

HF Trust Limited

The Laurels

Inspection report

Arundel Road
Fontwell
Arundel
West Sussex
BN18 0SB

Tel: 01243544514

Date of inspection visit:
04 December 2017
05 December 2017

Date of publication:
29 January 2018

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 4 and 5 December 2017 and was unannounced. The Laurels provides care and accommodation for up to six people with learning disabilities.

At the last inspection in July 2015 the service was rated Good overall. However it was Requires Improvement in Safe. This was because people had not been assessed regarding the safe management of their medicines when they handled and administered their own medicines. Risk assessments were not always carried out and recorded in sufficient detail when people went out in the community with staff.

At this inspection we found the service Good in all areas.

Why the service is rated good:

Suitable risk assessments for people who self-medicate were now in place. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments had been completed to enable people to retain as much independence as possible.

People were supported to maintain good health through regular access to external health and social care professionals, such as the local GP surgery for health check-ups. This helped to ensure people's health and wellbeing was monitored.

The service did not have a manager who is registered with the Care Quality Commission. However a new manager had been employed. 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. The current manager is currently in the process of registering.

We met and spoke to all six people during our visit. People when asked if they felt safe said they did. One

said; "Yes I feel safe because staff are here with me." A relative said; "Yes definitely safe there." Another said; "We have no concerns over [...] being safe and well cared for here." One staff member said; "We are proud that we put people first here."

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

People had sufficient staff available to meet their needs. Staff had completed the company's mandatory training and had the right skills and knowledge to meet people's needs. New staff completed an Induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff confirmed that as part of their training they discussed the Equality and Diversity policy of the company. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

All significant events and incidences were documented and analysed. Evaluations of any incidents were used to help make improvements and help keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from relatives, professionals and staff.

People lived in a service which had been designed and adapted to meet their needs. People lived in an environment that was mostly clean and hygienic. However a hall carpet was in a poor state of repair. The environment had been assessed to ensure it was safe and meet people's needs. The service was monitored by the manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People lived full and active lives and were supported to access a wide range of activities that 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 full input and were able to assist in preparing meals and drinks.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were involved with their support plans as much as they were able to be. People had family members or advocates to assist and support staff to complete and review people's support plans. People's preferences were sought and respected.

People's emotional and behavioural needs were recognised and met. People were treated with kindness and compassion by the staff who valued them. People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy and there was a friendly happy atmosphere within the service.

People's relatives told us they were always made to feel welcome and some people visited their family members. There were plans in place for most people to stay with family over the Christmas period. One family member spoke very highly of the staff supporting their relatives.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information held included peoples previous history, any cultural, religious and spiritual needs.

Each person's communication needs were individually assessed and met. Staff informed us how they supported people to help ensure each person received individualised personal support.

People's end of life wishes were documented to help ensure staff understood people and families wishes if required.

People lived in a service where the company's values and vision were embedded into the service, staff and culture. People, relatives and staff members spoke very positively about the newly appointed manager, senior support worker and the company. The manager was committed and passionate about the service, including the people and staff, and the company they worked for. Staff also spoke passionately about the people they cared for and the respect they held for people.

People benefited from a manager who worked with external agencies, and the manager said they worked with professionals in an open and transparent way. This helped to ensure there were positive relationships fostered. The manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

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 now Good because;

People who self-medicated now had risk assessments. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

Risks had been identified, assessed and managed appropriately. Risk assessments had been completed to protect people.

People told us they felt safe. People were protected from abuse and avoidable harm.

People continued to have their needs met by sufficient staff who were recruited safely.

Good infection control practices were maintained.

People's safety was important. If things went wrong, the provider learnt from mistakes and took action to make improvements.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Laurels

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 4 and 5 December 2017 and was unannounced. This was followed up with phone calls to families and health and social care professionals.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. 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.

During the inspection we met and spoke with all six people who lived in the service, the manager and four members of staff. We also spoke to two relatives and two visitors during the inspection and one relative after our visit.

