Trust Care Ltd

Wrawby Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This inspection was undertaken on 1 September 2015, and was unannounced. The service was last inspected on 20 December 2013 and was found compliant with the regulations that we looked at.

Wrawby Hall is registered with the Care Quality Commission [CQC] to provide accommodation for up to 34 older people who may be living with dementia. Accommodation is provided over two floors. Secure gardens are provided at the rear of the property and a car park is available at the front. The service is situated off the main road that runs through Wrawby. People have access to local amenities.

This service has a registered manager in place. 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'.

Summary of findings

Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the CQC. This helped to protect people.

We observed that the staffing levels provided on the day of our inspection were adequate to meet people's needs. A visiting health care professional told us that staff contacted them to discuss any changes in people's conditions or concerns they may have. They told us staff followed their guidance which helped to maintain people's health.

Staff had undertaken training in a variety of subjects to develop and maintain their skills. Training updates were provided for staff.

People's nutritional needs were assessed and monitored. Their preferences and special dietary needs were known and catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were met.

Staff supported people to make decisions for themselves. People chose how and where to spend their time. Staff reworded questions or information to help people living with dementia to understand what was being said.

There was some discreet signage in place to help people find their way to toilets and bathrooms. Where necessary, staff helped to guide people to where they wished to go. The lounge and dining room used by people living with dementia was about to be redecorated to make it more dementia friendly. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use. Work is being undertaken in October 2015 to ensure fire exits open freely in an emergency. A risk assessment is in place for this issue and staff are aware of the action they must take in the event of an emergency to protect people's health and safety.

A complaints procedure was in place. This was explained to people living with dementia or to their relatives so that they were informed. People's views were asked for informally by staff and through surveys. Feedback received was acted upon to help people remain satisfied with the service they received.

The registered manager undertook a variety of audits to help them monitor the quality of the service. However, the issues we found with the environment and regarding two people's medicine at the time of our inspection had not been identified by the auditing process.

Summary of findings

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. We found some issues with safety of the environment and with two people's medicine administration.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present to each person's health and wellbeing.

Staff were informed about the action they must take in an emergency to help to protect people's wellbeing. There were enough skilled and experienced staff to meet people's needs.

Is the service effective?

Good

The service was effective. Staff effectively monitored people's health and wellbeing. They gained help and advice from relevant health care professionals to maintain people's health.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People's nutritional needs were met.

Staff were provided with training to develop and maintain their skills.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and respect.

Staff supported people in a gentle and enabling way to help promote their independence and choice. This helped people to live the life they chose.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded appropriately to people's needs, they listened to what people said and acted upon it. People's likes, dislikes and preferences were known by staff.

An effective complaints procedure was in place. People were made aware of how to make a complaint and were supported to do so, where necessary.

Is the service well-led?

Requires improvement

The service was well led. However, we found some risks present to people's wellbeing within the environment that had not been detected by the audits undertaken..

Summary of findings

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Staff we spoke with understood the management structure in the home.

Wrawby Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 1 September 2015 and was unannounced. It was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the registered provider to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in both dining rooms. We observed a member of staff giving out medicine. We looked at a variety of records; this included three people's care records, risk assessments and medicine administration records, [MARs]. We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, training, supervision, appraisal and recruitment.

We spoke with the registered manager and company director, three staff, the cook and the activities co-ordinator. We spoke with nine people living at the service; and five visitors. We interviewed one visiting health care professional to gain their views. People we spoke with and their relatives said generally they were satisfied with the service they received.

Some people living at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported by staff and provided us with evidence that the staff understood people's individual needs and preferences.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I feel safe here." We received other comments from people who Another said, "When we are getting ready for bed they could do with a few more staff. You can be waiting to go to bed, I'm not saying a long time, but a bit."

Relatives we spoke with told us they felt the service was safe for their relations. We received the following comments: "I visit at all times and you can always find somebody [staff]." "[Name] of relative is safe yes, safer here than at home with carers." and "[Name] is safe; yes I know how well they [staff] look after her. This is the second time staff have been in to see if she is alright."

Staff we spoke with knew they must protect people from abuse. They were able to tell us about the different types of abuse that may occur and they told us they would report abuse straight away to the manager or company director. Staff undertook training about safeguarding vulnerable adults, there was a whistleblowing policy in place. The registered manager reported issues to the local authority safeguarding team, as necessary. This helped to protect people.

