S.S.Care Limited

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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

Victoria House provides accommodation and support for up to six adults who are living with a learning disability, autism or who have complex needs associated with their mental health. On the day of the inspection there were four people living at the home.

This inspection took place on 21, 22 and 23 March 2017 and was unannounced.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). People were encouraged to make choices and were involved in the care and support they received. However, some people did not have the mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in a person's best interests these were not always being fully documented. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or being reviewed. We raised this with the registered manager who assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interests.

People told us they were happy and they felt safe living at Victoria House. One person said, "I do feel safe, I like living here." Another said, "The staff are nice to me and [directors names] are my friends."

People who used the service told us they knew what keeping safe meant for them and were regularly reminded about what might place them at risk, such as 'stranger danger' or ' mate crime' and how to avoid this. People were protected by staff who knew how to recognise the signs of possible abuse or avoidable harm. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report any concerns to.

Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. There was a strong emphasis on training and continuing professional development throughout the organisation. Newly appointed staff undertook a comprehensive induction, shadowed experienced staff, and did not work alone until the registered manager was confident they had the right skills to carry out their role.

People were supported by kind and caring staff who spoke positively and with compassion about the people, they supported. It was clear people had developed good relationships with the staff that supported them. People who were able, told us they had the opportunity to express their views and were actively

involved in making decisions about their care and support. People said they made choices every day about what they wanted to do and how they spent their time.

People received their prescribed medicines on time and in a safe way. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines. People were supported to maintain good health and had regular access to health and social care professionals, such as GPs, dietician, speech and language therapist and care managers.

People were kept safe because risks associated with their support needs; lifestyle choices and environment had been identified and action taken to minimise and reduce the risk of any harm to the individual or others. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People, staff, relatives, and health care professionals told us the home was well- led, and described the management team as open, honest and supportive. There was an effective quality assurance system in place to drive continuous improvement within the home.

The registered provider had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

Records were well maintained and stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

Risks to people had been identified and action had been taken to minimise these risks

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by skilled and experienced staff who received regular training and supervision.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, people's records did not always reflect this.

People were supported to maintain a healthy balanced diet.

People had prompt access to, and were supported by a range of health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

People were actively encouraged to engage with the local community and maintain relationships, which were important to them.

People had access to advocacy services and were encouraged to make choices about their care and lifestyle.

Is the service responsive?

Good

The service was responsive.

People benefitted from support plans that described their day-to-day health and personal care needs in detail.

People received personalised care and support, which was responsive to their changing needs.

People's opinions mattered. Complaints and concerns were listened to, taken seriously, and addressed appropriately.

Is the service well-led?

Good

The service was well-led.

People and staff felt well supported by a management team that was open and approachable.

People were supported by staff who were motivated to develop and provide quality care for people.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Records were well maintained and stored securely.

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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 was 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 home under the Care Act 2014.

This inspection took place on 21, 22 and 23 March 2017 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection, we reviewed the information held about the home. This included previous Statutory Notifications we had received. A Statutory Notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection, we met three people who were living at the home. We spoke with both directors who were present throughout the inspection, one of which was the registered manager. We also spoke with six members of the staff team. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for four people to check they were receiving their care as planned. This included, support plans, daily monitoring forms and risk assessments. We also looked at how the home managed people's medicines. We reviewed recruitment, training and supervision files for three members of staff. We also looked at a range of records relating to the running of the home. This included, incident reports, policies and procedures and quality audits. Following the inspection, we spoke with two relatives of people currently supported by the home and received feedback from two health and social care professionals who had regular contact with the home.

Good

Is the service safe?

Our findings

People told us they were happy and they felt safe living at Victoria House. One person said, "I do feel safe, I like living here." Another said, "the staff are nice to me and [directors names] are my friends" Relatives told us they did not have any concerns about people's safety. One relative said, "I feel [person's name] is totally safe." Another said, I trust them all implicitly with [person's name] safety". Health and social care professionals spoke highly of the service and told us that they did not have any concerns about people's safety or wellbeing.

People were protected by staff who knew how to recognise the signs of possible abuse or avoidable harm. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report any concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were easily accessible. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager and knew which external agencies should be contacted should they need to do so. People living at the home told us they knew what keeping safe meant for them and staff told us they regularly reminded people about what might place them at risk, such as 'stranger danger' or 'mate crime' and how to avoid this. We saw that people's support plans contained a guide to "Keeping Safe." This was an easy read document, which gave people information and useful tips about how to stay safe at home as well as in the community. For instance, people were reminded of the dangers about getting into a car with someone they did not know, as well as useful contact numbers for people they could talk to or call if they were unhappy or needed some advice.

