Care and Normalisation Limited

Milestone House

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

Summary of findings

Overall summary

This inspection took place on 26 January 2017.

Milestone House is a service for up to 13 people who have learning and physical disabilities. The service is also provided to people who have Huntington's disease. The home is set in a residential area in Deal. There is a drive and parking area at the front of the house.

There was a good sized secure garden with trees, plants and a large lawned area at the back of the home that people could spend time in and was wheelchair accessible. Accommodation was set across two floors and was wheelchair accessible. CCTV cameras were in operation in communal areas.

There was a spacious communal lounge, a small seating area and a dining room that people could spend time in. The home had specialised equipment including a spa bath, overhead hoists and a sensory room. One bedroom was on the first floor and could be accessed by a stair lift. All other bedrooms were on the ground floor.

The provider was also 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. The registered manager was not present at this inspection. A new manager had been employed to help run the home and develop the service.

At our last inspection in July 2015, the service was in breach of some of the regulations and was rated 'Requires Improvement'. The provider sent us an action plan outlining how they would rectify those breaches. The manager and team had worked hard to update policies, the risk assessment processes and care planning to provide person centred care. At this inspection all the regulations were met and the manager had a clear plan to continue and maintain improvements.

The service had signed up to The Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. There was a visible difference in the home since the last inspection. People were clearly benefiting from a more structured and well led service and staff carried themselves confidently. The improvements, staff training and staff support meetings were based on the principles of the Social Care Commitment and research of current best practice for people.

Staff, relatives and visiting professionals told us they thought the service was well led. The manager was experienced in supporting people with learning disabilities and health conditions like Huntingtons disease and working with other health and social care professionals to provide person centred care.

People were occupied with meaningful activities in the company of staff. There was a warm, friendly atmosphere and everyone looked calm and focused on what they were doing. A visiting professional told us, "I enjoy coming here, I look forward to it."

Each person had a plan of care and support that had been written with them and their representative and gave a clear outline of what was important to them and what their preferences were. These were reviewed regularly and advice from other professionals was included.

People were supported to keep as well and healthy as possible. If people became unwell the staff responded promptly and made sure that people accessed the appropriate services as quickly as possible. Visiting health professionals including doctors, the community nutrition team and specialist nurses were involved in supporting people's health and wellbeing. People received their medicines safely and when they needed them, by staff who were trained and competent.

People were supported to eat and drink healthily. There was a good variety of home cooked food and people were complimentary of the meals provided. Relatives told us that people were well fed and the food always smelled good.

Staff knew how to recognise and respond to abuse. The provider and manager were aware of their responsibilities regarding safeguarding and staff were confident the manager would act if any concerns were reported to them.

Staff completed incident forms when any accident or incident occurred. The manager analysed these for any trends to see if any adjustment was needed to people's support. Risks relating to people's health and mobility had been assessed and action was taken to prevent accidents as far as possible. People were encouraged and supported to maintain their independence and positive risk assessments were completed for this to make sure people were supported without being limited unnecessarily.

There were enough staff to keep people safe and additional staff were being recruited for people to have a more active lifestyle. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively. People were treated with dignity and respect and staff attended to people at a relaxed pace.

Staff had the induction and training needed to carry out their roles. They had received training in people's healthcare needs and had achieved or were working towards adult social care vocational qualifications. Staff met regularly with the manager to discuss their training and development needs based on the topics outlined in the Social Care Commitment. Staff were motivated and enthusiastic in their roles.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, and applications had been made for renewal, for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

The manager and team were working towards a 'total communication' home. Total communication means everyone in the service using every available method of communication consistently to enable people to express themselves and understand the world around them as much as possible. People were able to use a

variety of communication aids and staff took their time to pay attention and listen to people to allow them to express themselves and be understood.

Training had been organised for the staff to have a better understanding of different communication methods and enhance their skills. This was discussed in team meetings and one to one supervision meetings.

People took part in a variety of activities within the service. People were doing different things. Staff were interacting with people. Some people went out shopping and others attended a local day service. A variety of events had been organised over the Christmas period and further activities were planned.

People were encouraged to maintain contact with their families and the manager had plans to support people to establish friendships and links with the local community. A newsletter had been designed and produced that was sent to people's friends, families and people involved. People were supported to get out and about as much as possible in the local area and get to know local people.

