

# Brain Injury Rehabilitation Trust

## The Paddock

### 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

The Paddock is registered to provide accommodation for 4 people who require support and personal care, due to an acquired brain injury. The service operates in partnership with The Woodmill, an acute rehabilitation service, which forms part of the nationwide rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT). People using the service are supported with their rehabilitation by the therapy and clinical teams at The Woodmill.

This unannounced inspection was carried out on 21 and 22 July 2016. At the last inspection on 21 January 2014 we found the provider met the regulations we looked at.

At the time of the inspection there were three people using the service. The service aims to support people to live as independently as possible.

A registered manager was in place and they were present on the days of the inspection. The registered manager was also registered as the manager of two other small community based residential services. They divided their working hours between the services. 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.'

People were very happy with the care and support they received. They said they were safe at The Paddock. People described the good relationships they had developed with staff and other people living at the service. One person said, "It is lovely here...I am really delighted with it..." There was a relaxed and homely atmosphere at the service. Staff were motivated and passionate about providing good care and people were relaxed around staff.

People said they found the staff caring. Staff demonstrated a caring and compassionate approach towards people and they ensured people's privacy and dignity was respected at all times. Staff were knowledgeable about people and spoke about them with understanding and affection. People had opportunities to participate in a range of different social and therapeutic activities and were supported to access the local community.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of issues relating to safeguarding, and could describe the action to take should they have any concerns or should concerns be reported to them. Plans were in place to minimise identified risks. People were assisted to live as safely as possible whilst supporting their rehabilitation and independence. People's medicines were managed and stored appropriately.

There were sufficient staff on duty at all times with the right skills to ensure people received the care and support they required. Recruitment practices were safe and relevant checks had been completed to protect

people from unsuitable staff.

People were supported to maintain good health. Their physical and mental health needs were closely monitored. People had access to healthcare services as well as input from the therapy team (clinical psychology; occupational therapy; physiotherapy and speech and language therapy) to support their continue rehabilitation. People were provided with a varied diet. They said they enjoyed the food and there were always sufficient amounts of food and drink available to them.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There was a collaborative culture within the service. People using the service and staff were able to contribute ideas and suggestions. The provider obtained regular feedback about the quality of the care and support provided from people using the service and staff.

The leadership and management of the service ensured the delivery of personalised care and support. Systems were in place to monitor the quality of the service. Any issues identified for improvement were resolved in a timely way. The ethos of the service supported an open and learning culture.

## 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.

There were appropriate safeguards in place to help protect people using the service from abuse. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom and independence was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs. Recruitment practices protected people from unsuitable staff.

Medicines were managed safely and people were supported to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

The staff team were well trained to meet people's specific needs. Staff were supported with on-going relevant training. Regular supervision had been re-established.

People received the support they needed to maintain good health and wellbeing. People were encouraged to have a balanced and varied diet.

The registered manager and staff had a good understanding of how to ensure people's legal rights were protected. The correct processes were being followed regarding the Mental Capacity Act 2015 Deprivation of Liberty Safeguards.

People were involved in planning their care and the decision making process.

### Is the service caring?

Good ●

The service was caring.

People were happy with the support they received from staff and felt well cared for. Positive relationships had developed between

people using the service and the staff team.

Staff promoted peoples' independence in a supportive and collaborative way. Staff demonstrated a caring attitude towards people and they understood people and their individual needs and preferences well.

People's privacy and dignity was respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning care that met their needs and preferences. People received support as and when they needed it and in line with their support plans.

People had access to activities of their choice on a daily basis. They were supported to take part in a range of recreational activities within the service and the wider community.

People knew how to raise concerns or complaints should they need to.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service was managed day to day by a team leader and the registered manager oversaw the overall management of the service. People using the service and external health professionals were happy with how the service was managed and staff felt supported in their role.

An open and positive culture had been developed which focussed on meeting people's individual needs. People using the service were offered regular opportunities to feedback on the quality of the care and support provided. People said they felt listened to.

There were systems in place to monitor the quality of the service. Where issues were identified there were action plans in place to address these.

Accidents and incidents were monitored by the registered manager and provider to ensure any trends were identified and acted upon.

# The Paddock

## **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.

We visited the service on 21 and 22 July 2016. The inspection was unannounced and was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During this inspection we spoke with the three people who lived at the service. We also spoke with the registered manager; four care support workers, and two visiting health professionals. We spent time observing the interactions between people who used the service and staff. We looked at two people's care records, two staff recruitment records, the staff training matrix, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

All three people using the service said they felt safe at The Paddock. One person said they understood the need to have health and safety "rules", although they found some frustrating. Another person said, "I am safe here. Life here is good. I would give it nine out of 10..." A third person told us, "It is lovely here. I am really delighted with it." Visiting health professionals also said the service was safe. One commented, "They (the service) do a really good job. I have worked with them (the service) for many years and always found the service to be good..." Another said, "Yes, we find the service is safe. Staff are alert to people's needs. We have no concerns or worries about this service."