People were supported by sufficient numbers of skilled staff to keep them safe and meet their individual needs. The directors told us they regularly reviewed the staffing levels, so that people received reliable and consistent care, which was flexible to meet their individual needs. A colour coded staff rota was available so people were able to see when and who would be supporting them. Support plans clearly described how these staffing levels were organised as well as the support required by each person. On the day of the inspection, seven care staff and a senior team leader supported the registered manager. Staff confirmed that when people's care needs increased, for example if they were unwell, or if people needed support for activities in the community, staffing levels were increased to help ensure people's care needs could be met safely. The registered manager said agency staff were not used by the home as people needed to be supported by a consistent staff team who knew them well.

People were supported by suitable staff. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicants' identities, obtaining references and carrying out Disclosure and Barring Service (DBS) checks (police checks). New staff shadowed experienced colleagues and remained under observation until the registered manager was happy with their practice.

People were encouraged and supported to take their medicines as independently as possible. People received their prescribed medicines when they needed them and in a safe way. Medicine stock levels were

monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines.

We checked the quantities of a sample of medicines against the records and found them to be correct. A separate fridge was available for medicines requiring cold storage and temperatures were checked regularly. Medication Administration Records (MARs) had been correctly completed and clearly identified people's allergies. We saw from these records, where changes to prescriptions had been made, these had been appropriately documented. People's individual support plans described in detail the medicines they had been prescribed and the level of assistance required from staff. Staff had received training in the safe administration of medicines and records confirmed this.

We looked at how the home managed prescribed topical applications, such as creams, ointments, and gels. We found were people had been prescribed topical creams people's records did not contain guidance on where to apply these or why they had been prescribed. This meant staff could not be sure if people had their topical applications applied as prescribed by their GP. Where people were prescribed medicines to be given "as needed," such as for the management of pain relief, guidance had not been provided for staff to assist their decision-making about when this type of medicine should or could be used. We raised this with a senior member of staff who took immediate action to address our concerns.

People were kept safe because risks associated with their support needs; lifestyle choices as well as those relating to their environment had been considered. Where risk had been identified, action had been taken to minimise and reduce the risk of any harm to the individual or others. Staff told us they recognised people's rights to make choices and take everyday risks. We saw that whilst assessments included information about any action needed to minimise the risk of harm to the individual or others, they also recognised the person's rights and independence. For example, one person had risks identified in relation to their finances. A plan had been put in place to support the person to manage their money as independently as possible, whilst keeping their finances as safe as possible. Staff had identified that another person was potentially vulnerable or at risk whilst using the internet or through their social media accounts. The registered manager contacted a member of the FIND team (Forensic service for people with intellectual and neurodevelopmental disorders), who worked with the person and staff to identify ways they could stay safe online and protect themselves from potential cyber bullying.

The manager and staff carried out a range of health and safety checks on a weekly and monthly basis. For example, fire alarms, fire doors, emergency lighting, equipment, and infection control. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use. Accidents and incidents were recorded and reviewed by the manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment was safe. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to help ensure that people were kept safe in the event of a fire or other emergency.

Lone working policies and procedures were in place to help ensure the safety of the staff team. Staff had been issued with portable alarms for when staff were working on their own in different parts of the home. Staff said they felt safe and were always able to contact someone if they needed a break or additional support.

The home was clean and well maintained. Records showed staff were provided with infection control training and spot checks of staff's care practices helped ensure they followed good infection control principles.

Good

Is the service effective?

Our findings

People told us they were happy with the care and support they received from Victoria House. Comments included, "I like living here", "the staff are the best," and "it's alright." Relatives said "The staff are just fantastic" and "We think it's amazing they put people first."

Most of the people at living at Victoria House were living with a Learning Disability, Autism or had needs relating to their mental health. This affected their ability to make some decisions about their care and support. Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle. Each person's support plan contained a consent form, which was reviewed monthly. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

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 who were able told us they were involved in their care, attended regular reviews, and had access to their records. However, some people did not have the mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests these were not being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the home held or managed people's monies. There were no records to show the rational for this decision, no mental capacity assessment to show that the person did not have mental capacity to manage their own finances, or this was being carried out in their best interests. We raised this with the registered manager who agreed that people's records did not contain sufficient information to demonstrate the home was working within the principals of the MCA. The registered manager assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interests.

People can only be deprived of their liberty to 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). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manger confirmed all the people living at Victoria House were under constant supervision due to the complexities of their disabilities. As such all had a DoLS authorisation in place covering issues relating to leaving the home without staff support, the use of 'as required' medicines or a physical restraint to protect people from harm. We discussed with staff their understanding of these restrictions and found they had a clear understanding of when these restrictions could be implemented to

protect people.