People's representatives and visitors told us that if they had a concern they would speak to the manager or any of the staff. There was a clear complaints procedure and opportunities for people to share their views and experiences of the service in a way they could understand.

The manager had reviewed the policies in the service and carried out regular audits to make sure that the service was running safely and people were receiving consistent personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. All results were taken into consideration and the manager had an ongoing development plan improvement.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills so people knew how to leave the building safely. Safety checks were carried out regularly throughout the building and the equipment to make sure they were safe to use.

The CQC had been informed of any important events that occurred at the service, in line with current legislation.

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 were protected from abuse. Staff knew signs of abuse and had received training to keep people as safe as possible

Risks to people had been identified and action had been taken to keep people safe and well.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training to have the skills and knowledge to support people and understand their needs.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

People were supported to eat a healthy varied diet and at their own pace.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people. There was a warm culture of support in the home.

People were given privacy and were treated with dignity and respect.

Staff took time to understand what people were expressing to enable people to make choices and decisions about their care.

Staff were flexible and responded quickly to people's changing needs or wishes.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs.

People were supported to make choices about their day to day lives.

There was a variety of activities organised that people could join in with.

People were listened to. There were systems in place to enable people to share any concerns with the staff.

Is the service well-led?

Good

The service was well led.

The provider, manager and staff were committed to providing a warm, family culture in the home based on people's individual needs and preferences.

People's views and interests were taken into account as much as possible in the running of the service. All feedback was considered and acted on.

Improvements were being made in line with current good practice and there was a clear plan of development aiming to achieve excellence.

Clear records were kept about the care and support people received.

Milestone 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 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 26 January 2017 and was carried out by two inspectors.

We gathered and reviewed information about the service before the inspection. The registered manager had 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection two people were able to talk a little with us, but mostly people were unable to verbally communicate with us. As people were unable to tell us about their experience of care at the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met.

We spoke with a person's relative, an independent advocate and a visiting professional.

We looked at and checked the contents of six care plans, associated risk assessments and care records. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected the service on 29 July 2015 and requested an action plan for improvements as the provider was in breach of regulations 12, 13 and 17. The provider gave us a clear action plan within the timescale requested.

Good

Is the service safe?

Our findings

At the last inspection in July 2015 the service was in breach of regulation 13 because staff were not confident to raise concerns if they thought people may be at risk of potential abuse. At this inspection improvements had been made and regulation 13 was met.

People looked relaxed and comfortable in the company of staff and were protected from risks and abuse. Staff knew what to do if they suspected incidents of abuse. Staff told us, "I would report it to the manager. I know they would sort it out. If not, there is a helpline number to call to report any problems." The provider had systems in place, including policies and procedures, for staff to refer to. Staff told us that they had completed training on how to keep people safe. Staff were confident about speaking to the manager about any concerns and that the manager would take the appropriate action. Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside the service if they felt they were not being dealt with properly.

At the last inspection in July 2015 the service was in breach of regulation 12 because there was insufficient guidance for staff to protect people from unnecessary risk. At this inspection improvements had been made and regulation 12 was met.

Risk assessments detailed the potential risks and gave staff guidance on how to reduce risk to keep people safe. For example, if people became upset, anxious or emotional, there were management plans in place to support people. The plans included how to recognise when people were agitated and anxious; the behaviour they displayed and how to approach them. People had risk assessments to help staff manage people's skin and mobility. Risk assessments had been updated as changes had occurred in people's needs. They were reviewed to make sure they were up to date.

Accidents and incidents involving people were recorded. The manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. Incidents were minimal and people were well supported.

Each person had a personal evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency.

Staff were recruited safely. The provider had policies and procedures in place which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Those checks included written references and a full employment history. Any gaps in people's employment history were discussed at interview and recorded. Disclosure and Barring (DBS) criminal records checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps stop unsuitable people from working with people who use care services.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's

hobbies, activities and appointments, so the staffing levels went up and down depending on what people were doing. The manager made sure that there were always the right number of staff on duty to meet people's assessed needs and kept the staffing levels under review.

There was an on call system so the manager or a senior member or staff were available out of hours to give advice and support. Staff said they covered for each other when on holiday or if someone was unwell. Staff told us, "There are enough staff, sickness and holidays are always covered."