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



Our findings

Staff and relatives confirmed there were sufficient staff to help keep people safe. People when asked if they felt safe agreed that they were with one person saying; "I feel happy and safe here." Another said; "I feel safe here because staff are here." A relative said; "[...] is always safe and very well cared for here." While another said; "Safe? Definitely safe there and has a good life."

At our inspection of 28 July 2015 we found people had not been assessed regarding their safe management of their medicines when they handled and administered their own medicines. Risk assessments were not always carried out and recorded in sufficient detail when people went out in the community with staff.

The service now provided safe care.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audit were carried out daily and people were supported to help administer their own medicines. Medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

The PIR states; "The service manager will be delivering medication training for the company by the end of 2017, and will changing the in house drugs assessment staff complete to encompass West Sussex (the local authority's) competencies."

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People who were identified as being at risk when going out in the community had up to date risk assessments in place. People had positive behaviour plans in place to assist staff to understand people's behaviour. People who required it had risk assessments in place regarding their behaviour. People who may place themselves and others at risk had clear guidelines in place for staff managing these risks. These provided information on triggers and additional information that could help to reduce behaviours that maybe seen as challenging.

People had a communication profile held on their file to meet their individual needs. People were mostly

able to express their views about the care and support they received. Some people had complex individual needs that could at times challenge others. We spent time talking and observing people. We spoke with staff, relatives and visitors to ascertain if people were safe.

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supported them and spent time socialising with them. Staff said additional staff were now available to help people with specific needs, for example one person had one to one staffing to go out. Staff said; "Yes the extra staff working during the day is a great help." Another said; "It would be better to have an extra staff at weekends." The manager confirmed a staff member had now been allocated to work between 11 am to 3 pm to assist people.

People were better protected from abuse and avoidable harm as staff understood the providers safeguarding policy. Staff completed training on how to recognise and report abuse to help ensure they kept people safe. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to the provider, manager or external agencies, such as the local authority.

People's individual equality and diversity was respected because staff had received training. New staff completed the Care Certificate and all staff completed equality and diversity and human rights training as part of their ongoing training. People did not face discrimination or harassment. People had care records in place to ensure staff knew how they liked to be supported.

People were protected by safe recruitment practices. Risks of abuse were reduced because the company had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People's accidents and incidents were recorded. Any accidents or incidents were audited 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 manager confirmed they would report any informed to 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.

People's finances were kept safe. People had their money held in their own lockable cupboard in their bedrooms. People were assisted if needed to manage their money. People had appointees to manage their money if appropriate, including family members. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

People lived in an environment that was generally clean and hygienic. However the main stairs and hallway carpet was badly stained. The manager said they were currently in the process of arranging to obtain a quote to replace this carpet. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

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

letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and 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.



Our findings

People received effective care and support from a staff team that confirmed they were well supported and well trained. The manager ensured all staff completed training courses which they deemed as mandatory so people's needs could be met by staff who had the right skills and knowledge. Staff were happy with the training opportunities offered and confirmed training was regularly available. Training courses included epilepsy and the Care Certificate (A nationally recognised training course for staff new to care). Newly employed staff received an induction when starting for the company and this introduced them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

People's file held a communication passport. This included information and showed how each person was able to communicate and how staff could effectively support individuals. The service had picture boards for each person, for example what activities would take place each day. People had a health and wellbeing folder. This included a Hospital Passport and a Health Action Plan. Each of which could be taken to hospital in an emergency and detailed how each person communicated to assist hospital staff in understand people. Relatives told us how the service had supported their relatives with hospital appointments. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as epilepsy nurses, psychiatrist and GPs. For example, any changes in people's seizures then referrals were made to the epilepsy nurses team for support and advice to help ensure the staff, were supporting people effectively.

The PIR states; "We try where possible and agreeable to the clients to enable each client to access community health appointments, however for those clients we support that this would be too upsetting, we have in place an agreement with their surgery to have home visits."

People were supported to remain healthy. People undertook a variety of activities to promote a healthier life, for example going to a local gym and the purchase of a rowing machine for the service.