Risks to people's health and well-being were managed in a positive and least restrictive way, and supported people with their longer term aims of moving towards independent living. Risks had been assessed. Where identified areas showed the potential to cause harm, there were clear actions for staff in order to effectively manage the risks. Up to date risk assessments were in place regarding physical, psychological and life style choice risks. These were reviewed to ensure they remained current and relevant to the person. Staff were aware of people's individual potential risks and the actions to take to reduce harm.

Environmental assessments had been carried out to identify and address the risks posed to people. Personal Emergency Evacuation Plans (PEEP's). These informed staff and the emergency services about the level of support each person needed in the event of an emergency requiring any evacuation of the building.

There had been three accidents at the service in the past six months. Accidents and incidents were monitored by the registered manager and the clinical governance group, which was made up of members of the multidisciplinary team. Records showed the registered manager and wider team reflected upon incidents and accidents and used learning from this to reduce further incidents. For example, following an incident involving a person using an electric wheelchair, garden equipment was removed to enable the person to move around safely and independently. No further incidents had occurred as a result of the action taken.

Appropriate arrangements were in place in relation to the management of people's medicines. People received their medicines safely, as prescribed and from trained staff. Staff competency checks were undertaken by the registered manager to ensure staff continued to administer medicines correctly.

Medicines were stored securely, either in locked cabinets in people's rooms or in secure cupboards in the office. Medicines were stored at the recommended temperatures. Medication administration records (MAR) showed when people had received their prescribed medicines. The use of medicines, such as prescribed creams, was recorded. Creams with a limited life once opened had been dated to ensure they were used effectively. Where medicines were prescribed as 'when needed', there were protocols in place to guide staff and help them make decisions about when these medicines should be used.

The Provider Information Return (PIR) showed there had been eight medicine errors in the past 12 months, which had been identified by the internal auditing system in place. These had been mainly minor recording

errors. Where one person had not received their medicine as prescribed, the GP had been contacted for advice. No significant harm had been caused to people as a result of the minor errors. Where errors had been identified, the staff involved had completed a 'reflective' account with the registered manager to help them learn from the error. The registered manager had also completed further competency checks to prevent similar omissions occurring in the future.

There were sufficient numbers of staff on duty to ensure people were safe and their needs were met. People said there was always staff available to support them with their daily care needs and activities. People confirmed staff responded quickly. Their comments included, "There are always staff here when I need them..."; "Staff are great, they are always there for me" and "All of the staff are very good, they are as helpful as they can be..."

Staffing levels were decided following an assessment of people's individual support needs. There were always three staff available to support people during the day between 8am and 9pm. At night there was a waking member of staff and one sleeping member of staff available to meet people's needs. Visiting professionals confirmed staff were always available to support them during their visits. Staffing levels enabled people to enjoy individual activities both in and outside of the service. During the inspection staff had time to support people in an unhurried manner. People were supported to visit the local town as they had requested. Where the service experienced short notice sickness or absence, shortfalls were covered by bank, agency or existing staff. People using the service and staff confirmed staffing levels never fell below the essential three staff during the day and two staff at night.

The provider had policies and procedures in place to help safeguard people from abuse and neglect. There were safeguarding notices displayed on the notice board, guiding people using the service and staff about how to raise any concerns. Staff had received safeguarding training. They were able to describe how they would report concerns both internally or externally should they identify possible abuse. Staff said they were confident the registered manager would take any allegations seriously and ensure they were dealt with.

The Care Quality Commission (CQC) had received the necessary notifications from the service informing us of safeguarding issues. They had also ensured the local Devon County Council safeguarding team had been informed. The information about the actions taken in response to the safeguarding incidents, assured us the registered manager and the staff took their responsibilities seriously in order to protect people using the service.

The provider managed recruitment safely to protect people from unsuitable staff. Recruitment files contained completed application forms, interview records and background checks. References were requested and checks were made with the Disclosure and Barring Service (DBS). The DBS holds information about people who may be barred from working with vulnerable people. DBS checks help employers make safer recruitment decisions.