People were supported to take their medicines safely and on time. Staff were trained in how to manage medicines safely. Medicines were managed, stored and disposed of safely. The medicines store was clean, tidy and not overstocked. Temperatures in the medicines store had been recorded daily to make sure that the medicines remained effective. Liquid medicines, once opened, are effective for a limited time. Staff had not recorded the opening dates on bottles of liquid medicines, to ensure the medicines were not administered after the recommended time. This was an area for improvement.

Some people were prescribed medicines on an 'as and when' basis, such as pain relief. There were guidelines in place for staff to follow about when to give these medicines. People's medicines were reviewed by their doctor and specialists to make sure they were suitable.

Good

Is the service effective?

Our findings

People received effective care from staff who were trained in their roles. People looked alert and comfortable with staff and we saw really good, positive interactions between them. Staff told us, "I have regular supervisions and I am always supported." People's visitors told us that staff came across as confident and knowledgable.

The manager had set up and was using the Skills for Care National Minimum Dataset for Social Care (NMDS-SC). Skills for Care (SfC) is a national organisation designed to create a better-led, skilled and valued adult social care workforce and provides training and resources to all social care services across England, and the NMDS-SC is an online database which holds the training data on the adult social care workforce. This system enabled the manager to have a clear record of the training staff had completed, make sure all training was up to date and have information on what training was available to enhance staff skills and knowledge. The manager explained that it had taken some time to set up but now that was done it was proving to be a valuable tool.

The training was well structured and organised. All staff had received a mixture of essential training and specialist training for people with learning disabilities and Huntington's. Staff told us that they received regular training and were able to talk about their learning with each other. People were smiling when interacting with staff and there was a good atmosphere of calm competence. Training was ongoing and was also provided by visiting health and social care professionals when giving advice about people's individual needs. Staff had completed adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove that they have the ability to carry out their role to the required standard. Staff said they enjoyed working in the home and felt confident in their roles.

New staff received essential training for safe working practices and completed the Care Certificate, which is the first part of the training provided by SfC and is the beginning of the social care vocational qualifications. New staff shadowed more experienced staff so that they got to know people's choices and preferences.

Staff said that they felt supported by the manager and they worked closely together as a team. The manager had set up an annual appraisal and supervision process. Objectives had been set for the year based on the Social Care Commitment. Staff had one to one meetings that followed a 12 month cycle ending with an annual appraisal to discuss staff's objectives and what they would be working on next. These meetings were well underway and staff said they found them helpful and liked the structure.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were encouraged to make day to day decisions. Staff sought consent from people when giving care and respected people's choices. Staff asked people what they would like to do or what they would like to drink. When complex decisions needed to be made the staff followed the priciples of MCA and made sure that the decision was in the person's best interests. For example, a decision about a person's future treatment needed to be made and the person had been assessed as not being able to make that decision. The staff organised a best interest meeting. This involved relatives and the multi-disciplinary team that provided the person with specialist support. The meeting had taken into account the person's thoughts when they had capacity, to assist in the decision making process.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedure for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff understood their responsibilities in relation to DoLS. Applications for DoLS had been submitted in line with guidance. When a DoLS application had been authorised a copy was kept in the person's care plan and any requirements of the authorisation had been incorporated into the person's care plan. Staff were observed following the care plan to support people as required by the DoLS authorisation.

People were offered a choice of meals and drinks that they enjoyed. People were given the choice of where they wanted to eat their meals, some chose the dining room, others wanted to eat in the lounge. Staff assisted people to eat and drink as needed. Staff were patient, asking if the person was ready for another sip or spoonful. People were shown the plated meals and jugs of drinks to make choices at the meal table. Menus were being developed so that they were meaningful to people and enabled people to make choices before the meal was prepared. People had open access to the kitchen and one person enjoyed making their own drinks and snacks. The staff helped people to participate in meal preparation and cooking activities in the dining room where there was a bit more space for support.

Each person had a nutrition care plan, these included guidance for staff on people's food preferences such as meal sizes. When people lost weight or had problems swallowing, people were referred to specialist health professionals such as the dietician or speech and language therapist. Staff followed the guidance given, for example, some people required a pureed diet and their fluids to be thickened. The catering staff ensured that the meals looked appetising. Some people had been prescribed supplements to help stabilise their weight, the staff encouraged people to have the supplements by giving them flavours that they enjoyed.

When people were unable to swallow they received their nutrition and fluids through a tube into their stomach. Staff ensured that people received the amount of fluid and nutrition that had been prescribed for them, and according to the guidance given by the dietician.

