Outlook Care

Outlook Care - Veronica Close

Inspection report

86-88 Veronica Close
Harold Hill
Romford
Essex
RM3 8JW

Tel: 01708378856
Website: www.outlookcare.org.uk

Date of inspection visit:
26 January 2016

Date of publication:
21 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

We inspected 86-88 Veronica Close on 26 January 2016. This was an unannounced inspection.

86-88 Veronica Close is a registered care home providing accommodation for up to ten people with learning disabilities who require personal care. The care home service was divided into two residential units with five bedrooms in each unit. At the time of the inspection nine people were using the service. During our last inspection on 26 March 2014, we found that the service was compliant with all regulations we checked.

There was a registered manager at the service at the time of our inspection. 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 who lived at the service and their relatives felt comfortable about sharing their views and talking to the managers if they had any concerns. The registered manager demonstrated a very good understanding of their role and responsibilities, and staff told us the registered manager was always very supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

We found that people were cared for by sufficient numbers of qualified and skilled staff. People felt safe staying in the service. Staff had an understanding of people's needs and demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond to abuse. People had their individual risks assessed and had plans in place to manage the risks. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs. Staff had been recruited following appropriate checks. The environment was clear of any health and safety hazards. However, the premises were not always properly maintained because there were a number of communal bathrooms that did not have soap or hand gel available in them.

Staff received one to one supervision and received regular training. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which meant that their freedom was not restricted. The service had a quality check system in place when staff ended their shift and handed over to the next shift to ensure that people's medicines and money were recorded accurately.

People were supported to eat and drink sufficient amounts and had choice over what they wanted to eat. People were supported to access healthcare professionals and their finances were managed safely and securely. People's needs were assessed and care was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported. The care plans included risk assessments including swallowing and eating guidelines.

Staff had good relationships with the people using the service. We observed interactions between staff and people living in the service. Staff were caring and respected people's wishes and their privacy. People using the service pursued their own individual activities and interests, with the support of staff. People and their relatives knew how to make complaints, compliments and comments about the service.

There was a structure in place for the management of the service. People using the service, relatives and visitors could identify who the registered manager was. There were systems in place to routinely monitor the safety and quality of the service provided.

We found area where we have made a recommendation to the service, which is detailed in the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe in all areas. Some bathrooms within the premises were not properly maintained which could lead to possible spreads of infection. We made a recommendation about doing more regular stock checks.

Risk assessments were in place to protect people against known risks. People felt safe at the home. There was a safeguarding procedure. Staff were trained and knew how to identify abuse and follow the correct procedure to report it abuse. There was a whistleblowing procedure and staff knew how to report concerns.

The manager and staff improved the service by learning from incidents that required improvement in practice.
Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.
There were suitable arrangements for the management of medicines.

Is the service effective?

Good

The service was effective.

There were suitable arrangements in place to meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding. Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Staff had received the relevant training to ensure they had the skills and knowledge to care for people. Supervision was carried out in line with the home's supervision policy.

There were choices for food and drink during meal times and people told us they enjoyed the food.

Is the service caring?

Good

The service was caring. We observed caring and positive relationships between staff and people. People told us that they liked the staff. People's relatives confirmed that staff were caring

and treated their family members with respect and dignity.

People and relatives were involved in the planning of their care and reviews were undertaken regularly. Staff had good knowledge and understanding of people's background and preferences.

Care plans were person centred and took into account peoples choices and preferences. Details of people's background and personal information were recorded on the care plans and in individual files in people's rooms.

Is the service responsive?

Good

The service was responsive.

Care plans included people's care and support needs.

People participated in activities such as going to the seaside, shopping and walks.

There was a complaint system in place. People and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Good

The service was well-led. People and staff told us that the manager was very supportive and showed good leadership.

There were appropriate systems in place to monitor the service and make any required changes. Regular audits were undertaken by the registered manager and by a senior manager.

The service sought feedback from people and staff through meetings and surveys. The registered manager promoted an open and transparent culture, which encouraged staff and people to communicate with one another.

Outlook Care - Veronica Close

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 took place on 26 January 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

This inspection checked 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 service under the Care Act 2014.
As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. A notification is information about important events which the provider is required to tell us about by law, such as safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the service.