People identified at risk of future health problems due to long term health conditions, including diabetes, had been referred to appropriate health care professionals. People who required it had their weight

monitored. People's special diets were catered for and staff were familiar with people's individual nutritional needs. Care plans for people provided clear guidance and direction on individual's dietary requirements. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks. If required, advice was sought and clearly recorded for staff to support people with appropriate diet and suitable food choices.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People lived in a service which was suitable to meet their needs. Specialist equipment in bathrooms meant people could access showers more easily. Each person had their own bedroom if people wanted time on their own or to see visitors.



Our findings

People said; "They care for me, I like them all." A relative said; "They are very caring staff here" and another said; "They are happy here which makes us happy." The manager worked alongside staff to ensure they provided a caring service to people.

People were supported by staff who were observed to be kind and caring and staff treated people with patience and kindness. Staff said they enjoyed their jobs and spoke about how much they cared for the people they supported. We saw people being supported when they required it and when people wanted to be alone this was respected. People and staff interacted well with plenty of friendly conversation. Staff always made time to listen and assist people when needed. Conversations witnessed were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. When people became anxious staff spent time, listening, answering people even when they asked repetitive questions and also reassuring them.

Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well. One person was unsure about our visit to the service. However the staff clearly understood this person's anxiety and communicated with them in a way they understood and they soon settled. People were mostly able to communicate and make their needs known. However each person's communication passport held additional information to assist staff in recognising if people were particularly anxious, upset or sad. Staff who had worked at the service for some time clearly understood each person's individual way of communicating and expressing themselves.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, if people became anxious staff involved them in discussions and this provided reassurance to people and reduced any anxiety.

People's privacy and dignity was mostly promoted. However people did not hold keys to their own home. Staff held keys and let themselves in without consideration that people were very able to answer the door and invite people in. The manager had plans to address this issue. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with staff and relatives. People, where possible, received

their care from the same group of staff members without the use of agency workers. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's independence was promoted and respected. For example, staff assisted people preparing their lunch and evening meals. Staff did not rush people and it was all done at the person's own pace. Staff were observed to be compassionate and gave each person the time they needed to complete a task while supporting their independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. 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 staff to access.

People had their own routines they liked to adhere to and care was personalised and reflected people's wishes. For example, some people had routines in place to help reassure them. This 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 how they like to spend their days.

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's family and friends were able to visit. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate. The company's policy passed to staff on "Supporting Relationships" states; "The people you support have the right to a whole range of relationships. It is your job to support the relationships a person already has and to support them to have new relationships." This included staff supporting people to visit their family.



Our findings

People were supported by staff who were responsive to their needs. People said; "The staff come to help me when I ask" and another said; "They (the staff) have been helping me a lot because my dad died." Relatives spoken with said the staff were responsive to their relative's needs. One said; They understand [...] (Their relative) autism and all their needs." People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. People's care plans were reviewed and updated regularly.

As well as full detailed care plans people had brief one page profiles particularly about people's individual care needs, behavioural needs and communication needs. Each person had a communication profile to assist staff which records what help, if any, individuals need to make themselves understood. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs. For example if people became anxious and showed behaviour that could be seen as challenging the staff responded quickly and appropriately to calm the situation.

People were all involved with the reviews and planning about their care. Advocates were made available to those who needed additional support in making decisions and family members were encouraged to be involved. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example people were all encouraged to assist with the household chores. People were observed helping in preparing meals.

Guidelines were in place for people's daily lives. People had detailed information that told a story about their life, their interests and how they liked and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans were updated with people and staff who worked with people and who knew them well. Regular reviews were carried out on care plans and behavioural plans. Guidance on managing peoples' behaviour helped ensure staff had the most recent updated information to respond to peoples' needs.

People took part in a variety of activities and their preferences and social interests were recorded. People worked in local charity shops as well as other activities including horse riding and social events to meet their

friends. Staff monitored these activities and people's behaviour during these planned activities. Staff understood when people did not enjoy an activity or were feeling anxious during an activity and this was discussed with other team members and an alternative found.