## Is the service effective?

### Our findings

People were supported by staff that had the knowledge and skills to enable them to care for and support people effectively and safely. One person using the service said, "The staff here understand me...they know me well. I trust them..." Another said, "Staff are great...they help me a lot." Visiting health professionals expressed their confidence in the staff teams' skills and knowledge. One said, "The staff are on the ball..." Another commented, "Staff are well trained and aware of people's care needs."

The provider used a number of different ways to deliver staff training, including face to face teaching sessions and on-line training. Staff training records confirmed staff had completed a range of training. This including 'core training' such as, health and safety topics (including moving and handling; fire and food safety and infection control); safeguarding; and the safe management of medicines. Training relating to people's specific needs was also provided by internal professionals, such as a clinical psychologist, occupational therapist and physiotherapist. These sessions covered specialist brain injury training (devised and developed by the provider). This included basic and intermediate training related to acquired brain injury such as managing epilepsy; managing behaviour; nutrition and wellbeing. External health professional trainers were also used to provide training related to catheter care; constipation and skin care. All staff had regular opportunities for training. One said, "We have very good training provided by the company." Another commented, "We are given lots of opportunities for training. It is very good and very interesting...it means I do my job safely."

The registered manager confirmed there had been no new staff recruited at the service since the last inspection. They explained all new staff had been required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager said that in line with good practice, the CIS had been replaced by the Care Certificate Standards for all newly recruited staff. This is a nationally recognised induction for care staff.

Staff said they had good support from the registered manager, team leader and the provider. Comments included, "It is a good team here, and we all get on well. The team leader is very good and is our first port of call with any queries..." Another said, "I love my work here...I am happy to come to work. It is like one big family here." Staff confirmed they received regular supervision with the team leader. Supervision enabled staff to discuss their work or any training needs they might have and provided an opportunity for their line manager to give feedback about their performance. An internal quality audit completed in October 2015 showed supervision had not always been achieved in line with the provider's policy. However, since that audit, records showed this had improved and staff had received or had planned to receive quarterly supervision.

People had access to healthcare services; for example their GP; dentist; specialist services; and they were supported to attend any hospital appointments. People also had regular contact with the multidisciplinary team based at The Woodmill. For example occupational therapy; physiotherapy, psychologist and speech and language therapist. People told us about the improvements to their health and wellbeing as a result of working with occupational therapists; physiotherapists and speech and language therapist (SALT) at The

Woodmill. One person described the great improvement to their speech following sessions with the SALT; they said, "I couldn't speak but (therapist) really helped me. They do a good job." During the inspection a physiotherapist visited one person to deliver their agreed treatment. The person told us, "I enjoy the physio. It is good for me..."

Health care records were detailed and recorded specific needs. There was evidence in the care files of regular consultation with other professionals. Concerns about people's health care needs had been followed up quickly. A GP and a community nurse said the service always contacted them appropriately and always acted on any advice given. One health professional said, "This is a very good service. They are well organised. We have no concerns about people's health needs." Another professional said, "I would be happy to recommend this service. They are trying to provide as good a quality of life to those people there as they can."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

Clinical psychologist, in collaboration with the person and other staff, assessed people's capacity to make specific decisions. Assessments showed people had the capacity to make most decisions about their care and treatment. Where people had been assessed as not having capacity, for example whether they could manage their financial affairs, there were processes in place to make best interests decisions on their behalf. People were aware of any arrangements made on their behalf.

People said staff respected their choices and wishes. They said they had choices about their care and daily routines and activities. One person said, "I have freedom here and choices..." People were involved in making decisions about their care and had regular meetings with their key workers and the multidisciplinary team to talk about their care and support needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that no-one at the service was subject to DoLS. However, they were fully aware of the procedure to follow should a DoLS application be necessary.

All staff had received training to help them understand the MCA and DoLS and how this impacted on their responsibilities. Staff spoken with had a good understanding of the MCA and DoLS.

People had sufficient amounts to eat and drink and were encouraged to maintain a balanced diet. People said they enjoyed the food and they had been involved in the weekly menu plan. One person said, "I like everything on the menu. I love the food." Another said, "The food is ...great. Like a guest house! Lovely." Food and drink was freely available to people throughout the day. People could choose what to have for breakfast and what time they ate breakfast, which usually depended on the planned activities for the day. The evening meal was the main meal of the day. People said if they did not want what was planned, they could have an alternative. One person said they were able to plan menus, shop for food and help with the cooking. They said they enjoyed these activities. This helped to promote people's independence and develop their independent living skills.

