GCH (St Katharine's) Limited

St Katharine's House

Inspection report

Ormond Road
Wantage
OX12 8EA
Tel: 01235 762739
Website: www.goldcarehomes.com

Date of inspection visit: 3 December 2015
Date of publication: 30/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 3 December 2015. This was an unannounced inspection.

St Katharine's House is registered to provide accommodation for 76 older people who require nursing and personal care. At the time of the inspection there were 47 people living at the service. The home is arranged into three units; Willow Walk provides care for people living with dementia, St Lukes Wing provides nursing care for people and the ground and second floor of the main building provide residential care for older people.

At a comprehensive inspection of this service in November 2014 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook a focused inspection in May 2015 to check that the provider had followed their action plan and to identify if the service met legal requirements. Although improvements had been made, the inspection in May 2015 found continued

Summary of findings

shortfalls in relation to people's care records which meant people were at risk of inappropriate care or treatment. We told the provider they must continue to make improvements.

At this inspection on 3 December 2015 we found action had been taken to ensure peoples care records accurately reflected the care, support and treatment people were receiving. People had been involved in reviewing their care. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. People were assessed regularly and care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met.

A manager was in post and was in the process of registering with the Care Quality Commission to become the registered manager. 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, their relatives, staff and visiting professionals felt the service was well led and were complementary about the manager and staff team. People felt involved in the running of the service. The manager was continually striving to improve the quality of care.

People felt supported by competent staff. Staff were motivated to improve the quality of care and benefitted from regular supervision, team meetings and training to help them meet the needs of the people they were caring for.

There was a calm, warm and friendly atmosphere at the service. People were cared for in a respectful way. People were supported to maintain their health and were referred for specialist advice as required. People were involved in their care planning. They were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences.

People were supported to have their nutritional needs met. People were complementary about the food and were given choice and variety. The menu was flexible to ensure people were able to have what they wanted at each mealtime. Where people required support to eat this was done in a dignified way.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

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?
The service was safe.

People told us they felt safe. Staff followed guidance in risk assessments and were knowledgeable about the procedures in place to recognise and respond to abuse.

Medicines were stored and administered safely. There was enough staff to meet people needs.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good

Is the service caring?
The service was caring.

People and visiting professionals spoke highly of the staff and the care delivered.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

Good

Is the service responsive?
The service was responsive to people's needs.

People benefited from regular activities that interested them.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

Good

Is the service well-led?
The service was well-led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns or suggestions for improvements to the service.

The manager had developed positive relationships with the staff team, relatives and people who lived at the service.

The quality of the service was regularly reviewed. The manager continually strived to improve the quality of service offered.

Good

St Katharine's 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 checked 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 3 December 2015 and was unannounced. The inspection team consisted of three inspectors 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.

Before our visit we reviewed the information we held about the service. The registered provider completed a Provider Information Return (PIR). This 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with five health and social care professionals who visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with eight people and four of their relatives/visitors. We spoke with nine members of staff including care staff, ancillary staff, and the chef. We looked at records, which included 13 people's care records, the medication administration records (MAR) for all people at the home and six staff files. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person told us they were, "Safe and sound. There is nothing at all worrying me here. Dedicated people look after me". Another person said, "It has a really safe feel. Know that I am well cared for and can talk to people about things". A family member said their relative was "Safe and well cared for".

People told us they felt safe because staff would come quickly when they called for them. People had call bells in reach. Call bells were answered promptly and people were offered assistance in a timely way. Some people were unable to use a call bell. Staff had identified the risks to people who were unable to use the call bell. Care plans included details of how those risks would be managed. For example, Staff regularly checked one person who could not use a call bell and this was recorded on a chart in their room.

Other risks to people's personal safety had been assessed and people had plans in place to minimise the risks. These included areas such as falls, using recliner chairs, wheelchairs or bed rails, and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. Staff were aware of the risks to people and used the assessments to support people and meet their needs. For example, one staff member said, "Keeping people safe is also about knowing what's in the care plans and risk assessments. If people have a walking frame because they are at risk of falling we make sure they have this with them".