The registered manager monitored the staffing levels provided. They said they ensured staff on duty had the right skills to support people. Staff we spoke with said there were enough staff provided on each shift to meet people's needs. We inspected the staff rotas we saw that staffing levels were flexible if people needed to be escorted to hospital or if there were outings taking place. However, one person we spoke with told us they had to wait sometimes to go to bed. Procedures for recruiting staff were robust this helped to protect people from staff who may not be suitable to work in the care industry. Staff we spoke with told us that they covered sickness, absence and holidays to help provide continuity of care to people.

We reviewed three people's care files. Risks to people's wellbeing such as the risk of choking, falls, or receiving tissue damage due to immobility were seen to be in place. This information was reviewed regularly and as people's needs changed. People were assessed for walking aids or wheelchairs, hospital beds, pressure mattresses and cushions. Staff ensured that the assessed equipment was used to help maintain people's wellbeing. The registered manager told us that if equipment was needed for people this was ordered straight way.

During our inspection we undertook a tour of the premises. Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment, for example; gloves and aprons. These were found in communal areas and in people's bedrooms. We found that there were two bathrooms downstairs with waste paper bin's that had broken foot pedals. This meant that after people had used the bathroom they had to lift the bin lids manually to place their used hand towels into the bin. This placed people at risk from inadequate infection control. We discussed this with the registered manager who gained two new bins for these areas. This helped to maintain effective infection control.

We observed two domestic assistants near the staircase in the corridor in the area of the service used by people living with dementia. However, the cleaning trolley which had chemicals on it had been left unattended further down the corridor. This posed a potential risk to people living with dementia. We spoke with the registered manager regarding this. They reminded the staff to take the cleaning trolley with them so that they could observe that the items upon it could not be accessed by people living with dementia.

When we inspected the laundry we found that there was a roller iron placed right next to the side of the boiler, and other items were stored at the other side of the boiler and in front of the boiler door. This could potentially have posed a fire hazard and could prevent the boiler from gaining adequate ventilation. We spoke with the registered manager and these items were immediately moved. They told us that they checked the laundry and these items were not usually placed around the boiler. We inspected the second boiler cupboard. There was a notice on the wall which said 'Please do not store any items in the boiler house'. However, some items had been stored there. These were immediately removed, however, people's safety had been placed at risk.

We observed staff had left a serving hatch gate to a kitchen area open which was in a dining area. This area was mainly used by people who were not living with dementia.

Requires improvement

Is the service safe?

However, those living with dementia were able to have access to this area. The registered manager reminded staff to close this gate if this area was not staffed to prevent people having access to the kitchen equipment.

People had personal evacuation plans in place staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff undertook fire training to help them prepare for this type of emergency. During our inspection we found that there was a fire door at the end of a downstairs corridor which had a push to open bar on it. However, a keypad had been fitted to this door. We discussed this with the registered manager who informed us that work was planned to be carried out to address this issue, so when the fire alarm activated this door would release automatically. A risk assessment was in place for this issue. We contacted North East Lincolnshire Fire and Rescue Services who inspected this service and provided guidance to us about this matter. The registered provider has the necessary work planned to be undertaken on 12 October 2015. **We recommend that this work be completed to protect people's safety.** The managing director will inform us when this work has been completed.

The registered manager undertook audits of accidents and incidents to see if there were any patterns present to help them prevent issues from reoccurring. Advice was sought from relevant health care professionals to try to prevent further accidents from occurring.

The registered provider showed us records of general maintenance that was undertaken. Service contracts were in place to maintain the equipment. Water checks, electrical and gas checks were in place. Contracts were in place for waste disposal. Staff had access to emergency contractors' phone numbers. The registered manager, deputy or managing director could be contacted at any time by staff for help and advice in the event of an emergency.

We inspected the medicine systems in operation in the service. The registered manager told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist the staff to be able to dispense these safely. Photographs of people were present which helped staff identify people and allergies to medicines were recorded. This helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round, the member of staff had received training about how to undertake this safety. They were competent at giving people their prescribed medicines. They took their time to correctly check the medicine to be given; they checked the person's identity and stayed with them until their medicine was taken. We checked the balance of some medicines which were found to be correct.

We noted that for two people who were prescribed paracetamol four times a day that their medicine administration charts [MARs] had some gaps for the last dose of the day. The registered manager told us that staff had not given the paracetamol last thing at night in case these people required their paracetamol during the night. This issue was discussed with the registered manager and company director. Guidance was given by the company director that in these cases the person's analgesia should have be discussed and reviewed by their GP. This review was instructed to be undertaken.