During the inspection we observed how the staff interacted with people and looked at how people were supported. We also received a tour of the premises, which included viewing bedrooms of people with their permission. We spoke with three people who used the service, three care staff, a deputy manager and the registered manager. We spoke by telephone with three relatives to gather their views on the service and how well the service cared for their loved ones. We reviewed five people's care files, two staff files and looked at other records such as staff duty rotas, audits, minutes for various meetings, medicines records, accidents and incidents, training information, safeguarding information and policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

People told us that the service was safe and that they liked living in the home. One person told us "I like it here, it is nice here. I feel safe" and another person said, "It's very safe." One relative told us that, "I have no worries, I am very happy my relative is there." Another relative said "it's very safe, the staff are very good" and another said "I'm glad (my relative) is back there now, it's been much better for them, it's the right place."

During the inspection we noted that a number of communal bathrooms in the premises had run out of soap or hand sanitiser gel which had not been replenished. The service was at risk of possible spreads of infection because some areas of the premises were not being maintained. We addressed this with the registered manager who immediately took action to re-supply the soap in the bathrooms. The registered manager told us that checks were carried out daily to replace any items that were low in stock. However, we were concerned that this was not addressed sooner in the day by staff working in the service.

We recommend that the service undertakes more regular stock checks of essential items to maintain the health and safety of the premises.

The service was divided into two sections and had had two care staff in each section on each shift in the morning and in the afternoon and evening. We saw that a handover took place between staff in both sections of the service at the end of a shift. There were effective recruitment processes in place. We looked at two staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable people to be working with people who use the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who lived in the service.

The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to any concerns they had about the practice of the home. One staff member said, "I am aware of whistleblowing and what it is. I would report any concerns I have." This showed that staff understood how to report concerns. The service had safeguarding policies and procedures in place which included contact details for the relevant local authority and the Care Quality Commission. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "Yes, I would report it to my manager and the local council." Another staff member said, "I would try to remove people from the situation and contact the safeguarding team." We saw records that safeguarding training had been delivered to staff. This meant that the service had appropriate guides and practices in place and staff knew how to report safeguarding concerns, so that the local authority and the CQC was able to monitor safeguarding issues.

Before the inspection, we received information from the local safeguarding team and from the service about a serious incident that took place, when a person choked on food that they had eaten. The incident was still

under investigation by the police and local authority. People staying in the service and staff were affected by the incident and the registered manager took steps to provide emotional support to those affected. Additional training was provided to ensure that staff would learn from the incident so that the service could improve and remain safe for people. Staff were being supported to identify what types of food could cause people to choke and also how to identify if a person was experiencing difficulties swallowing or breathing. We saw that swallowing and eating training would be provided to staff through a series of e-learning videos. The registered manager told us, "It (the incident) really affected us and we are following guidelines and training to make sure this doesn't happen again. I have arranged further specialist training and development for my staff."

Care and support was planned and delivered in a way that ensured people were safe. The care plans had risk assessments which identified any risk associated with people's care. There was guidance for staff so that they were able to manage risks. We also saw that people had recent risk assessments that were related to risks around choking and swallowing. This meant that risks would be minimised and continuously monitored.

The service supported people with their finances. The service held money on behalf of all the people securely in a locked container. We saw monies were counted during the day in order to match them with records of each person's balance to confirm that the amounts were correct. Records and receipts were kept when the service spent monies on behalf of people which meant that their money was secure and there was an audit trail of how much was being spent.

There were no obstructions which would breach health and safety regulations. There was a locked cabinet for COSHH (Control of Substances Hazardous to Health) materials and fire regulations were displayed within the premises. The fridge in the kitchen contained jars of food that were labelled with the date they were opened so that staff would know when food needed to be disposed of, before it became unsafe to eat. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh. We saw that a regular programme of safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the manager. This showed that the provider took steps to ensure that the environment was safe.

There were effective recruitment policies and processes in place. We saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable people to be working with people who used the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who used in the service.