Where advice and guidance from other professionals had been sought this was incorporated in people's care plans and risk assessments. For example, one person had been identified as at high risk of developing pressure ulcers and had a care plan in relation to preventing pressure ulcers. The person had been assessed by the district nurse and a pressure relieving mattress and cushion had been recommended. The person had the mattress on their bed and we observed the person sitting on the cushion. The person did not have a pressure ulcer.

There were assessments in place to address the risks associated with some people's choices or preferences. For example, some people chose to administer their own medicines. Staff had assessed the risks to ensure people were able to take their medicines safely and people had lockable medicine cabinets in their rooms to store the medicines.

People who did not self-medicate told us they were given their medicines when they needed them. Medicines were stored and administered safely. We observed staff administering medicines; staff supported people to take their medicines in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

Where people refused their medicines but were assessed as lacking mental capacity to make decisions around their health needs, staff took appropriate action. Best interest decisions were made with staff, people's representatives and the person's GP. Where it was found to be in the person's best interest, people received their medicines covertly which meant it could be hidden in food or drink. Guidance had been sought from the local pharmacist around administering covert medicines safely.

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. One staff member said, "If I was worried of a resident being abused I can report to the manager or head office or you guys (CQC)". Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. People, relatives and staff told us they would have no hesitation in raising concerns about peoples care and welfare.

People told us there were enough staff to meet their needs. Comments included: "There's enough staff around at night to look in on you" and "Carers about most of the time so not difficult to get help". A relative said, "Right now there is a far more stable staff who are doing a good job". Staff told us the levels of staffing had improved. Comments included; "I have enough time needed to give care and can talk more with residents" and "There is time to spend time with people and their relatives". Staff also told us the way staff were allocated to each unit and the introduction of unit managers meant staff worked better as a team and this had

Good

Is the service safe?

a positive impact on people. Staff told us, “Things have improved; we are encouraged to work as a team. I feel much happier coming to work now” and “The residents are much happier because the home is running much better”.

The manager reviewed staffing levels on a continuous basis. Numbers of staff on each shift were set according to people’s levels of need. There was a plan in place to review staffing levels as new people were admitted to the service.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure staff were of good character and suitable for their role.

People’s safety was maintained through the cleanliness, maintenance and monitoring of the building and equipment. For example, water testing, fire equipment testing, lift servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. Equipment used to support people’s care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules. The service was clean and staff adhered to the provider’s infection control policies. One relative said, “[person] has a lovely clean room”.

Good

Is the service effective?

Our findings

People were supported to stay healthy and care records described the support they required to manage their health needs. The GP visited weekly or more frequently if required. Health and social care professionals were complimentary about the service and told us staff demonstrated an understanding of people's individual needs. They also told us staff communicated well with them and peoples' changing needs were identified to them promptly. Details of professional visits were seen in each person's care record, with information on outcomes and changes to treatment if needed. Records showed that people had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

People were encouraged to eat and drink and told us the quality of the food had greatly improved since the new chef had been in post. Comments included: "Lovely food-always get you anything you want. It makes you wonder how they cater for everyone", "I like the food, it tastes and smells nice" and "The food couldn't be better". Pictorial menus were available and people were also shown plated meals to help them make a choice. Alternatives were available for people who wanted something different from the menu options. One person told us, "Look at this menu. It's a lot of choice and I can change my mind anytime. The chef will make something new for me". Mealtimes were a sociable event and people who needed assistance to eat were supported in a respectful manner.

People with specific dietary requirements had their needs met. The chef was knowledgeable about people's dietary needs and preferences and had effective systems in place to ensure there was good communication with care staff about any changes to people's dietary needs. Where people were at risk of losing weight there was a plan in place to ensure they received adequate food and drink. For example, one person had been identified as at risk of losing weight. They required assistance with eating and drinking. Staff had involved the GP and dietician in the person's assessment and incorporated their advice in the person's care plan. Staff followed the actions and kept a detailed record of food and drink intake and weighed the person to monitor their weight. We observed this person being encouraged and supported to eat and drink during the inspection. The chef made fresh fortified milkshake drinks, smoothies and cakes for people who were at risk of losing weight.

