R Cadman

# King Edward House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 was carried out on 4 May 2016 and was announced at short notice.

The service provides long-term care and support for up to six people with learning disabilities. People who used the service had low to moderate care needs; they made daily choices about their routines and received support from staff when they needed it. At the time of our inspection there were six people using the service, five of whom had made King Edward House their home for thirty years. The accommodation was homely, personalised and looked comfortable.

A registered manager was not employed at the service. 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. However, the provider had appointed a manager who had applied to register with the CQC.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. No one living at the service was subject to any restrictions that required a DoLS application, but the manager understood when an application should be made. People made their own decisions about their care or day to day medical treatment. The manager ensured they followed the principals of the Mental Capacity Act 2005 when assisting people with making decisions about non-routine medical issues. Decisions were arrived at lawfully, in people's best interest and were fully recorded.

People were kept safe by staff who understood their responsibilities to protect people living with learning disabilities. Each person had a key worker who assisted them to learn about safety issues such as how to evacuate the building in an emergency and to speak to if they felt unsafe. People understood how to respond to emergencies like the fire alarm sounding. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The manager and care staff used their experience and knowledge of caring for people with learning disabilities effectively. Staff assessed people as individuals so that they understood how to plan people's care to maintain their safety, health and wellbeing. People had communication and health action plans to assist external health and social care professionals understand people's needs. For example, if they were admitted to hospital.

Risks were assessed within the service, both to individual people and the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified. The provider's policies and management plans were implemented by staff to protect people from harm.

There were policies and procedures in place for the safe administration of medicines. Staff followed these

policies and had been trained to administer medicines safely. Where people could retain the information, they had been supported to understand what their medicines were for and when they needed to take them. This was reinforced by staff who administered medicines.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage the daily health challenges they faced from conditions such as poor swallowing reflexes. People had been supported to understand their health conditions and had been given information to help them manage their own health and wellbeing.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service and in the wider community.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. We observed people being consulted about their care and staff being flexible to requests made by people to change routines and activities at short notice.

The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. Records about people's early lives were comprehensive. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. Staff had received training about the safe management of people with behaviours that may harm themselves or others.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities. New staff and existing staff were given extensive induction and on-going training, which included information specific to learning disability services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills. The manager ensured that they employed enough staff to meet people's assessed needs.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. People were supported to make healthy lifestyle choices around eating and drinking.

There were no barriers to people asking for what they wanted, or speaking to the manager and staff if they wanted to raise an issue. People were being asked frequently if they were unhappy about anything in the service. This included meetings with care managers from social services. If people wanted to complain there was a policy that would ensure they were listened to.

The manager and staff demonstrated a desire to deliver a good quality service to people by constantly listening and improving how the service was delivered. People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The manager of the service and other senior managers provided good leadership. The provider visited the service regularly, was well known by people and assisted the manager in developing business plans to improve the service.

## 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 experienced a service that made them feel safe. They were encouraged to learn about their own safety and talk to staff about safety issues. Staff knew what they should do to identify and raise safeguarding concerns. The manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff with a background in learning disabilities to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

### Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing. This included assisting people to learn how to monitor their own health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role. Staff training was planned in advance and on-going.

New staff received an induction and training, which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood by staff.

### Is the service caring?

Good

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Regular individual and group meetings were held to enable people to express their views about the service.

People were treated with dignity and respect. Staff were welcoming and patient with people. Staff understood how to maintain people's privacy and records about people was kept confidential.

## Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on a care plan about them. Care assessments were completed and included information about people's learning disabilities and health conditions. People participated in activities at home and in the community. Staff provided care to people as individuals.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

## Is the service well-led?

Good

The service was well led.

A manager had applied to register with CQC. There were clear structures in place to monitor and review the risks that may present themselves in a service for people with learning disabilities.

The provider and manager promoted person centred values within the service. Managers in the service were experienced and knowledgeable about learning disabilities. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. Managers made themselves available to assist with

delivering care and carried out checks on staff to monitor the quality of their performance.

# King Edward House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 4 May 2016 and was announced with short notice. We announced the inspection because people were often out and may not be available when we inspected. The inspection team consisted of one inspector.

Before the inspection we looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law. We looked at previous inspection reports and other information gathered about the service.

We spoke with six people about their experience of the service. We spoke with three staff including the manager and two support workers. We observed the care provided. We asked a health and social care professional for their views about the service.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 25 July 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

# Is the service safe?

## Our findings

People could go to staff who would listen to them if they were unhappy about something. People told us they felt safe. One person said, "I am happy and safe and I like the staff." We observed how relaxed people were with staff, people were smiling and cheerful. One person showed us their new safety hand rail that had been installed in their walk in shower as at times they became unsteady on their feet.

People could learn how to stay safe and what to do if there were emergencies in the service. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was another service nearby they could go to. People had practiced evacuating the service, for example when the fire alarm sounded. They knew where to go after they had left the building. Emergency drills and tests were recorded. People had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies. The manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time.

