

The Royal School for the Blind

SeeAbility - Applewood

Residential Home

Inspection report

Applewood
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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

The inspection took place on 7 December 2016 and was unannounced. SeeAbility- Applewood Residential Home is registered to accommodate up to 5 people who require support with personal care. They specialise in caring for young adults with a learning disability or difficulties with their mental health and also have a visual impairment. On the day we visited five people were living in the service.

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

We met and spoke to all five people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures and symbols. We therefore spent some time observing people. One person said; "I enjoy it here." And another said; "Staff support me when I get upset." A staff member said; "Good company to work for."

A relative wrote to the service and said; "The support and help given to my relative at Applewood is outstanding and has given him more independence than we ever thought possible. We fought hard for his place there and are continually surprised by his achievements. Well done and thanks to all at Applewood."

People's medicines were managed safely. Where errors had been found, action had been taken to reduce the risk of recurrence. Medicines were stored and disposed of safely. Staff received appropriate training and understood the importance of the safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as psychiatrists.

People who were able said they were happy with the care the staff provided. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People's care records were detailed and personalised to meet their individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their care plans, therefore family members supported staff to complete and review the care plans. People's preferences were sought and respected.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People's risks were well documented, monitored and managed to ensure people remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed

while maintaining a healthy diet. People had input in preparing some meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People who required additional support had one to one staffing when they needed it. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme when they started work. People were protected by the company's safe recruitment procedures.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. All significant events and incidences were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff.

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 

This service was safe.

People said they felt safe at the service.

People's medicines were managed safely. Where errors had been found, action had been taken to reduce the risk of recurrence.

People were supported by sufficient numbers of skilled and experienced staff.

People were kept safe by staff that had a good understanding of how to recognise and report signs of abuse.

People's risks had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People lived in a clean and hygienic environment.

Is the service effective?

Good 

The service was effective.

People received support from staff that had the knowledge and training to carry out their role.

People's human rights were respected. Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

The service used a range of tools to communicate to support people.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and staff were caring, kind and treated.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

SeeAbility - Applewood Residential Home

Detailed findings

Background to this inspection

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

The inspection was undertaken by one inspector on 7 December 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the 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.

During the inspection we met and spoke with five people who used the service, the registered manager, four members of staff and one professional employed by SeeAbility training department.

We looked around the premises and we observed how staff interacted with people. We looked at three records which related to people's individual care needs. We also looked at records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Applewood were not all able to fully verbalise their views and used other methods of communication, for example one person had a deaf blind manual alphabet to assist them. Some people had complex individual needs and could display behaviour that could challenge others. Therefore we also spoke with staff to ascertain if people were safe. One person said; "I feel safe here because I have someone (staff) is here if I need them." While another told us; "I feel safe because staff help me." Staff said they felt people were safe with one saying; "No concerns, people are well cared for." Another said; "Yes people are safe."

People's medicines were managed safely. Where errors had been found, action had been taken to reduce the risk of recurrence. We observed medicines being safely administered. Medicines were stored and disposed of safely. People had protocol in place for any medicines that may be needed when required. For example to help people who became very anxious or for people who had epilepsy and may need emergency treatment. These protocols help keep people safe. Staff confirmed they had been trained and said they understood the importance of the safe administration and management of medicines. The registered manager carried out regular audits on medicines. During these monthly audits the registered manager had found a high number of errors. For example people having missed their medicines, MAR (Medicine Administration Record) not signed, out of date medicines administered and an incorrect dose of medicine given. The registered manager had taken appropriate steps to help resolve these issues including planned retraining for all staff and carrying out weekly audits instead of monthly. This demonstrated that the monitoring processes in place were effective in helping to ensure people received their medicines safely.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Each person had an up to date personal evacuation plan and risk assessments which detailed how staff needed to support individuals in the event of a fire to help keep people safe.

People were protected from abuse because staff had an understanding of what abuse was and how to report it. The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff had completed safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. One staff said; "We are a small staff team and we would address anything straight away."

People's finances were kept safe. People had appointees to manage their money where needed, including family members. Money was kept secure and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

People received individual support and the service liaised with specialists to support people's individual needs. The PIR stated; "SaLT (Speech and Language Therapist) undertakes assessments with people who eat orally where there is an identified concern about the risk of choking, providing guidance to enhance safe eating/drinking."