People had access to specialist health professionals when they needed it. Staff worked closely with health professionals such as, community mental health nurses and special advisors including the Huntington's nurse. Staff monitored people's health and took prompt action if they noticed any changes. People had access to dentists, opticians and chiropodists.

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. People's health needs were recorded in detail in their individual health action plans. If a health need was identified, options for further investigation and possible treatment were considered with relevant

professionals and in light of people's understanding and capacity.

People were supported to manage heath conditions like epilepsy. There were clear plans and records identifying what support a person needed, what may trigger seizures and what to do if a person had a seizure to keep them as safe as possible and speed up recovery.

Good

Is the service caring?

Our findings

People looked well cared for, healthy and comfortable in the company of each other and staff. A visiting professional told us, "Staff treat people with respect." "Staff are lovely." A person's relative said, "My [relative] looks on the staff as family."

There was a visible person centred culture that focused on each individual and their wellbeing. Staff knew people well and had built strong trusting relationships with people and their relatives. One relative told us, "I have always been happy with the care, the staff have always involved me in my (relatives) care."

The manager and team were working towards a 'total communication house'. This meant introducing lots of different communication methods and aids, so that everyone would be supported as much as possible to be understood and express themselves. There was a plan on the wall that everyone could see. People were able to express what they wanted using gestures, objects, pictures and photos. Each person had been assessed by the speech and language therapist with staff to identify how they communicated, for example, what individual gestures meant.

Staff approached and communicated with each person in their preferred way. People had communication aids, for example, one person had a bag with photo cards in. Photo cards were being developed for things like menus and different activities. The staff team were learning and developing their signing knowledge and the intention was that everyone would sign as part of every day conversation. One person communicated by using their own sign language and staff made sure they were included in everything that happened.

Noticeboards and planners were used to assist people to plan activities and events and to give a record of special events and activities people had participated in. More photos were being taken to assist with communication, to refer to make choices and for recognition to give people the opportunity to celebrate events and achievements.

People had a DisDat assessment (Disability Distress Assessment Tool) and all had been reviewed and were up to date. This is an assessment for people who are unable to verbally communicate and is carried out by professionals to determine what is meant by people's gestures, facial expressions, non verbal body language and vocalisations that my indicate that they are unwell or in pain.

Staff constantly checked that people had everything that they needed and responded promptly when there was a request. Staff responded to non-verbal signs from people quickly ensuring that people did not become distressed. When people had declined staff's help, the staff respected this and approached people again a short while later to see if they had changed their mind.

People's dignity and privacy were respected and promoted. Staff respected people's personal space and gave people choices. Staff spoke to people in a calm, caring way and allowed people to respond in their own time. One person needed to have mouth care and was given the choice of going back to their room. They decided to stay in the lounge and staff attended to the person sensitively and discretely.

Staff understood people's routines. Some people had disturbed sleep patterns and would not eat during the day. Meals were kept for them and were offered during the night when the person was up and wanted to eat. Staff assisted people to attend to their personal hygiene whenever they were awake and wanted support, regardless of the time.

People's rooms were personalised in the way that they preferred with personal effects such as pictures and photographs. People had their own things in other parts of the home where they liked to spend their time. Some people had boxes of objects that they liked to have to hand and others had magazines, photo albums and craft materials. People's craft and pictures were up on the walls around the home.

Good

Is the service responsive?

Our findings

People received consistent, person centred care. A person's relative said, "I've always been happy with the care" and "The staff always let me know about reviews and appointments."

People and their relatives were involved in planning people's care as much as possible. Each person had a care plan that centred on them, their needs, preferences and wishes. In addition to this each person had an action book that set out their goals and aspiriations.

Care plans included a communication passport and detailed guidance on how to communicate with people. The plans included details about people's health needs and risk assessments, if people's needs changed the plans were reviewed and updated. Staff had noticed that some people had become more anxious and needed additional support to help them so staff involved specialist health professionals. Care plans showed the changes and reviews that had taken place including a review of medicines leading to a new management plan. A visiting professional told us, "The staff keep me informed of any changes to people."

The care plan format had been updated and work was ongoing to use pictures, symbols and photos to make them more meaningful to people. Where people lacked capacity to understand their care plan, best interest meetings were held to agree the plan.