There was a current safeguarding policy, and information about safeguarding. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. This training was also recorded on the staff training plan. Staff were aware of reporting to safeguarding teams and raising concerns using the provider's whistle-blowers' policy. Staff talked us through the correct actions they would take if they suspected or witnessed abuse happening.

There were systems in place to ensure that relevant safeguarding referrals could be made to the local authority and appropriately notified the CQC of these. We spoke to the manager about this and they had a clear understanding of their responsibilities to report concerns. This demonstrated that the staff and manager understood the arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who used the service. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. Staff understood their roles in assisting people to understand and manage risk. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. Incidents and accidents were recorded and checked by the manager for any learning. Steps were taken to reduce incidents and accidents from happening again. We saw that people's health and safety had been discussed at team meetings to inform and reinforce staff knowledge of the steps that were to be taken to minimise the risk after incidents.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. New staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We looked at the recruitment files for staff that had been most recently recruited. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. Staff we spoke with confirmed they had been through full application, interview and selection process.

There were enough skilled and experienced staff to meet people's needs. The manager had ensured that the staff had the correct skills, training and experience. We looked at the rotas and saw that staff were deployed in line with people's choices around activities. Staffing levels were increased when people needed additional staff assistance or monitoring. For example if people were unwell.

There were safe processes in place for the management and administration of people's medicines. There was a current medicines policy available for staff to refer to should the need arise. Access to medicines was restricted to trained staff, but people had been given information about what medicines were for and when they should be taken. People had been assessed individually about their abilities to understand information about medicines. We reviewed the records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The manager ensured that regular audits of medicines happened and that all medicines were accounted for. Staff were encouraged to report errors in a supportive way. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time.

Good

# Is the service effective?

## Our findings

We observed that staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well. One person said, "I like the food, the staff are good cooks."

People were supported with their agreed and recorded daily routines by staff. One person said, "I like choosing what I want to do every day." People's health needs were monitored by staff and comprehensive information was provided about people's conditions. For example, if people were at risk of falls or had swallowing difficulties. We noted that if it was recorded in people's care plans that they wore glasses or hearing aids that people were wearing them. Guidelines on how to manage people's conditions were in place which staff knew how to follow.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People were supported to the GP when needed and got help from other health and social care professionals like dieticians. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist.

All of the people we spoke to about the food were happy with the choices they got. People told us about going out to eat. People were able to choose the food they wanted at weekly house meetings and food choices were displayed. People helped with the shopping for food. The way eating and drinking was managed worked well for people.

People ate and drank enough to help them maintain a healthy lifestyle and staff protected people's health and wellbeing if they were at risk of choking. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. Guidelines were followed by staff that had been put in place by speech and language therapist (SALT) to minimise the risk of people choking. Food preparation areas were well presented and clean. They were accessible to people at any time. Members of staff were aware of people's dietary needs and food intolerances. People got involved in cooking if they wanted to and one person told us that they had been making cakes a few days before. The home cooked food we observed being served was well presented, looked and smelt good and people ate all of their meal. People sat and ate together, this promoted conversation and people had different drinks such as beer or milk shakes.

Staff told us there was a training programme in place and that they had the training they required for their roles. This was supported by a training plan which ensured that staff received an induction and on-going training at the appropriate times. It was clear that new and existing staff had a good level of skill and training to work with people who had a learning disability. Staff learning was provided in a number of ways, including e-learning, distance learning courses and face to face training and this was supported by records we checked. Additional training was provided in relation to person centred care planning for people with learning disabilities and managing people's behaviours if they may harm themselves or others.

Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Records showed that supervision meetings with staff were held with the manager. These supervisions included the manager observing the practice of the staff member. Staff told us that supervisions were useful and regular. Staff also had meetings to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard.

Records showed that staff had an annual appraisal. Staff told us they could request training to develop their skills and careers. For example, one member of staff had asked if they could complete their NVQ level 3. (An NVQ is a nationally recognised learning syllabus and qualification in social care that enables staff to improve their skills and knowledge which starts at level 2.) This meant that staff were supported to improve their practice and that their knowledge was updated and current.

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 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans showed that the manager assessed people's capacity to make decisions in their best interests. Also, the manager demonstrated an understanding of when a DoLS application should be made and how to submit them. This ensured that people's rights would be protected.

Good

# Is the service caring?

## Our findings

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and from written information. This information enabled staff to provide care in a way that was appropriate to each person.

We observed good communication between staff and people living at King Edward House, and found staff to be friendly and caring.

People who needed advocacy support to express their views could access this. Some people were protected through independent advocacy services for financial matters or important health decisions. Best interest meetings about important decisions were recorded. People with changing capacity to make day to day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

Staff members were able to describe ways in which people's dignity was preserved, such as making sure people closed toilet doors and by ensuring that doors were closed when providing personal care in bathrooms. Staff explained that all information held about the people who lived at the service was confidential and would not be discussed outside of the home to protect people's privacy.

