff who work here are excellent and are really good at their jobs. I can’t fault any of them”. Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included an induction and how to support older people living with dementia. Records also showed us the registered manager monitored when staff were due to receive refresher training to keep their knowledge and skills up to date, and ensured they completed their required training. Staff spoke positively about the training they had received. Another member of staff said, “The training we receive here is excellent. It’s always relevant to our work.”

Staff were well supported by the registered manager and senior staff, and had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual supervision meetings with their line manager and group meetings with their co-workers. Other records showed us staffs’ overall work performance was appraised on an annual basis. This was confirmed by several staff we spoke with. Staff also told us that through the meetings and appraisals described above they felt they had regular opportunities to discuss their learning and development needs, work performance or any issues or concerns they might have. One member of staff said, “I feel very lucky to work in a place where the managers are so supportive of us.”

Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed information about people’s capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people’s ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and all the relevant health and social care professionals

involved in their lives. Staff we spoke with demonstrated a good understanding and awareness of people’s capacity to consent and to make decisions about their care and support.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager demonstrated a good understanding and awareness of their responsibilities in relation to mental capacity and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff supported people to eat and drink sufficient amounts. People told us the food they were offered at Ryelands was “good” and that they were always given a choice at mealtimes. Typical feedback we received from people included, “the home has very good food”, “I love the meals here” and “there’s always a choice at mealtimes”. People’s relatives were equally complimentary about the quality and variety of the meals provided in the home. One relative said, “The meals always look and smell appetising to me.” Throughout our inspection we observed staff offering people hot and cold drinks at regular intervals. We also saw lots of coolers and jugs of water and various juices located throughout the home which people and their guests could help themselves to whenever they wished.

People’s nutrition and dietary needs had been assessed and were regularly reviewed. People’s nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was detailed guidance for staff on how this should be met. For example, some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods. Staff demonstrated a good awareness of people’s special dietary requirements and the support they needed. We saw evidence that if people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist health care professionals, for example, a dietitian. Furthermore, staff

Is the service effective?

closely monitored and recorded the dietary intake of people identified at risk of malnutrition on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain hydrated and well.

People were supported by staff to maintain their health. People's relatives told us they were kept updated about any changes to their family member's health and wellbeing. Records showed staff recorded and monitored daily information about people's general health and wellbeing. Care plans contained important information about the support they needed to access healthcare services such as the GP, district nurse, dentist and chiropodist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Where there was a concern about an individual we noted prompt action was taken by staff to ensure appropriate advice and support was sought from the relevant health care professionals. Care plans also contained important

information about people's individual health and support needs which could be quickly shared with medical staff in the event of a person being admitted to hospital in an emergency.

People told us Ryelands was a homely place to live. One person said, "I love going for walks in the garden, which you can see is beautiful", while another person told us, "It's a very comfortable place to live". We saw people's bedrooms were personalised and included all manner of possessions people had brought with them including: family photographs, pictures, ornaments and various pieces of furniture such as chairs and display cabinets. We also saw there were ramps leading to the rear garden which meant this outside space was accessible to all. We saw signage throughout the home was good which helped people using the service identify important rooms or areas such as their bedrooms, toilets, the lounge and dining room. We also saw some memory boxes had been fitted on or near some people's bedroom doors, which contained the individuals name, their portrait photograph and a variety of other visual clues to help that person orientate themselves.

Is the service caring?

Our findings

People spoke positively about the home and were enthusiastic about the kindness and professionalism shown by the staff who worked there. People typically described staff as “kind” and “caring”. Comments we received included, “It’s a lovely care home”, “the staff are more than nice” and “it suits me alright here”. Feedback we received from relatives was equally complimentary about the standard of care and support provided by staff at the home. One person’s relative told us, “It’s a brilliant home...staff do everything they can to put people at ease”, while another person’s relative said, “I would recommend this home to anyone. All the staff are kind, pleasant and understand my [family members] needs”. Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. People always looked at ease and comfortable in the presence of staff.

Staff ensured people’s right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. We observed staff ask for people’s permission before entering their room. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people’s bedroom doors were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with people that matter to them. A person’s relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. They also said, “Staff were always friendly and made them feel welcome.” Care plans identified all the people involved in a person’s life and who mattered to them.

People were supported to express their views regarding how their needs should be met. People told us they felt able to make decisions about what happened to them and could choose what time they got up, went to bed, what they wore, what they ate and what activities they participated each day. Several people gave good examples of how the registered manager had actively encouraged them to decide at a house meeting whether or not to change the time the main meal was served at Ryelands. It was clear from comments we received from people that their views on the subject had been listened to and taken into account by the registered manager, who confirmed the main meal would continue to be served at lunchtime in line with people’s expressed wishes.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. Two people gave us good examples of how staff encouraged them to travel independently in the local community. One person told us, “I often walk to the local shops or have a walk around the town.”

When people were nearing the end of their life they received compassionate and supportive care. People told us they had been able to take part in discussions with staff about the end of life care they wished to receive. We saw what people had decided about how they wanted to be supported with regards to their end of life care was reflected in their care plan. During our inspection we saw a specialist palliative care professional from a local hospice had been invited to visit someone who was receiving end of life care at Ryelands. Records indicated community based palliative care specialists regularly visited the home to offer their advice and support to staff working at Ryelands. Staff told us they had received end of life care training. This was confirmed by discussions we had with the registered manager.

Is the service responsive?