The service had a system in place to ensure that people received their medicines safely. We saw that medicines were stored in a secure cabinet in people's rooms in clearly labelled blister packs. A staff member told us, "Our service users have the capacity to tell us how they want to take their medicine." Records of when medicines were received, opened, taken and disposed of were checked for accuracy as part of regular quality and safety checks. During our inspection we observed staff undertaking medicine checks during a handover which would highlight any discrepancies or issues, such as missing entries on a Medicine Administration Record (MAR) sheet.

Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. The service had arrangements to store, audit and dispose of medicines safely. Unused or out of date medicines were returned to the pharmacy that

supplied the service with people's medicines. The pharmacy also carried out an annual audit of medicines.

Good

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. One person told us, "The staff are good." A relative told us, "The staff are excellent, they are very experienced. The manager is really helpful and nice." We found that staff were knowledgeable about people's individual support and care needs.

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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).

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and understood when the use of Deprivation of Liberty Safeguards (DoLS) should be applied. 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. The manager informed us that one person was subject to DoLS and we saw that there was the appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful.

We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet their needs. For example, staff had received a range of training in mandatory and specialist topics such as safeguarding, positive behaviour management, epilepsy awareness, first aid including in choking and resuscitation, health and safety and medicines. A training matrix was used to show the training staff had received. Staff were able to receive further training or refresher courses when required. For example, we saw that staff received a schedule of Care Certificate courses for the coming year, which were a set of standards that health and social care workers adhere to in their day to day work. This showed staff received opportunities to improve their knowledge and refresh or develop their skills.

There was only one new member of staff recruited since the last inspection. We saw that new staff, including temporary staff, were supported with a thorough induction process which included training and 'shadowing' a more experienced member of staff. Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. One staff member told us, "I enjoy it here, I am very happy. I have supervision every few months." Staff mentioned to us that if they had any concerns they could approach the registered manager or deputy manager for advice or guidance. One temporary staff member told us, "Management are brilliant. They are very supportive and always listen. They let me have flexibility to work weekends as well."

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. During our inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they did. One person said, "I get to do things that I like."

We saw that the staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care plans. Care plans contained signatures of people, or those who acted on their behalf, which meant that they had been involved in writing them. However, some care records did not record people's signatures to confirm that they consented to the care they received. We spoke to the registered manager about this and they assured us they had a process in place to ensure each one was signed. They told us, "Family members aren't allowed to sign on people's behalf now. Advocates can do this though. I will discuss it with staff and advocates to start getting them signed."

We observed staff asking for consent from people when supporting them with their daily living, for example when giving medication or serving them dinner. People were encouraged to take part in their care plan reviews to ensure that they were supported and cared for correctly at specific times or when their needs changed. The deputy manager told us that "Our residents understand everything even if they may be non-verbal. We involve them in our reviews with their family."

People had access to health care professionals such as GPs and district nurses and the care plans had their contact details. We noted that there was a local GP surgery close to the service where people went for appointments. People were also referred to Speech and Language Therapy (SALT) specialists for people with learning disabilities. There were records of appointments and outcomes and people were accompanied by staff or family members when attending appointments. This demonstrated that staff monitored people's health and care needs and made referrals to appropriate health professionals.

People were supported to have nutritious food and drink. People were supported with nutrition and hydration and their dietary intake, weight and health was recorded on a regular basis. During the inspection, a large amount of shopping was delivered to the service which meant that there was a sufficient supply of food and groceries. People we spoke with told us that they liked the food. We spoke to relatives and one relative said that, "The food looks fine and it tastes and smells good. They know what they (my relative) like to eat and they (my relative) have not complained in all the years they have lived there." Another relative told us, "Yes they are happy with the food." We saw that a menu was available in the kitchen. People were involved in the planning of menus and discussed them in resident meetings. We saw that some people had a very specific diet, for example, food that needed to be pureed and it was reflected in their care plan. Staff told us that "we help them choose their menu, they tell us what they like to eat."

Good

Is the service caring?

Our findings

People and relatives told us that the service was caring and that they were happy with the level of care and support they received. One person told us, "They really care about me. We have a coffee and a chat." A relative said, "They are very caring. I couldn't look after my relative as well as they have done over the years." Other relatives told us that staff were "a very warm, friendly and caring team."