Good

Is the service effective?

Our findings

People we spoke with said the staff looked after them well and met their needs. One person we spoke with said, "The Staff look after me well." Another said, "They [staff] get a doctor if they think you need it." A relative said," They [staff] discuss everything, and involve us. If they increase tablets they tell us. They have done a good job."

We received the following comments from people about the food: "It's not too bad" "It's very good" and "It's alright". One person said, "It's never all that hot, it may be hot downstairs. There isn't enough fruit. I ask for it and I get it." People spoken with after lunch said, "It [lunch] was hot enough." and people said they were quite satisfied.

A visiting relative said "They [people] drink and eat all the time! It's nice food from what I can see." Another said, "The food was very good. We have concerts and coffee mornings, the cook is brilliant, and she makes lovely cakes and buns. Mother likes her food, she eats it." One comment we received was that, "Sometimes there's a real difference in the times they (meals) arrive."

A relative told us they were satisfied with the environment, they said, "The rooms are large and airy and it feels good, it doesn't smell".

We observed staff delivering care and support to people in the communal areas of the service We saw staff understood people's needs, likes, dislikes and preferences. Staff were skilled at encouraging people to do what they could for themselves which promoted their independence. This helped people to live the life they chose.

Staff undertook regular training in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005. Staff we spoke with told us that training was on-going and had to be completed which helped to maintain and develop their skills. A member of staff we spoke with said, "I have undertaken Mental Capacity act training and know to provide care and support in the least restrictive way." A programme of supervision and appraisal was in place this helped to highlight any further training or support staff required.

We spoke with the activities co-ordinator. They had worked in care for a long time. They said they felt supported in their role by the management team. However, they told us they had not undertaken training for this role, but hoped to visit other care services to liaise with other activities co-ordinators. This was discussed with the registered manager who told us that this training would be considered.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. One person had a DoLS in place at the time of our inspection. However, this documentation had not yet been returned by the local authority to the service, so this was not able to be inspected. Other applications were with the local authority awaiting review. We saw there were policies and procedures to help guide the staff which helped to protect people's rights. We found during our inspection that one person was receiving covert medicine to maintain their wellbeing. This issue had been discussed with all relevant parties including health care professionals and this was being undertaken after this was assessed as being in the person's best interests, after all other options had been considered.

The registered manager told us that advocates could be provided locally for people. This service was advertised to inform people this was available.

People had their nutritional needs assessed on admission. Their nutritional needs were regularly reassessed. Information was available to staff about people's dietary needs, preferences for food and drinks and any food allergies.

The cook told us that people's dietary needs were kept under review and that the staff kept her well informed. Staff we spoke with were aware of people's special dietary needs. The food served looked appetising and nutritious. Home baking was produced and the cook and staff confirmed people could have something to eat and drink at any time. We saw the staff provided large and small portions of food to people as well as second helpings. Food served at lunchtime and tea time was seen to be enjoyed. Most people ate independently and had plenty of time to eat which ensured people's nutritional needs were met. People chose where they wished to have their meals, most people ate in the dining rooms and there was a sociable

Good

Is the service effective?

atmosphere. People's views about meals were asked for at the residents meetings. The cook told us they changed the menus as required to make sure people's preferences were provided.

We saw the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. These were provided to people who had been assessed as requiring this equipment to help to maintain their wellbeing.

There was some signage provided throughout the service to help people find their way around. We did not see that people had their names, photographs or pictures on their bedroom doors to help people living with dementia to find their bedroom. Although people's names and room numbers were on their bedroom doors. Pictures in the lounge areas were present, we discussed with the registered provider and registered manager that the provision of more pictures to aid people's reminiscence might be beneficial to people living at the service. This was being considered for the refurbishment of lounge and dining area mainly used by people living with dementia.

We saw that some toilet doors, both in public areas and peoples 'en-suites' were painted in a bright colour to aid the orientation of those living with dementia. Hand rails were provided along some corridors and although these were painted white this was in slight contrast to the colour of the walls, to aid people living with dementia or visual impairment.

The two communal lounges were laid out with chairs around the edges of the room, rather than chairs being placed in smaller groups. When asked the registered manager about this they said people usually talked to those sitting by their side. There were other smaller seating areas where people could sit. There was a "conservatory" upstairs which provided another quiet, private area. The registered provider said they would take the feedback about the seating arrangement on-board and review this.