People received care and support from staff who knew them well and who had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the organisation. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the registered manager was confident they had the right skills to carry out their role. Staff told us this gave them confidence in their ability to meet people's needs because they felt supported. Records showed staff received regular training in core topics which included, safeguarding, safe medicine practices, first aid, infection control, moving and handling, nutrition, conflict resolution, break-away, safe holding, Autism and mental health awareness. In addition to core training staff received specific training in relation to the needs of the people they were working with. For instance, we saw staff had received person specific training, which had been undertaken by the Intensive Assessment Treatment Team (IATT). The directors told us they wanted staff to feel they had a career path to follow and therefore staff were supported to develop their management skills. Records showed a number of staff either had completed or were working towards their Level 5 Diploma in Health & Social Care.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to carry out their role. Records showed staff received regular supervision and annual appraisals with a named supervisor. Supervisors assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they felt supported and valued by the senior management team. One staff member said, "they really value the staff, we have lots of training and regular supervision, but I know I can talk to [directors names] whenever I need to, and that is really important to me."

People were able to see a range of health care professionals when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's support plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. Each person's support plan contained a health passport, which contained detailed information of the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency where their rights might otherwise be compromised. For instance, in the event of an admission to hospital. Health care professionals told us they had no concerns about the care provided by the home. One health care professional said, "Staff make referrals promptly when people's needs change."

People were encouraged to develop their independent living skills and were supported by staff in the planning and preparation of their meals in the homes training kitchen. This provided a safer environment for people to prepare drinks and snacks. People were encouraged to maintain a balanced healthy diet whilst enabling them to make choices for themselves. Support plans contained information about what people could do for themselves, their likes, dislikes as well as any allergies. People told us they liked the food and were able to make choices about what they had to eat. Staff told us the menu was planned on a weekly basis and people were asked what they would like. If someone did not like what was being cooked, they could have an alternative. One person said, "The staff ask me what I like, I don't really cook myself but [staff member's name] is the best." Drinks and snacks such as fresh fruit were freely available for people to eat if they wished.

The home had been inspected by the local authority's Environmental Health Department in February 2017 and had received a five star rating for their food hygiene. This meant they followed safe food storage and preparation practices.

Good

Is the service caring?

Our findings

People who were able and wanted to speak with us, said they liked living at Victoria House and told us the staff were kind and helpful. One person said, "I like living here it's much better than where I used to live and the staff are kind to me." Relative's spoke highly of the care and support people received, comment's included, "the staff are marvellous", "you can fault them, they have made such a different to [person name] life" and "The directors set the standard and they will not accept poor care, that's what makes them different" .

Staff spoke positively and with compassion about the people, they supported. It was clear people had developed good relationships with the staff that supported them. Where people did not want to share with us their experiences, we spent time observing the care and support being provided. We found people were relaxed and happy in staffs' presence and we heard plenty of friendly conversation and laughter, it was apparent that staff knew people well. All the staff we spoke with said they enjoyed working in the home and liked helping people achieve their goals and independence, comments included, "I love my job", "it's the best job I've had", and "I always go home feeling like we made a difference".

People told us they had the opportunity to express their views and be actively involved in making decisions about their care and support. People said they made choices every day about what they wanted to do and how they spent their time. One person said, "We have meetings all the time about what I want to do and where I want to live" Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up or go to bed, which matched what was recorded in people's individual care records. Staff told us they had time to get to know people and were able to sit and spend time with people as well as attending to other care tasks.

Each person had a copy of their support plan, which they kept in their bedrooms. Support plans were person centred and written in a range of formats including symbols, pictures, and words to help each person understand their care and support needs. Where people were happy to show us their support plans, we saw these were personalised and contained clear information about what each person could do for themselves and how staff should provide assistance. Records showed that people were fully involved in developing their care. Staff told us how they supported people to be as independent as possible, and recognised that it was important that people were able to gain new experiences and take risks.

People were treated with respect and staff were mindful of their need for space and privacy. We saw staff knocked on people's doors before entering and when staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality.

People's individuality was respected and encouraged, for instance, people were able to make their own decisions around education or employment and how they spent their time. People were supported to decorate their bedrooms how they wished. Staff recognised the importance of people's family and friends. For instance one person liked to go out most days to meet up with friends. Staff respected this person's

wishes and supported them with their plans. Relatives said they were made to feel welcome in the home and were able to visit at any time.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and personal wishes. Staff spoke knowledgeably about people living at the home and gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. The registered manager carried out an initial assessment of each person's needs to help ensure that the home was able to meet their individual needs and expectations. This information was then used to develop a support plan.