People were asked for feedback about the service. Decisions about household routines were taken collectively by people at their weekly house meetings. Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs. Staff chatted and joked with people and ensured that people felt comfortable.

People had been involved in discussions and planning how they wanted their care to be delivered. People who had more difficulty with verbal communication were given time to express themselves through facial expressions and gestures. Staff knew people well and encouraged people to make choices throughout the day regarding their routines. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too.

Staff chatted to people when they were supporting them. The staff knew their names, nicknames and preferred names. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed that staff were respectful and caring towards people.  This showed that staff had developed positive relationships with people.

People said they were always treated with respect and dignity and valued their relationships with the staff

team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

# Is the service responsive?

## Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. One person told us they were waiting for a shower seat and that staff were organising this for them. We saw this had been ordered after an occupational therapist had carried out an assessment. Another said, "I like doing activities, like colouring."

Staff were responsive and flexible to people's choices and needs. One person said, "I go out a lot," and we heard them talking about growing tomatoes and strawberries. There were tomato plants on the windowsill ready to be planted. People were involved in household tasks, like laying the table and clearing plates. People could change their minds about the activities they might like to do. For example, if they went out they could go to different places. We checked the records and saw that people had been supported by staff to a range of different places.

People followed their own lifestyle choices and had a routine for staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. The manager told us that there was only one day a week when all of the people were at home. Otherwise people went to participate in local groups like Age UK, went out to visit places of interest to them, or attended organised community day services. We saw staff were allocated to people's activities and that records of participation were kept. For example, we saw that the week before the inspection, people not on other activities had been to Folkestone for the day. People told us they enjoyed going out and doing lots of different things.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people and their care manager from the learning disability team. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with them to discuss their dreams and aspirations. We saw from care plans that when people had met their key worker and chosen activities to do, these had been organised by their key worker and they recorded when they had taken place.

Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Changes in people's needs were recorded and the care plans had been updated.

The manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapists and Occupational Therapists. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. This showed that staff were responsive to maintain people's health and wellbeing.

All people spoken with said they were happy to raise any concerns. There was a policy about dealing with complaints. There was regular contact between people using the service and the management team. There were no complaints about this service. The manager always tried to improve people's experiences of the service by asking for and responding to feedback. People had one to one meetings with staff on a monthly basis and each week they had a meeting as a group. At these meetings, people were encouraged to talk about any concerns or complaints they had about the service. The provider also visited the service every week to ask people how they were and chaired some of the house meetings. Staff understood that people with learning disabilities may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.

Good

# Is the service well-led?

## Our findings

People knew the manager very well. The manager had worked for the provider for twenty-six years. They had experience of working in and managing services for people living with learning disabilities and they demonstrated to us they had the skills to run the service well. They had submitted an application to register with the CQC.

People were respected by the manager and provider who ensured staff delivered person centred care and promoted individuality. The aims and objectives of the service were set out and the manager of the service was able to follow these. For example, to provide the best individualised support to people with learning disabilities. On arrival at the service, we were greeted and let in by people who used the service. People showed us around their home and told us what they liked about their home and their lives.

The manager and their staff team were well known by people. Staff were committed and passionate about delivering high quality, person centred care to people living with learning disabilities. Staff received supervision, training and development to enable person centred care to be achieved. The manager had a clear understanding of what the service could provide to people in the way of care and meeting their learning disabilities needs. The management systems in the service were set up in line with published guidance for supporting people with learning disabilities. For example, people had person centred care plans and health action plans. Records kept were of good quality and were well organised. This was an important consideration and demonstrated the manager and provider understood how to deliver a service that met people's specific needs.

Staff told us they enjoyed their jobs. The provider asked staff their views about the service. Staff felt they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the manager was approachable. One member of staff said, "The manager and provider are very approachable, the provider comes in every day." Staff told us the manager supported them well, one said, "If we have any concerns or worries we can just speak to them." Good communication and support within the staff team led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They had been updated in January 2016 and were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff had signed to say they understood the policies. Staff understanding of the policies they should follow was checked by the manager at supervisions and during team meetings.

Audits were effective and covered every aspect of the service. Staff carried out daily health and safety checks and walk rounds in the service and any hazards were removed or recorded in the maintenance book for repair.

The manager had carried out audits of the service on a monthly basis. Audits enabled them to identify areas of the service that needed improvement which they recorded and took the actions required. Over time there had been continuous improvement in the quality of the service which included the development of person centred care plans. With the robust in house audits and the managers and providers approach to continuing improvement we found people would continue to experience good care.

Maintenance repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. This ensured that people were protected from environmental risks and faulty equipment. The manager produced development plans showing what improvements they intended to make over the coming year. For example, the kitchen and laundry room had been refurbished in April.

The manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The provider visited the service every day. They were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. This ensured that the manager was supported with the resources to deliver good standards of care.