Staff treated people as individuals, respected their human rights and allowed them to make decisions. We observed staff interacting with people and saw that they were caring, polite and respectful. We saw that they addressed them appropriately and that there was positive interaction. Staff understood people's needs and treated them with dignity. We spoke with staff about how well they knew the people living there and they told us how they communicated with them in order to understand their needs and preferences. One staff member said they used "photos, objects of reference, body language, sign language and facial expressions." Another staff member told us that when one person "puts their hand on something, it means they like it and want to eat it."

The provider had policies and procedures in place to tackle discrimination and there were good practice guidelines for staff with regards to respecting people's rights and beliefs. We saw that staff knocked on people's doors before entering their rooms. Relatives told us that staff close the door when providing personal care such as when changing someone. One relative said "They always respect their privacy." The registered manager confirmed that, "The staff were very respectful of people's confidentiality." We saw that staff assisted people to be as independent as possible and people were encouraged to do their laundry. Where people required help such as with eating or drinking, staff would prompt them or help them if they were not able to. We observed people being able to feed themselves and help in the kitchen while supervised.

An advocacy service was available for people if they needed to be supported with this type of service. Information about how to access the service was available to people and was also displayed on the notice board. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People also had families advocate on their behalf. Reviews of care took place twice a year within the service and relatives were consulted. People were encouraged to take part in their care plan reviews to ensure that they were supported and cared for correctly at specific times or when their needs changed. Relatives that we spoke with confirmed that reviews took place. One relative told us, "I always attend as they always invite me."

People were respected and cared for in a way that ensured they were treated with dignity. People's personal preferences about how they preferred to be treated and cared for were recorded in their personalised care plans. We saw that a copy of a person's individual personal care plan review was in people's rooms and contained photographs and details about them.

Good

Is the service responsive?

Our findings

People and their relatives told us how they had been involved in their care planning and in activities of their choice. One person told us, "I like to do things. I have seen things about me." A relative said, "I have been invited to meetings and am involved."

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered a range of social and leisure activities. One person told us that they, "Liked to go shopping, for meals, to the park for walks, go on holidays and boat trips." People were supported to engage in activities outside the home so that they were part of the local community. We saw that each person had a timetable for every day of the week. On the day of our inspection a number of people would be going to a Tuesday Club which took place in the evening. One person told us, "We are going to the disco." We asked people if they enjoyed it and another person told us, "Yes I really like it." We saw that there was an activity plan in the manager's office that contained details of activities, such as music and movement, arts and crafts, swimming, shopping, singing, drama and sensory art. However, it was not on display within the communal areas of the home. This meant that it was not always easy to find and identify. The registered manager told us that people had a pictorial activity plan in their rooms, which we saw evidence of when we were given permission to observe people's rooms.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. The deputy manager told us, "People should feel part of the community and that is what we try to do. Activities are tailored to people, depending on what they like or don't like. We use the bus, taxi, a van or coach hired through local council." We asked if people staying in the service liked to travel in groups or on their own and the deputy manager explained that they, "Only take people out if they want to go. If they want to stay at home, they don't have to come, it is their choice." A member of staff told us, "Everyone loves to go out and there is plenty of indoor activities too for those who don't go." A relative said, "The service take them out (my relative) whenever they want. They have plenty to do."

When we looked at the care plans we saw that they were personalised and were written from their point of view. We saw that people's care plans contained information on how they communicated, what they looked like, what people like and admire about them, what was important to them and how they liked to be supported.
Key working with each person in the service was done by staff in planned sessions that took place monthly and was used as part of care plan reviews to monitor how well a person was doing. We saw that key work sessions were recorded in the care plans and that people were able to express their views in these sessions on how they would like to be supported. People who were unable to speak were able to have a family member advocate on their behalf. Key work sessions were an effective way for people to communicate how they would like their needs, preferences and choices for care treatment and support to be met. We saw that goals were set for people each month and would be discussed with families when they held their reviews. The deputy manager told us that key working played an important part in the care people received because it allowed people to discuss their care needs in private so that support plans could be updated when their

needs changed. The deputy manager told us, "We know everyone well. Their behaviour provides us a lot of evidence about how they are feeling. If they put a coat or hat on it means they want to go out. If they take your hand, they want you to come with them." We looked at daily records and saw that staff would note people's behaviour and actions.