People were offered drinks and snacks throughout the day. Bowls of fruit and snacks were available in communal areas for people to help themselves. People had jugs of water or squash in their rooms and a cold drink dispenser was located in some of the communal areas. We observed one person was sleeping while other people were having their morning cup of tea. Staff did not disturb them. As soon as they woke up we heard a staff member say "You missed your coffee, would you like one now?" The person requested a "hot" cup of coffee. The staff member got their coffee and asked if the temperature was acceptable. The person said it was and thanked the member of staff.

People could move around freely in the communal areas of the building and gardens. There were several sitting rooms, communal areas with seating, activity rooms, a library and a chapel which gave people a choice of where to spend their time. Some work had recently been carried out to ensure people who were living with dementia in Willow Walk benefitted from an interesting and stimulating environment. A music themed room had recently been created where people could relax and listen to music. There was also a variety of instruments people could use. A piano had been added to the room when staff had identified a person had played the piano before living at the service. The person spent time in the music room and staff told us they regularly played the piano and seemed happier and more settled since they had started playing. The service had changed the lighting in this part of the service to lighting that is recommended for people living with Dementia and people living with a visual impairment. Further work was planned to ensure all areas of Willow Walk were decorated in a way that followed good practice guidance for helping people living with Dementia to be stimulated and orientated.

People expressed confidence in the ability of the staff and told us they felt secure when receiving support, such as when being assisted to move using the hoist. One person said, "I use a stand aid to help me. Girls are always asking me if things are alright and if I am comfortable. They know what they are doing". Staff had completed the providers initial and refresher mandatory training in areas such as, manual handling and infection control. Staff were

Good

Is the service effective?

supported to attend other training courses to ensure they were skilled in caring for people. For example, training in dementia care. One staff member told us, "I have only just started here and already been booked on to a dementia care course". Another staff member said, "Training is available for me if want to train in something which helps me with my work".

Newly appointed care staff completed an induction period. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One new member of staff told us, "It was a really good induction, loads of training and checks to make sure we were doing it the right way. I also did shadowing shifts before I could work on my own". Another said, "The induction was very good".

Staff were encouraged to improve the quality of care they delivered to people through the supervision process. Staff told us they received regular supervision where they were able to discuss their roles and responsibilities. One staff member told us, "I had my supervision a few weeks ago and I set new goals and identified things I need to change". Not all staff had received their annual appraisal this year.

The manager told us this was because they had focused on ensuring the quality of care at the service had improved and raised standards were embedded into everyday practice. They had used the supervision process to help with this. We were shown a plan that would ensure all staff received their annual appraisal during the next six months.

People told us their consent was always sought before any care or treatment was given. One staff member said, "I will ask for permission before I give care and always respect their wishes". Staff understood their responsibilities under the Mental Capacity Act 2005. The MCA protects the rights of people who may not be able to make particular decisions themselves. Where people lacked capacity to consent or make decisions, staff were aware of how to perform mental capacity assessments. Staff followed good practice guidance in ensuring best interest decisions were made that included other professionals and people who knew the person well.

Staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff. Comments included; “Absolutely marvellous care”, “Very caring. You get nice care”, “The girls are very kind and I am so pleased that they look after me well” and "The care is very good. The carers are up for everything and they work their socks off every day”. Visiting professionals told us staff were “unfailingly caring” and people received “Very good care from both trained nurses and carers” and were “being cared for very well”.

Staff told us they enjoyed working at the service. Comments included; “I like helping people” and “I like working here”.

There was a warm friendly atmosphere at the service. Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. Visiting professionals told us, “Staff are courteous to patients”. There was chatting and laughing throughout the day. Housekeeping and maintenance staff took an interest in what people were doing and chatted with them whilst they went about their work.

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. For example, staff knocked on people’s doors and waited to be invited in before entering and ensured people’s curtains and door was closed during care. Engaged signs were placed on doors to ensure people were not disturbed while they were being supported by staff. Staff spoke with people in a respectful way and staff used their preferred name or title.

Staff were aware of people’s unique ways of communicating. Care plans contained information about how to communicate with people who had sensory impairments or other barriers to communication. This helped staff build positive relationships with people by communicating in ways that were appropriate to them. For example, one person was partially sighted and had a condition which meant they were only able look downwards. The persons care record instructed staff to kneel or crouch at the person’s right side. Throughout the day we observed staff following this instruction as they chatted to the person or checked if they needed anything.

