The Regard Partnership Limited

Victoria House

Inspection report

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Ratings

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

Overall summary

The inspection took place on the 22 & 29 September 2015 and was unannounced.

Victoria House provides care and accommodation for up to 11 people. The accommodation is provided within two separate properties situated next door to each other. One of the properties is named Victoria House and the other Grenville House. The service is registered as one service under the name of Victoria House. Staff worked within both houses and although people have their accommodation provided either within Victoria or Grenville they were able to spend time in both houses if they chose to do so.

Victoria and Grenville House support people with a learning disability and associated conditions such as autism. At the time of the inspection 10 people were living at the service. Six people at Victoria House and four people at Grenville House.

The service had a registered manager in post. 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.

At the time of the inspection the manager had been dealing with the outcome of a number of difficult

Summary of findings

incidents within the home. During a 12 month period people and staff had been affected by the health and behaviours of a person who had since left the service. CQC had been kept well informed of this situation and the manager and senior staff within the organisation had worked hard to ensure the safety and well- being of all concerned.

We spent time with people seeing how they spent their day and observing the care and support being provided. Some people were able to talk to us, but most people had limited verbal communication. People were treated with care and respect by the staff team. We observed people laughing and smiling and having friendly conversations with each other and the staff supporting them. Relatives said, ", When we visit our relative always appears happy, comfortable and safe" and , " When we take […] out they are always keen to get back, I think that is a sign that they feel safe and secure in the home".

Recruitment practices helped ensure staff working in the home were fit and appropriate to work with vulnerable people. Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the manager and organisation.

There were sufficient numbers of suitably qualified staff to keep people safe. Staff recognised people's rights to make choices and to take everyday risks. Feedback from an independent advocate included, "The staff are good at allowing people to make choices and take risks. They think about the possible risks and how to keep people safe, but also remember they are adults and have rights".

People had their medicines managed safely, and received their medicines on time and in a way they chose and preferred. People's health and well-being was considered important and systems were in place so staff could recognise changes in people's health and take prompt action when required.

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate.

Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA).

We saw people were supported to make everyday decisions for themselves such as what time they got up, when they had their meals and how they occupied their time. One person had chosen to have a lie in and then came down later for their breakfast. Another person was being supported by staff to make a choice about where they wanted to go for lunch and an afternoon walk. Each person's support plan stated, 'Staff must assume […] has capacity unless proven otherwise'.

People's support plans included clear and detailed information about their health and social care needs. Information about people's needs were regularly discussed and updated so that staff had accurate information when providing care. We saw that when necessary information had been amended to reflect sudden changes in people's support needs. For example, one person required additional assistance with personal care needs following an injury and admission to hospital. Staff were fully aware of the new guidelines, the role of other agencies, and the plan to support the person to regain their independence.

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. The manager had a clear vision for the service, and acted promptly when the need for improvement had been identified.

There were effective quality assurance systems in place to monitor the standards of the care provided. Learning from incidents, feedback and complaints had been used to help drive improvement across the service.

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

People were kept safe as they were supported by a sufficient number of staff.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training, were well supported and had the opportunity to reflect on practice.

People's rights were protected and consent to care and treatment was sought in line with legislation.

People were supported to have their health and dietary needs met.

Good

Is the service caring?
The service was caring.

People were treated with respect by staff who were kind and compassionate.

People had the opportunity to access advocacy services to assist them to make choices and to consider issues about their care and lifestyle.

People were supported to maintain and develop important relationship and friendships.

Good

Is the service responsive?
The service was responsive.

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

People were supported to lead a full and active lifestyle.

People were consulted on issues concerning their care and lifestyle. Complaints and concerns were listened to, taken seriously and addressed appropriately.

Good

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

The registered manager had clear visions and values about how they wished the service to be provided, and was working hard on driving improvement across the service.

People were included in decisions about the running of the service and staff were supported and encouraged to question practice.

Good

Summary of findings

Quality assurance systems drove improvement and raised standards of care.

Victoria House

Detailed findings

Background to this inspection

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

The inspection took place on the 22 & 29 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection the 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 also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke to seven people who lived at Victoria and Grenville House, eight members of staff and two relatives. The registered manager was available throughout the inspection and we also met and spoke to the regional manager for the service. Following the inspection we spoke to an advocate and a representative from the specialist learning disability services in Plymouth.