People's support plans were informative and provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Each area of the plan described the person's skills as well as the support needed from staff or other services. Support plans were person centred and reflected how each person wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way. This was particularly important for people with autistic spectrum disorders who need their personal care and the day's events to be carried out as they expect and prefer. For instance, one person assessed as requiring 2:1 staffing, provided good detail about how the person needed and preferred to be supported. For example, the plan clearly described how personal care should be provided as well as the person's preference to be supported by female members of staff. Staff supporting this person said consistency of care was very important, "It is important everyone understands and responds to [person's name] needs in the same way." Another person's plan described in detail the support the person needed to maintain contact with their family and how important these arrangements were to them.

Some of the people supported by the home had experienced breakdowns in their previous homes or who had challenged traditional services. At times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. People's support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times. For example, one person's plan gave information about how to identify and reduce a person's distress by offering distractions and compromises. Where physical interventions were needed, all staff were trained to use safe methods of physical intervention and people's support plans contained clear guidance.

People told us and records showed that people were involved in developing their care and support and were asked how they felt about the care they received. When a person was unable to contribute to the assessment process or develop the support plan themselves, staff involved family members and/or other health care professionals in decisions that needed to be made. One person said, "My plan, is about me, I have meetings with my keyworker and we talk about how things are going". Each person had a designated key worker responsible for reviewing the person's support arrangements and personal goals. People were given the opportunity to sign and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished. All of the files we looked at evidenced that people were involved in decisions about their care.

Relatives told us the staff actively encouraged their involvement in people's care and kept them fully

informed of any changes. We saw evidence that people's support plan were regularly reviewed and updated to help ensure they accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members, staff and health care professionals to help ensure that staff had up to date information they needed to safely and correctly meet people's needs.

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. Throughout the inspection, we saw people coming and going from the home. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. For instance, one person was keen to tell us about their love of being outdoors, especially gardening. During the inspection, we saw this person was being supported by staff to prepare some raised beds ready for planting. They told us how they intended to plant seasonal vegetables, which they hoped would be ready for the summer. Another person told us they attended a local learning and training facility four days a week called "Eat that Frog" which they were using as a stepping stone to access a cooking course at the local college .

People and relatives told us they were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people they supported and their families. The procedure was clear in explaining how the complaint should be made and reassured people that any concerns would be responded to appropriately. This was also available in an easy read/pictorial format and staff encouraged people to discuss concerns on monthly basis as part of the care review process. People we spoke with told us they were encouraged to share their views and raise concerns. One person said they would speak to [directors names] if they were unhappy or worried about anything. Relatives were confident the registered manager would deal with any issues or concerns promptly.

Good

Is the service well-led?

Our findings

People, staff, relatives, and health care professionals told us the home was well led, and described the management team as open, honest and supportive. Staff were positive about the support they received and told us they felt valued. One health care professional told us the management team and staff work hard to support people with very complex needs, which they do in a calm and caring way. "I would not hesitate to recommend this home to people."

The management team told us their vision for the home was to support and enable people to develop to their maximum potential and live independent fulfilling lives. Staff had a clear understanding of the values and vision of the home and told us how they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about their work and the people they supported and were proud of people's achievements.

Both the directors took an active role within the running of the home and had good knowledge of the staff and people who lived there. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people's care and support. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed, for instance, from the speech and language team (SALT) and intensive assessment and treatment team (IATT).

The registered manager maintained their own professional development by attending regular training and keeping themselves updated with best practice. For example, they had recently completed SHIELD (Sexual Health Innovative Education for Learning Disabilities) training.

There was an effective quality assurance system in place to drive continuous improvement within the home. Senior staff met with service users on a monthly basis. These meetings were used to discuss all aspects of the care and support provided, for instance, staff support, meals, activities, review consent arrangements and discuss any concerns the person may have. As well as seeking feedback from people and their relatives, the registered manager assessed and assured the quality of the service through a number of quality audits. This included audits relating to health and safety, equipment and the homes maintenance such as the fire alarms and electrical equipment. The registered manager had systems in place to regularly check the quality of records held in the home and undertook a regular audit of people's personal finances and medicines. In addition, the home employed the services of "Vocal" a local advocacy service who carried out monthly-unannounced spot checks on the home and provided a written report of their finding.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The directors were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or

incident that had caused, or placed a person at risk of harm. Records were well maintained and stored securely, when we asked to see any records, the registered managers was able to locate them promptly