People had information made available to them about the services on offer and their care arrangements in a format they could understand. Some people had charts in their bedrooms with pictures and symbols to help them organise their time including what their weekly timetable was.

Complaints procedures were available and people living in The Laurels were all able to raise any concerns if required. The manager understood the actions they would need to take to resolve any issues raised. Staff knew people well and worked closely with them and monitored any changes in behaviour. Staff confirmed any concerns they had would be communicated to the manager and felt they would be dealt with and actioned taken. People who required it had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People's records contained information on people's wishes for end of life care and funeral arrangements. This included an "Expression of Wishes" form which detailed information on what music people would like at their funeral as well as if they wished to be buried or cremated. This helped ensure people's wishes on their deteriorating health were made known and documented.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. One person told us how the staff were currently supporting them in a recent loss of a close relative. This included staff supporting this person in attending the funeral with staff. External support had been sought from specialist bereavement services.



Our findings

People said of the manager; "They are very nice" and "I can talk to them when I want." A relative said of the manager; "They always keep me informed on what is going on." While another said; "[...] (their relative) is happy here so we are happy." Staff said of the manager; "Brilliant. I'm able to discuss anything." Another said; "Approachable, brilliant and great."

The service was well led. There was a manager in post however they were yet to be registered with us. 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.

The provider's vision, mission and values on their website includes; "We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best life possible." These values were clearly embedded into the culture and practice within the service, stemming from the provider, to the manager, and to the staff. As a consequence of this, people looked happy, content and well cared for. These visions, missions and values were incorporated into staff training and staff received a copy of the core values of the service.

Relatives and the staff team agreed that there was a positive culture at the service. Staff had confidence in the management team. The provider and manager were open, transparent and person-centred. The manager, who had been appointed since the last inspection, told us they were well supported by the providers and senior managers were available by phone at any time.

The manager was committed and passionate about the service, the staff and most of all the people. They said that recruitment was an essential part of maintaining the culture of the service, explaining they looked for new staff who could work alongside people living in the service. They told us each person had individual needs and it was important that the right staff member was recruited to help ensure each person received the individual support they needed. Staff spoken with spoke very well of the manager and senior support worker, who was also newly appointed to the role. One staff said; "I love my job here." Another said; "The manager is very supportive in everything!"

Staff were motivated and hardworking. They shared the philosophy of the manager and the company. At the start of each shift staff received handovers which kept them updated with any changes in people's needs.

They also received supervision, appraisals and meetings and these were seen as an opportunity to look at current practice. Staff spoke of their fondness for the people they cared for and were happy working for the company.

Staff said they were provided with opportunities to share feedback and ideas in staff meetings, in one to ones with the management team and informally. Staff felt supported by the management team, respected and listened to with staff saying management were available on call at any time.

The manager worked in partnership with other agencies when required for example primary healthcare service, the local hospital and social workers.

The provider and manager had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and included the provider's whistleblowing policy which supported staff to question practice. It showed how staff that raised concerns would be protected. Staff felt comfortable in using the whistle-blowers policy if required.

People were asked to provide feedback on the service they received. Currently relatives were also asked for feedback and the manager had plans to obtain feedback from professionals. The manager arranged for a family forum to obtain feedback from them. Quality assurance questionnaires sent had their results audited in order to drive continuous improvement of the service.

The service continued to strive to improve and enhance the care and quality of the services provided. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good, quality standard. Regulations requirements were understood by the management team. The manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones. Staff felt involved and engaged. They felt able to question practice and feedback areas of improvement for example minor issues including staffing ratios to assist with people's activities programme.

People lived in a service which was continually monitored by the manager and provider to help ensure its ongoing quality and safety. Systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required. Annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

The manager kept their ongoing practice and learning up to date to help develop the team and drive improvement. They also attended meetings with the registered managers working within the company. This helped to share best practice, experiences, and to learn from each other.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The 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.