On the unit for people living with dementia, staff demonstrated a good understanding of the needs and preferences of the people they were caring for and how best to work with them. One staff member told us, “Willow Walk has a calming environment, there is lots of choice and people are encouraged to interact even if making choices is difficult”. Staff understood how people with dementia may communicate their feelings through their behaviour. For example, when one person became anxious staff promptly attended to them. They took time to find out the person was anxious because they could not find their room. The staff member supported and encouraged them to orientate themselves and helped them to find their room. Some people had behaviours that might be described as challenging. Staff had identified potential triggers to the behaviour and strategies to manage the behaviour were documented in peoples care records. We observed staff using these strategies in a calm, kind and respectful way. A professional told us staff on this unit, “deal with people with sometimes challenging behaviours very well”.

Staff knew people well and people confirmed their choices and preferences were respected. For example, one person told us “The staff know me and they know what I need and they do listen to me if I say something”. Another person said, “I can make my own choice and people respect that”. One person liked to have a sleep at a certain time and told us staff respected their space and privacy. We observed staff ensured this person had their afternoon tea a bit earlier so they did not miss this whilst they were sleeping. Another person preferred several smaller meals and this was provided. The person told us, “They know that I don’t eat too much; I never have, so they give me small portions. Ask them and you get it”.

People were encouraged to be as independent as possible. One staff member told us, “I assist and encourage residents to do as much as they can for themselves”. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, specialist cutlery, plate guards and mobility aids.

People were able to have visitors when they wanted. Visitors told us they were always made very welcome. One relative said, “They are welcoming to friends and relatives here”.

People were involved in decisions about their end of life care and this was recorded in their care records. Professionals involved in the provision of end of life care were complimentary about the level of care people and

Good

Is the service caring?

their families received. One professional told us, “Staff handled a recent expected but complicated death very well. The support they provided to the family was skilled and caring”.

Good

Is the service responsive?

Our findings

At our inspections in December 2013, July 2014, November 2014 and May 2015, we identified continued shortfalls in the completion of people's care records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had issued the provider with a warning notice stating they must take action to address this. At this inspection we found action had been taken to ensure each person's care record was accurate, complete and up to date.

Since our last inspection of the service in May 2015 all of the people living at the service had been assessed. The assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People's care records contained detailed information about their health and social care needs and how to maintain their independence. Care records gave guidance to staff on how to care for people and reflected how each person wished to be supported. For example, whether people preferred a bath or a shower and what people were able to do for themselves and what they needed help with.

Care plans and risk assessments were reviewed to reflect people's changing needs. People told us they had been involved in developing care plans and reviewing care. One person said, "They (staff) are always asking me if I am happy about my care and wanting to know if I need anything else". Where people had given permission or where it was in a person's best interest relatives had been fully involved in the planning of their relative's care. A relative said, "I've been to care plan meetings where I have been shown [name] care plans. We have been to care assessment meetings so we know what is going on".

Staff completed records that supported the delivery of care. For example, food and fluid charts and charts to record how people's position was being changed to reduce the risk of pressure ulcers. These were up to date and there was a clear record of the staff input and care being carried out.

Peoples care records included detailed information about their life histories. Staff told us this information was used to plan activities of interest and to get to know people a little better. One staff member told us, "When I was new we (people and staff member) needed to get to know each other so I used that information about what people did in the past and their family so I could talk to them about it".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. People went out by themselves if they wished to or attended day centres. One person told us, "Please yourselves here. If you want to go out you can and if you want to stop in you can. Nobody stops you doing what you want to do". Another person said, "I use this mobility scooter to go to the post office once a week. I often go outside". People told us they enjoyed trips to the theatre, shopping outings and visits to local places of interest. One person said, "We get taken out on trips it makes a really nice change".

Involvement with the wider community was seen as important. Local people were invited to fetes, Christmas sales and barbecues. Students from local schools undertaking the Duke of Edinburgh Award Scheme shadowed activities staff and became involved in delivering the activities programme.