Staff were employed to provide activities for people so that people had the support they needed to properly engage in different activities. Staff spent time with people throughout the day. People were encouraged to continue hobbies that they enjoyed such as knitting, arts and crafts and watching their favourite DVDs. Events were planned including garden parties that friends and families were invited to attend. A travelling show and some musical entertainment had been organised over the Christmas period. Photos showed that people had enjoyed the festivities.

People were supported to go out as much as possible. The manager was reviewing the staffing level and was in dialogue with funding authorities, as people needed a high level of support when going out. There were some limitations to how often people could go out and activities outside the home were arranged on a turn taking basis. Improvements had been made to the variety and frequency of activities and further improvements were planned. People went out during our inspection, one person to have their hair cut and another shopping. People attended a social educational centre locally and they took part in various activities including swimming in the summer. A member of staff said, "There have been a lot of changes since I started working here. It has improved. People are going out more often than they used to."

There was a complaints procedure that had recently been updated and was meaningful to people. The manager welcomed complaints and used the opportunity to improve the service. A person's relative said, "If I have any problems I mention it and it is sorted out."

People had the opportunity to express their views in one to one meetings with their key worker and could

also have meetings with the manager. Some people had family and friends to help them air their views and others had independent advocates. An independent advocate is someone who supports a person to make sure their views are heard and their rights upheld and is not connected to the service. They will sometimes support people to speak for themselves and sometimes speak on their behalf. A person's advocate visited during the inspection. They checked to make sure the person was getting the right support. They said the person was getting a good service and was going out more often.

Good

Is the service well-led?

Our findings

At the last inspection in July 2015 the service was in breach of regulation 17 because they did not have an effective way of monitoring the quality of the service and checking where improvements were needed. At this inspection improvements had been made and regulation 17 was met.

Since our last inspection the provider, who is the registered manager, had employed a new manager to help take day to day control of the service. People, staff and visitors were complimentary of the new management arrangements. Staff told us, "There have been improvements since the last inspection, especially since [the manager] has come."

There was a warm, person centred culture. People were actively participating in activities with the staff. Staff had positive attitudes and were enthusiastic in their roles and committed to providing really good care and support to people. The service had signed up to The Social Care Commitment. This was providing a framework for the areas that were being focused on to develop the service and all the staff were signed up for this. The manager had links with other organisations that provided information and training on current best practice, including Skills for Care, British Institute for Learning Disability and the Huntington's Disease Association. All these resources were being used to inform and drive the improvments in the service.

The manager and staff team were pursuing different ways to help people become involved as much as possible in the running of the home and the development of the service. The manager had introduced a new type of easy read picture/symbol survey to help people express their views about the service. One to one meetings were held with people to give them the time and support to enable them to say what they wanted. Relatives were also asked their views of the service. New surveys had been designed and sent to relatives, people's representatives and advocates, and health and social care professionals were involved. Visiting professionals were also able to give their views. All feedback received from people and others involved was collated and formed the action plan for improvements and developments to the service. A relative told us, "[The manager] is easy to talk to and the staff have been more relaxed, there is definitely a change for the better."

Staff meetings were held as often as possible. Each meeting was repeated at different times, so that all the staff team could be involved in the meeting without detrimentally affecting people's care and support. Senior staff had more frequent meetings and there were staff briefings and notices so that everyone was kept up to date with any changes. Staff told us their ideas and views were taken into consideration. Staff commented, "[The manager] is easy to talk to and will get stuff done." "The service has improved since [the manager] has started." " I speak to [the manager] regularly, she is here all week." There was a new staff room and notice boards with information of current projects, any changes being implemented and reminders of what was being focused on.

The manager had introduced ways to encourage an open dialogue between the service and people's families,representatives and other people involved with the service. Quarterly newsletters had been introduced to inform people's families and representatives of important events, news and interesting

activities that people had participated in. One person really liked photos so they had a copy of the newsletter and a photo that they featured in to add to their album. Events were organised and advertised in the newsletter to invite people's families and friends to go along. The manager said they wanted to encourage more integration into the community and the newsletters were one way to initiate this.

Checks and audits were carried out regularly of the environment, records, staff training and support. The manager and staff understood their responsibilities for reporting accidents and incidents. The manager had analysed the information to identify any trends and used the information to produce relevant risk assessments to keep people safe.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager understood their legal obligations including the conditions of their registration. The registered manager had correctly notified us of any significant incidents and errors and had shared their response and plans for improvement to reduce the likelihood or reoccurrence.