## Is the service caring?

### Our findings

Positive, caring relationships had been developed between people and staff. We spent time observing how people using the service interacted with each other and the staff. They were relaxed and at ease with each other, which created a pleasant homely atmosphere. We heard friendly banter and laughter between people and staff. The staff team were thoughtful and kind and promoted people's independence and choice. People said they all got on very well. One person said, "Life here is fine. We all get on here. It is a happy place." Another said, "They (staff) know me well, they understand me. I trust them. My key worker is excellent."

Staff took time to support people when needed and supported people at the person's preferred pace and without rushing them. Staff spent time with people and engaged them in conversation and encouraged and supported them in their interests. For example, one person was very keen on art and staff spent time with them discussing what they were doing and giving praise and encouragement. Staff spoke compassionately and with understanding about the challenges an acquired brain injury presents to the individual and their families.

Visiting health professionals' comments included, "Staff are very caring. The service ticks all the boxes..." Another said, "It seems to be a very caring service. They retain that caring nature in their organisation and want to do the best for people. I have always found them (the service) to be good."

People were supported to express their views and to be involved in making decisions about their care, treatment and support. Important information was shared with them to ensure they could make informed decisions. Each person was assigned a keyworker who co-ordinated aspects of their care. The key worker role provided continuity of care; it built therapeutic relationships and facilitated advocacy. People said they were supported by their keyworkers and had regular fortnightly meetings with them to discuss their care and treatment, or any concerns they may have. One person explained they had a good rapport with staff. They said, "The key worker listens. They are lovely..."

People said daily routines were flexible and they were able to decide the times they went to bed and got up; and how and where to spend their day. The environment at the service enabled people to spend time on their own if they wished. For example, in their bedrooms; the communal sitting room, kitchen or garden. One person said, "I have freedom and choices here. The decisions are mine..."

People were treated with dignity and respect by staff. One person said, "Staff are as respectful and helpful as can be." Another commented, "The staff are great. They are always there for me...it is the best place I have been to..." Staff responded to people's needs and requests in a sensitive and caring manner. Personal care was delivered in private. People were dressed appropriately, in a style which reflected their preferences. Interactions between people and staff were respectful, with staff ensuring they listened and responded to people's requests or questions.

People were encouraged and supported to be as independent as possible. People told us staff helped them

maintain their independent living skills as well as learn new ones. If they wished, people were involved in day-to-day tasks, for example, shopping for food, and assisting with preparation and cooking of meals. People could help themselves to hot and cold drinks and snacks. People also benefitted from the equipment and adaptations at the service. One person said, "I can be much more independent here..." Another said, "I never feel trapped here. I get to go out when I like. The staff take me out. They help me a lot..." People's care plans contained goals, which included moving on to their own independent living accommodation. Two people described how much they were looking forward to this.

People's bedrooms were personalised and decorated to their taste, reflecting their interests. People said they had been involved in choosing the décor of their rooms. Bedrooms contained lots of photographs, posters and other items important to each person. One person said, "I love my room. I chose the paint for the walls..."

People were supported to maintain important relationships with family and friends. People were supported by staff to spend time with family at the family home and in their own local community as part of their rehabilitation. People told us how important it was to them that they were able to spend time with their family in their family environment.

## Is the service responsive?

### Our findings

The service was responsive and provided personalised care that was tailored to meet people's individual preferences and needs. Admissions to the service were carefully planned and managed to ensure the dynamics within the small service continued to be positive, inclusive and homely.

Admissions to the service were from the provider's acute rehabilitation centre, The Woodmill. The Paddock provided a 'step-on' to more independent living. Prior to admission comprehensive assessments are completed by the multidisciplinary team (a team made up of psychologists; occupational therapist; physiotherapist and support staff). This was to ensure the person's needs and preferences could be met by the service. People had the opportunity to visit the service before moving, to meet people living there and staff, and to ensure they liked the service and that they would be happy there.

Care records, such as care plans and risk assessments took account of people's views and opinions. Care plans provided personalised, detailed information about people and guidance to staff about how they needed to be supported within the service and within community settings. Care records contained information about people's care and support needs, as well as personal and social histories and preferences, which were then taken into consideration when delivering all aspects of their care. Care records had been written in a respectful and sensitive way and showed staff understood people's complex needs and behaviours. Care and support plans had been reviewed regularly by the multidisciplinary team to ensure people's changing needs and aspirations could be responded. People said they were encouraged to be involved in developing their care plans and said they regularly attended reviews of the care and support provided with their key worker. Staff were able to provide us with detailed information about what was important to people and how people liked to be supported.

The care files were very large, with current and historical information; this made it difficult to find information quickly. The registered manager said care files would be reviewed and historical information would be archived.