People were supported by sufficient numbers of staff to keep them safe. Care plans detailed the staffing levels required to help keep people safe inside and outside the service. For example, additional staffing arrangements were in place to help ensure people who required it had the staffing they needed to remain safe. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Staff said; "The registered manager will always step in and help when ever needed." Other staff said sickness levels were low but all staff are willing to help cover when necessary. Staff told us they felt this helped to keep people safe.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with the local learning disability team to support people who may displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual care plans and included clear guidelines on managing people's behaviour.

People identified as being at risk inside the service or when they went out outside, had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected. The PIR stated; "Review accident/incident reports to assist in trend analysis and to ensure appropriate corrective actions have been taken."

People were kept safe by a clean environment and people were protected from cross infection by good infection control practices. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available for staff to use. Staff had completed infection control training and were aware how to protect people.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people in the service for example, understanding autism. One person said; "I enjoy it here. The staff are kind and nice." A trainer employed by SeeAbility said of the company; "The training offered is exemplary."

Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. One staff member was receiving one to one support with their Care Certificate from SeeAbility training department. This support was offered to help staff for whom English may not be their first language.

The registered manager informed us that staff received appropriate ongoing training, for example epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly. One staff member said; "We receive regular training, updates and refreshers." Another staff member said; "We can ask for any training and they (SeeAbility) will try to help."

Staff received supervision with the registered manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Staff felt they were able to contribute to staff meetings.

Staff confirmed they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records held up to date information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medical needs or appointments.

The PIR stated that they; "Induct/train staff to ensure they have skills/knowledge and are competent to support people. Including verifying competence against standards outlined within the Care Certificate, competency assessments, shadowing until considered competent, induction/refresher training, specialist training in supporting people with visual impairment/other disabilities."

People lived in a home that was regularly updated and maintained. The registered manager confirmed that any improvements planned to the service would be suitable for the people who lived there and any adaptations/upgrades needed would be carried out.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager informed us some people were subject to a DoLS authorisation and people were restricted from leaving the service on their own to keep them safe. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees would need to be consulted to ensure they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation. One person had a best interest meeting minutes on their file. This recorded a full discussion on the application of a DoLS authorisation which had taken place and agreed that this person needed one to one support when leaving the premises. This showed they were acting in people's best interest.

People had access to healthcare services when required. People's well-being in relation to their health care needs were clearly documented. People had guidelines in place to help ensure their specific health and social care needs were met in a way they wanted and needed. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Hospital passports ensured people received continuity of care and provided hospital staff with important information about a person. They also helped hospital staff to understand the person and meet their needs.

The PIR stated; "We involve individuals in assessing, planning & reviewing their support and seek their consent to this. Identify how people are supported to make decisions and when others need to be involved, so best interest decisions can be made."

Staff sought people's consent where possible before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff confirmed they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to partake in and which staff member they wished to support them. We observed staff offering one person a choice of lunch and their preferences were respected. We observed people being supported by staff and nobody appeared rushed.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and said they encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. One person had full details of the special diet they required to maintain their health.

People who required it had their weight monitored and food and fluid charts completed. Staff confirmed they had information about people's dietary requirements. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition. One person said; "Good choice of food."

Is the service caring?

Our findings

People were supported by staff that were both kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive. People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive, caring way. We observed staff providing support to people during our visit. Staff interacted with people in a caring way. For example, one person became anxious due to our visit and staff responded quickly to reassure this person and distracted them to help them settle.

The PIR recorded that a Communicator Guide involved with one person noted; "I have worked with [...] for a long time and believe that she is well cared for at Applewood."

People were supported by staff that understood how to meet people's individual needs. Staff knew the people they cared for, some staff had worked at the home for over seven years. For example one person had a "Vision Passport." This showed staff how to support this person with finding their way around due to their sight issues. This matched what one person told us and what was recorded in individual's care records. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. Staff knew who liked to stay in bed later and they supported people to maintain these choices. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for all staff to access.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one support at times to enable them to receive quality time from any activities they partake in. People had specific routines and care was personalised and reflected people's wishes. For example, each person had routines in place to help reassure them and enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care.

People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people's bedroom doors to gain entry and people were always involved and asked if they were happy we visited and met them.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People dressed to their liking and staff tried to ensure people were appropriately dressed for the weather. Staff spoke to

people respectfully and in ways they would like to be spoken to. We observed people closing bedroom doors to carry out care tasks. People said; "Staff knock on my bedroom door" and "They always knock and call out who is there."