A garden with level access was provided at the rear of the service, this was secure so that people could walk where they wished.. Some people had bedrooms with patio doors leading onto a patio area. Some people were able to grow tomatoes or have plants outside their bedrooms on the patio area.

Good

Is the service caring?

Our findings

People we spoke with said they were well cared for. One person said, "I'm quite happy with the staff." Another said, "Staff are nice, they are polite." They also told us the staff were caring, kind and considerate. We received comments from people that the male care staff were particularly caring.

Relatives we spoke with made the following comments: "My mum is very verbally aggressive. Staff are very kind and treat her with respect." "Yes, I think staff are caring. They seem to talk to [name] all the time. He walks up and down a lot. They [staff] don't know I'm watching them sometimes and they are good with him." "Mum is difficult; she refused to get up yesterday. The staff are lovely, we haven't found one yet who isn't helpful." "I've no qualms about how they look after [name]." "They [staff] knock and shout are you alright [name] before they come in." and "Staff always talk to [Name] nicely when they come in."

A visiting health care professional that we spoke with told us they had never seen anything that had concerned them. They said if they did they would report the issue straight away. They told us that the staff always made them feel welcome and they had observed this was the case with other visitors to the service.

We observed that staff offered help and assistance to people, yet considered how they could support people without embarrassing them. For example, a person was trying to use their fork to eat their lunch but was not able to get any food onto it. A member of staff asked the person if they would like to try and use a spoon, this was provided. The person had more success with this but still found using this difficult. The member of staff pulled up a chair and sat with the person to talk with them and gently encourage them, when necessary. This was carried out in a caring and unobtrusive way so that the person's dignity was maintained.

We observed that staff, registered manager and managing director asked people in the lounges and dining rooms if they were alright or if they needed anything. All the staff were seen to listen and acted upon what people said. The expert by experience noted that in the lounge and dining area used for older people that there was a little less staff interaction, especially at mealtimes and staff tended to speak with each other. This feedback was shared with the management team who said they would observe this.

People looked relaxed and content in the company of the staff. We saw that staff addressed people by their preferred name. We observed that staff knocked on people's bedroom doors before being invited to enter. This showed us that staff respected and maintained people's privacy. We observed that a nurse permitted a person to carry out a blood sugar tests and their injection whilst they were seated with two other people at a dining table. We raised this with the registered manager. They told us the person was a new arrival and had insisted that this was carried out at the dining table. The registered manager said this would be carried out in private in the future.

During our visit we spoke with staff who told us they treated people as they would wish to be treated. A member of staff said, "I love it here, the residents are lovely. The staff are nice we all get on. It is a really nice place to work." Another member of staff said, "I enjoy it here. I get attached to the residents; it is like a big family."

We observed visitors were made welcome and they could attend the service at any time. There were facilities available for people or their family and friends to get a drink. This was welcoming.

Good

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, "I am looked after here." Another person said, "They [staff] are there when I need them."

A relative we spoke with said, "They [staff] discuss everything and involve us. If they [GP] increase [names] tablets they tell me. They've done a good job." Another relative said, "They get the doctor if they think you need it, they deal with the same surgery as we had."

The care records we looked at confirmed that people were assessed before they were offered a place at the service. This helped to ensure that people's needs were known and could be met. The assessment process continued following admission so care could be tailored to each person's preference, as people's needs changed their plan of care and risk assessments were updated.

We saw hospital discharge letters and care plans from the local authority in some people's care records. Staff used this information as a base line to plan people's care. We saw regular reviews of people's care was held with the person and their chosen representative, this kept all parties informed and ensured that people gained the support they wanted to receive. Staff we spoke with had a good understanding of people's needs. Care was prioritised, for example, if a person was anxious or wanted the bathroom staff attended to this promptly.

Staff we spoke with told us they monitored people's condition on a daily basis and reported issues to health care professionals to gain their help and advice. A health care professional we spoke with during our visit said, "The staff do try hard, they take on board suggested treatment and any changes to this. The carers are very good." We saw that general practitioners, dentists, opticians, chiropodists, speech and language therapists and dieticians were involved in people's care. Equipment that was assessed as being necessary to help to maintain people's wellbeing was provided, for example, hospital beds and pressure relieving mattresses.