People were supported with their continued rehabilitation. People's wishes and expectations were used to help identify what goals they would like to achieve, such as moving to their own homes. During the inspection a physiotherapist visited one person as per their rehabilitation plan. People also had access to the clinical psychologist. One person explained how helpful this had been to enable them to discuss their problems and concerns during their rehabilitation. They said, "I feel the benefit from the therapists..." This person was particularly pleased with the overall progress they had made. There was good communication between staff at the service and the multidisciplinary team at The Woodmill (the main rehabilitation service) to ensure people's progress was monitored.

People were supported to follow their interests where possible and take part in social events. Social activities and opportunities were personal to the individual. People said they enjoyed a range of activities, including boating and sailing; target shooting, swimming; visits to the gym and weekly pottery classes. One person enjoyed photography and bird watching and this was supported by staff. The person said, "I am

never stuck indoors..." All three people said how much they enjoyed the pottery classes, which one person described as "Brilliant...very therapeutic..." People also enjoyed trips out to local shops, pubs and cafes. One person said, "I love a bit of retail therapy." People were supported to attend regular visits to 'Headway', an external organisation which provided peer support and activities for younger adults with brain injuries. During the inspection people were busily engaged in various activities. One person spent time on the computer; another enjoyed art and a third person went to town supported by staff.

People knew how to make a complaint and were confident it would be dealt with by staff or the registered manager. One person said "I would talk to staff or my therapist. But I have no complaints". None of the people using the service raised any concerns with us about their care or treatment.

No formal complaints had been received by the service in the previous twelve months. Issues raised by people during regular meetings with their key worker were dealt with as they were raised. For example, where people had made suggestions about menus or activities. Records of these meetings showed the issue raised; the action to be taken and the outcome. This meant people's suggestions or concerns were addressed and appropriate action taken.

## Is the service well-led?

### Our findings

People using the service, visiting professionals and staff spoke positively about the way the service was managed. A health professional said, "It is very well managed. They do a great job...I would be happy to recommend the service." The registered manager visited the service weekly and staff confirmed the registered manager was available on the telephone at other times. The registered manager demonstrated a good understanding and awareness of their role and responsibilities. A team leader had been appointed to oversee the day to day management of the service and staff. People using the service and staff spoke highly of this person. One person said, "(Person's name) is very good to us all. She has a big heart and wants to help us..." A staff member said the team leader was "very supportive." The management structure provided clear lines of responsibility and accountability. All staff were aware of their roles and responsibilities and were motivated and enthusiastic.

There was an open culture at the service. People were encouraged and supported to share their views and suggestions for improvement. Staff also said they could confidently raise any matters for discussion. Staff confirmed regular staff meetings took place to share information and obtain feedback from staff. This helped to ensure good communication at the service.

The provider had gathered people's views about the service. Surveys had been completed in July 2016 to review all aspect of the service provided. Responses showed people felt safe at the service; there was good communication and information sharing, and they were satisfied with the support they received.

Systems had been established to monitor the quality of the service provided. There was a programme of weekly, monthly, bi-annual and annual audits undertaken to look at care records, staff training, medicines management, infection control, and the environment. These included both internal and external monitoring and audits. The provider undertook annual health and safety audits and quality monitoring visits to look at all aspects of the service. Prior to the provider visits to monitor the quality of the service, letters were sent to people using the service, families and funders inviting them to take an active part within the process of the quality review. The audits were detailed and identified shortfalls and any actions required. Where issues had been identified, these had been addressed. For example, a provider audit completed in October 2015 identified staff re-fresher training was overdue for fifty five percent of staff. At the time of the inspection this had been addressed and eighty five percent of staff had received re-fresher training.

Incidents and accidents were recorded by staff and monitored by the registered manager and discussed by the multidisciplinary team to identify trends and patterns. Where necessary, action was taken to reduce avoidable risks. For example, following a fall the person was reassessed by the therapy team and a walking stick was provided to support them. There were learning opportunities for staff following errors related to medicines management. The registered manager undertook reflective sessions with staff involved in any errors to identify any additional support or training.

The service liaised closely with health and social care professionals in order to achieve the best possible care for the people they supported. Visiting health professionals said the service made appropriate referrals

and always acted on their advice or recommendations

Records were stored securely and were accurate and up-to-date. People's needs were reflected in the detailed care plans and risk assessments. Other records in relation to the running of the service, for example audits and staff recruitment, were accurate, up to date.

The registered manager fulfilled their legal obligation to notify us about important events that affect the people using the service. For example, serious injuries, incidents involving the police, and allegations of abuse. The Care Quality Commission had been notified in a timely manner about incidents and events that had affected the health and welfare of people using the service. This enabled us to monitor potential risks at the service.