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Records showed people had medical appointments and recorded where the actions and outcome of these appointments. For example one person saw a dietician and another saw a speech and language therapist. The registered manager told us people were treated as individuals. Throughout the inspection we observed kind, patient interactions with people. The way the service was organised was done in a way which put people first. For example some staff arranged their working hours to enable people to go out and be with the same staff member. This consistency helped people with their routine.

People's wishes for their end of life care had been discussed with them or family members and these had been documented. This helped ensure those wishes would be respected and acted upon when needed.

Is the service responsive?

Our findings

SeeAbility's website records; "We believe that everyone has ability. We teach and empower people to develop and maintain their skills to lead meaningful and fulfilling lives."

People were not all fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. People had a 'My behaviour support plan' in their care files. This information included triggers and behaviours displayed. It also held the response and specific guidelines in managing these behaviours. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. For example, one person had guidelines for staff to assist them when they became upset. Staff told us how they responded quickly to calm this person to avoid them becoming too anxious or upset.

People were supported when transitioning between services. For example, the PIR stated; "Tailored transition programmes before people start using the service, introduce them to the staff and accommodation and spend time with them in familiar environments, with family and any other providers. We involve our Advisory Service (including Speech and Language Therapy) to support assessment, familiarisation and transition process. A transition plan is currently in place to support one person moving to Applewood at end July 2016." We found this person had settled in very well at the service.

People's records had information that told a brief story about the person's life and how they chose and preferred to be supported. This included people's daily routines and how they like their day planned. This information helped staff in understanding and responding to people in the way they wished. Regular reviews were carried out on people's support plans and behavioural guidance to help ensure staff had the most recent, updated information available. Two people told us they had attended their review and able to contribute to those reviews.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed, and observations showed, they offered people choices for example, what people wanted to eat. For example one person was shown a choice of cereal boxes to help with that choice. Staff said they also used pictures to assist people with choices when needed. One person said they go out with staff and are able to choose their clothes and other personal items.

The PIR stated that one person has a Communication Passport that enables staff to understand the meaning behind the words this person used.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with, or received visits from family members regularly.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We saw people planning and going out to have their hair cut. Another person told us they attend SeeAbility's day service. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling, or when supporting people in different activities. One person said they; "Went out shopping with staff and I have a sighted guide to assist me." A sighted guide is a trained person to help people with sight issues access the community.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local shops and the local church. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was displayed in an easy read format so people could understand it. Any complaints received were documented and had information recorded on the complaint, the action taken and the outcome of the complaint. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay. One person said they had made complaints to the registered manager and they always got a satisfactory response.

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager. One person said; "I can talk to her and she finds time to talk to me." A staff member said; "Very helpful and motivates us and works alongside us."

SeeAbility-Applewood House was well led and managed effectively. The service and company had clear values and stated on their website; "We work with individuals to realise their potential and help to fulfil hopes and ambitions." They went on to say; "We work hard to add value to someone's life by supporting them in learning new ways to increase communication, confidence and independence. This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and people received a copy of the service's core values.

The service PIR stated; "We adopt SeeAbility's vision to enrich the lives of people who have sight loss and multiple disabilities through person centred services and contribute to the charity's five year strategy." It went on to say; "Involve people in developing their own service through person centred reviews, group meetings and influencing the development of the charity through a User Forum."

People were involved in the running of the service as much as they were able to. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A selection of communication aids were used to support people to tell staff about the service. People had meetings with their key workers to enable more one to one time. People were encouraged to be involved in the recruitment of new staff and provide the registered manager with feedback on staff employed. This provided information for the registered manager when completing staff's supervisions. This enabled people to be involved in the service as much as possible.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. Staff members all agreed that the registered manager; "Will work alongside us if we are short of staff." There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people. This showed they had regular contact with the people who used the service and the staff team.

Staff felt supported. Staff said the registered manager was available and was "Approachable." Staff said they could raise any issues or concerns and all agreed that any issues raised would be dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff said there was good communication within the staff team and they all worked well together. One staff said; "It's a small team so we know each other well." The PIR stated; "Seek to involve and value staff in developing excellent services through surveys, staff forum, and employee assistance programme and team meetings."

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. These provided opportunities for the staff to contribute on how the service was run. Staff were also updated on any new issues. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans and environment. Monthly and annual audits and maintenance checks were completed related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service. A medicine audit had highlighted a high number of medicines errors. However the registered manager was in the process of arranging additional training for staff. They had also changed the audits from monthly to weekly for the time being. Staff involved in these errors were currently being managed appropriately.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.