Each unit had an activities coordinator who organised a wide range of individual and group activities. For example, on the day of the inspection there were craft sessions, games and quizzes on offer. Activities were well attended. People joined in and were smiling and laughing as they took part. One person told us, "Lots of nice things to do. No need to get bored". Another person said, "I like the activities we do, they are fun and we get prizes. Today I got crisps". One person was not able to attend the group activities so had a one to one session in their room. All staff saw it as part of their role to ensure people were not socially isolated and spent time engaging with people. One staff member said, "Sometimes all people need is a chat and a personalised activity".

Peoples equality, diversity and human rights were respected. For example, people told us their religious and spiritual needs were being met and that they were able to see a minister from their particular faith. Staff were aware of peoples' spiritual needs and told us they would be prepared to accommodate the needs of people from all faiths. Services were held regularly in the chapel and were taken by a vicar who was resident in the grounds. One person told us, "Spiritual needs mean a lot to me. A retired

Good

Is the service responsive?

vicar, who lives here takes services and gives us communion. Local church groups come in and join us. Friends come in and take me to the local church every week".

People were encouraged to play an active role in the service. For example, people were encouraged to join in with the gardening, planting bulbs and flowers. Some people had also chosen to help with the washing up or with the laundry.

People knew how to make a complaint and the provider had a complaints policy in place. A copy of the complaints policy was given to people and clearly displayed in the services communal areas. Staff were clear about their responsibility and the action they would take if people made a complaint. People and their relatives felt since the new manager had been in post concerns were being taken more seriously. They were confident systems were now in place to record and deal with complaints. Relatives told us that any recent issues they had raised had been dealt with and resolved promptly.

The service organised regular meetings for people and their relatives to discuss the running of the service. Relatives told us that in the past meetings had been mainly about complaints but more recently they had been able to offer their views and suggestions about the running of the service. Minutes of the meetings were kept together with plans that demonstrated action was being taken as a result of any suggestions and feedback. For example, people and relatives had raised concern about the quality of food and said they would like more choice and additional hot meals. A new chef had been employed following that meeting and people had been very complimentary about the changes since the new chef had been in post.

Good

Is the service well-led?

Our findings

The service had not previously benefitted from a stable management team. The new manager had been at the service for a year. They had been promoted from the deputy manager's post and were applying for registration with the Care Quality Commission. People and their relatives told us they thought the service was now well run. One person said, the service was "Extremely well managed". Relatives told us since the new manager had been in place they felt the service was safer because systems were now in place to address concerns and there had been an improvement in terms of staff numbers and continuity. A relative said, "The manager is improving it (the service). Visiting professionals told us, "There are genuine efforts to improve management", "The whole facility is managed excellently. There is an upbeat and friendly atmosphere and staff are well supported and valued by the management team" and "The management were very receptive to the recommendations I made which has certainly improved since the new manager came into post".

The manager promoted a positive culture. Comments from staff included; "The home is the best it's been. The manager really cares about the home and takes a pride in the way its run; she wants to make it the best for everyone living here. Staff are encouraged and consulted in a much better way", "Staff are working as a team, everyone works well together, feeling settled which means the atmosphere is much calmer and relaxed. This has had a huge impact on the residents" and "We have finally got stability. The manager likes to have everything done properly". Staff showed respect for people as individuals and supported them to continue their chosen lifestyles. Staff described their work with enthusiasm, compassion and empathy. They were eager to develop more skills and expertise. People told us they were listened to and felt they had a say in the way the service was run.

The manager had an open door policy and was visible around the service. One person said, "The Manager comes in to see me all the time". People, their relatives and other visitors to the service were encouraged to provide feedback about the quality of the service. For example, drop in sessions with the manager were available and residents and relatives meetings were held. Any comments or required actions were shared with staff to ensure any required improvements could be made promptly. The manager told us they were continually striving to make improvements and any complaints, concerns or feedback was seen as constructive, with opportunities to learn from them.

Staff described a culture that was open with good communication systems in place. Staff were confident the management team would support them if they used the whistleblowing policy. Staff felt the manager was approachable. One staff member said, "The manager is very good; I can talk to her about anything. She listens to what we say and supports us. If I am not happy about something I can tell her". Staff also told us they had "detailed handovers" and "good team meetings".

Offices were organised and documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. Results of audits were discussed in staff meetings and individual areas for improvement were addressed with staff during their supervisions.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.