We saw that staff were observant and they spoke with people as they passed or delivered their care in the lounge and dining areas used by people living with dementia. It was observed in the lounge and dining room furthest away from the reception area, where people were more able, there was less interaction. The registered manager and managing director were informed of this and they confirmed they would carry out some observations in this area to make sure that staff responded and interacted with people appropriately.

We discussed how staff shared information at handovers between shifts. Information was shared about people's physical and psychological needs and health and wellbeing. Changes in people's needs were recorded in their care records and these changes were passed on to the staff so that they were informed. Information shared with health care professionals was recorded so staff were aware about new treatments and any actions that had been taken to help to maintain people's wellbeing.

People were weighed on admission and nutritional assessment was undertaken for all people living at the service. If a person was underweight they were monitored and a referral was made to their general practitioner or to a dietician. The cook was aware of people's dietary needs, they were provided with regular updates on people's progress by the care staff so they adapted people's meals to suit their needs. For example to provide fortified or finger foods to help encourage people to eat. We observed staff monitoring a person who was finding it difficult to eat; this was done effectively by staff at snack and mealtimes. We observed from the person's care records that their weight had increased; relevant health care professionals were monitoring this situation.

There was a key worker system in place. This is where a named member of staff was allocated to be the main point of contact for a person; they also undertook duties such as spending one to one time with the person, shopping for them and helping them keep their bedrooms tidy. A member of staff said, "We have a key worker system, we ring the family we have one to one time with people where we sit and have a good chat. We get their photo albums out and reminisce."

There was an activity co-ordinator provided at the service. They provided a range of activities for people, including bingo, arts and craft. Staff told us that people liked to bake and decorating cakes. There were local outings to Brigg garden centre. There had been a trip to Cleethorpes for fish and chips during the summer. There had been outings to

Good

Is the service responsive?

the local pub. A hairdresser visited the home regularly to provide a service to people. People's religious needs were known. A vicar attended every two weeks to perform Holy Communion.

There was a complaints procedure in place. Complaints received were investigated and dealt with appropriately.

The registered manager told us they recorded complaints and investigate issues when they arose. The registered provider told us, "We ask relatives to tell us about any issues, we will always sort things out."

Requires improvement

Is the service well-led?

Our findings

People we spoke with said, “The boss isn’t bad and is pleasant enough.” and, “The service provided is fine for me.”

Relatives we spoke with said they were satisfied with the service provided. They confirmed they were asked for their views. We received the following comments; “There’s a meeting every two months for relatives. What I have said they have put into practice. If I have anything to say I go straight to the manager, she is very approachable” “I have completed a questionnaire. It came in the post from head office and we don’t have to sign them so they can be anonymous.” and, “The manager is very good I can talk to her at any time.”

The ethos of the service was positive. All the staff we spoke with told us the management team were approachable and supportive. A member of staff told us that when the registered manager had been on holiday they had contacted the managing direct for advice, they told us how supportive he was and that they felt very comfortable approaching him for help. The registered manager told us the staff were valued and that they were a reliable team who worked together to cover extra shifts, holidays and absence, which ensured continuity of care was provided for people.

Policies and procedures were in place to help guide the staff, for example these covered; safeguarding vulnerable adults, infection control and person centred care. We found these reflected current good practice. The registered manager was supported by a deputy and senior care staff. The managing director visited the service regularly to observe and monitor the quality of service provided.

The registered manager and company director monitored the service. They completed a full range of audits which covered: accidents and incidents, health and safety, staff training and recruitment, care and medicine records and maintenance and servicing of equipment at the service. We saw that where issues were identified action was taken and an action plan was put in place to make sure the issues were resolved. However, monitoring of the service had not identified the issues that we found during our inspection. The registered manager and managing director told us they would include these shortfalls in their monitoring procedures to make sure issues would not occur again.

All the staff we spoke with told us they enjoyed working at the service. They told us they would not want to work anywhere else. Staff meetings were held and the minutes of the meetings were available for staff who were not able to attend. This helped to keep the staff informed and ensured their views could be raised.

Quality surveys had been sent to people in 2015. The responses were all positive. Suggestions received were acted upon. We were informed by the registered manager that asking people for their feedback was an on-going process and what they were told was used to improve the service for people. For example, monthly residents meetings were held, people had requested more roast dinners; this request had been acted upon.

We received notifications about accidents and incidents that occurred which helped to keep us informed. We were informed by the registered manager that there were supporting companies in place to provide professional guidance to the management team about any issue that may occur.