Our findings

People told us they had been invited to visit Ryelands prior to moving in. This gave people the opportunity to meet other people who lived at the home and the staff, and gain a better understanding of what living at the service would be like. One person's relative told us, "I was invited by the manager to come and have a look round Ryelands with my [family member], which made it much easier for my [family member] to decide this home was right for them." The registered manager told us people were invited to come for lunch and encouraged to move into the home on a trial basis to help ensure they were happy with the service before moving in permanently. Care plans included records of initial assessments completed prior to individuals moving into the home. Staff told us once a person had decided to move in the registered manager or deputy manager visited them at home to assess their specific care needs and preferences, in order to establish that the home was able to meet their care needs.

People's care plans were detailed and informative. They had clearly been developed from the information people provided during the initial assessment process. Care plans we looked at reflected people's individual needs, abilities, preferences and the level of support they should receive from staff to stay safe and have their needs met. The plans also included photographs of the person, additional information about people's background and life history, and the names of people who were important in their lives. These plans provided staff with clear guidance on each person's individual care needs. One member of staff told us, "I like the care plan format we use here. They contain a lot of useful information about everyone who lives at the home."

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. People told us they were encouraged by staff to be involved in reviewing their care plan. One person's relative said, "The staff are very good at keeping us informed about my [family members] health condition and we always get invited to any meetings the home arranges to discuss my [family members] care." We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or circumstances. This helped to ensure care plans remained accurate and current. Staff told us they ensured any changes in a person's care plan was

promptly shared with managers and senior staff, particularly where changes to people's needs were identified. Each person's care and support needs were also reviewed bi-annually.

Information about people was shared effectively between staff. We saw senior staff shared information with all the staff who were coming on duty during shift handover meetings. Information passed on included how people had spent their day, details of any planned activities or appointments and any changes in people's care needs. This meant staff received up to date information about people's needs immediately before the beginning of their shift.

People were supported to pursue activities and interests that were important to them. People told us they had enough opportunities to engage in meaningful activities. Typical feedback we received included, "there's never a dull moment at Ryelands", "I love going out in the minibus on the day trips. We go all over the place" and "I don't tend to get involved too much with the activity side of things here... So long as I get my daily newspaper to read I'm happy". During our inspection we observed one of the home's chaplains facilitate a gentle exercise session in the main lounge and in the afternoon staff organised a mobile shop so people could purchase beauty products. We saw there was a detailed calendar of activities available to advise people of what had been planned. Regular planned activities included quizzes, two mobile shops, film nights, knitting, gentle exercise classes, cooking, daily church services, aromatherapy, art and craft sessions, concerts, and various day trips to the country and the coast.

Care plans reflected people's specific social interests and hobbies people enjoyed. Staff told us activities at Ryelands were planned and led by the home's two activities coordinators and two chaplains. They also said the service had introduced a 'seize the day' event which enabled people to choose a meaningful event in their life /place, which the coordinators would organise a whole day of activities around. For example, a day at a local golf club was arranged for someone who had enjoyed playing golf.

The provider responded to complaints appropriately. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us if they had any concerns or issues they felt comfortable raising them with the registered manager or

Is the service responsive?

any of the staff who worked at the home. One person's relative told us, "I can't fault the home. No complaints whatsoever. If I was unhappy about anything here I wouldn't hesitate to talk to the manager or her deputy about it." People also told us they had been given a copy of the provider's complaints procedure when they first came

to live at the home. We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these.

Is the service well-led?

Our findings

The registered manager demonstrated good leadership of the home. People using the service, their relatives and staff all gave us positive feedback about the home and felt it was well-managed. People talked positively about how approachable and supportive the registered manager and the deputy manager both were. One person's relative told us, "The manager and her deputy are both very approachable and you rarely see the managers door closed."

The service had a management team with clear responsibilities and lines of accountability. It was clear from discussions we had with staff that they felt the home had an effective management structure in place. One member of staff told us, "The managers and senior carers are brilliant. They always listen to us", while another member of staff said, "the staff really respect each other here". Records indicated the services various managers regularly met as a group to discuss what they did well and what they could do better. Staff told us they also had regular opportunities to share their views about the home through daily contact with the managers and monthly team meetings with their co-workers.

The registered manager ensured there was an open and transparent culture within the service, which encouraged people to share their views about what the home did well and suggestions about how it could be improved. People told us they could express their views about the home during regular house meetings with the registered manager. Records showed these meetings were well attended by people using the service and their relatives where topics such as mealtimes and social activities were regularly discussed. We also saw the home distributed a quarterly Newsletter to ensure people were kept informed about any events and changes at Ryelands. It was clear from the findings of the home's latest annual satisfaction survey, which was undertaken by an independent agency in 2014, that people using the service, their relatives and professional representatives were happy with the standard of care and support provided at the home.

The provider had established and operated effective governance systems to routinely monitor and improve the quality and safety of the service people received at the home. Records we looked at showed the service had a comprehensive programme of checks and audits which helped the provider monitor the quality of care and support people received, this included; the accuracy of people's care plans, prevention and management of falls, the safe management of medicines, cleanliness and safety of the environment, staffing levels and staff training and support. Other records also showed the service's area manager visited the home on a monthly basis to carry out audits, the outcomes of which were feedback to the registered manager. We saw the registered manager developed action plans and made the necessary improvements where the area manager had made recommendations. The registered manager also told us they used feedback received from various community based professionals, including quality assurance managers representing the local authority, environmental health officers, tissue viability nurses, specialist palliative care professionals and fire safety officers from the London Fire and Emergency Planning Authority (LFEPA), to continually improve the service.

Staff analysed accidents and incidents that occurred at the service so that lessons could be learnt and improvements made to prevent or minimise the risk of similar events reoccurring. Staff told us any accidents, incidents and allegations of abuse were discussed at their team meetings so that everyone was made aware what had happened and the improvements that were needed.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse, authorisations to deprive a person of their liberty and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.