There was a complaints process and a form was available for people staying in the service explaining how they could make a complaint. One person said, "I would tell the staff." A relative told us, "I know how to complain and would speak to the manager, she would listen. But I have never had to complain." However, one relative was concerned that there was not enough information provided to relatives following the serious incident that took place a few months earlier. They said, "I think a bit more communication would have been helpful so we know what is going on." We asked the registered manager about this and they told us that "it will be a good idea to have a meeting with relatives soon so that we can explain what is happening."

Staff knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised, including who they should contact. We saw that the service had not received any complaints but saw that the manager would respond to any feedback, advice or actions from family members or stakeholders to try to improve the service.

Good

Is the service well-led?

Our findings

The registered provider had a service and registered manager in place. There was also a deputy manager. Relatives, staff, stakeholders and people that we spoke with, told us that the manager was running a good care home. We saw that there was good interaction between staff and people. Staff were caring, patient and knew the people well. A relative told us that the registered manger was, "lovely and very helpful. They work hard." Another relative said that, "They look after everyone well and manage the service well. I have no problems."

The registered manager told us that they worked in the service two days a week because they also were the registered manager of another service and they were required to split their time between two locations. They said, "I manage another home but I am always contactable and have a deputy manager who covers when I am not here." The deputy manager confirmed that they provided cover when the registered manager was not on site. They also confirmed that the registered manager was contactable by phone and email.

There was a transparent culture for staff, people and relatives. The registered manager told us, "I have an open door policy and I am very supportive of my staff. The people who live here are highly valued." Staff told us that they were very happy working within the service and one staff member told us, "I have the best manager. I have been here seven years and really enjoy it." Another staff member told us that, "The atmosphere is really good. Everyone is happy. Whatever the circumstances, we work as a team. We sacrifice ourselves for the people who live here because we love helping people."

We found that staff were able to share their knowledge and experience during handovers, staff meetings and staff supervision. Staff felt well supported by the registered manager and they could approach them for advice and guidance. The registered manager and the deputy manager told us that staff were offered counselling and additional one to one support to help them cope following the serious incident that took place. We saw that the service had taken steps to address practice issues and learn any lessons. We saw evidence that specialist training was being delivered in aspiration and choking and that staff would participate in the training. The registered manager said, "I have dedicated and passionate staff, they go above and beyond being support workers. They are so caring and we helped them as much as possible." A staff member confirmed that, "The managers and the team supported each other. It works well. We are always learning."

There were procedures in place for managing medicines, safeguarding, capacity assessments and DoLS applications. The registered manager informed us that staff discussed issues that concerned them in team meetings and during the inspection, we observed a team meeting. Records confirmed that the service had regular staff meetings. One staff member said, "We have staff meetings regularly. We talk about everything about the service." Agenda items at staff meetings included safety, handover, activities, complaints and finances.

We saw that various quality assurance and monitoring systems were in place, which included seeking the views of people that used the service, their relatives and the staff. We saw people were asked their views and

this was recorded. Topics included on the survey covered staff, choices, and complaints. We saw the results of the survey were mostly positive. However the registered manager told us that the complaints, compliments and comments forms for people staying in the service "needed to be simplified for people we support" and confirmed that they would discuss it with the registered provider. Where there was negative feedback, the manager told us that they would make any necessary improvements.

We looked at the service's quality assurance systems. Records showed that audits were carried out every two to three months by the registered manager and by a more senior manager to make sure that the service was managed safely. We saw that the there was a theme for each quarterly audit such as finance, health and safety, staffing, medication and DoLS. The monitoring also looked at spot checks of equipment, health and safety, safeguarding alerts, staff meetings, supervision and care records. The auditing tool highlighted areas that required improvement and adopted the five domains that the Care Quality Commission used to conduct its inspections. The registered manager notified the CQC of incidents that occurred within the service that they were legally obliged to inform us about. This showed us that the registered manager understood their role and responsibilities.