We looked at a range of records relating to the support needs of people living at the service. This included support plans, risks assessments and daily monitoring forms. We also looked at a sample of records relating to the running of the service. This included policies and procedures, staff recruitment records and quality audits.

Good

Is the service safe?

Our findings

Most of the people who lived at Victoria and Grenville House had limited verbal communication. We did however spend time talking to people about their day and observed the care and support being provided to them. People spent time with staff and the positive interactions, conversations and laughter between people and staff indicated they felt safe and comfortable in their home and with the staff supporting them. People said "I like it here" and "I like my keyworker, we go out shopping". Feedback from relatives included, "When I visit […] they always appear happy, comfortable, safe" and "When we take […] they are always keen to get back, I think that is a sign that they feel safe and secure in the home".

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of suspected abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and were able to describe the action they would take if they identified potential abuse had taken place. A flow chart was accessible to staff about the procedures to follow if they suspected abuse and staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff said safeguarding issues were discussed regularly within team and handover meetings. Minutes of recent staff meetings confirmed whistleblowing, policy updates and safeguarding had been discussed.

Incident reports and notifications sent to the Care Quality Commission confirmed the registered manager followed correct reporting procedures when it had been considered people were at risk of abuse or harm. Staff had recently dealt with a difficult situation when the behaviours and general health of one person had placed the individual, staff and others in the home at risk of harm and possible injury. Plans had been put in place to minimise these risks and the regional manager for the service had liaised closely with the local authority safeguarding team and specialist learning disability services to help ensure the safety of all people in the home.

Staff recognised people's rights to make choices and to take everyday risks. Assessments had been carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and risks in relating to the support needs and lifestyle of the person concerned. Assessments included information about any action needed to minimise the risks of harm to the individual or others, whilst also promoting the person's well- being and independence. For example, one person chose to spend most of the day away from the service occupying their time with minimal support from staff. Staff respected this person's wishes, and provided them with support and guidance about how to keep safe. Comments from an independent advocate included, "The staff are good at allowing people to make choices and take risks. They think about the possible risks and how to keep people safe, but also remember they are adults and have rights". Some people had been assessed as at risk of choking. Assessments had been completed by Speech and Language specialists and guidelines documented about minimising the risks and keeping people safe. For example two people had additional staffing in place to assist them at mealtimes, as well as clear guidelines about the consistency of food and use of specialist cutlery to prevent the risks of choking.

One person had risks identified in relation to their diet and eating foods that may not be safe. We saw systems had been put in place to protect this person. It was noted that the arrangements to manage and safeguard one person could restrict the rights and freedom of others in the home. We spoke to the manager about this concern at the time of the inspection. Following the inspection the manager contacted us to say they had reviewed these arrangements and made changes to ensure the safety, rights and freedom of all people in the home were protected and maintained.

People's needs were considered in the event of an emergency, such as a fire. People had personal evacuation plans in place. These plans helped ensure people's individual needs were known to staff and emergency services, so they could be supported and evacuated safely from the building. Regular health and safety checks had been undertaken and the service had contracts with external agencies to ensure any equipment including the stair lift and electronic baths were maintained, safe and fit for purpose. Lone working and missing person policies and procedures were in place and provided staff with clear information about what they needed to do in the event of an incident or emergency.

There were sufficient numbers of staff available to keep people safe. The manager said due to recent incidents in the home a number of staff had chosen to leave. However,

Good

Is the service safe?

a core group of staff who had worked in the home for several years had stayed and the registered manager was in the process of recruiting new staff to the service. Staffing levels had been organised for each person dependent on their assessed needs. Support plans clearly described how these staffing levels were organised and the support required for each person concerned. For example one person required two members of staff to ensure their safety when supporting them with personal care and another person had been assessed as requiring 1;1 staffing on particular days of the week to go out with them to the shops and for breakfast. This had been considered necessary to support them and to further enhance their well-being and safety. Staff said staffing levels were safe, comments included "It would always be nice to have more staff, but there is always enough to keep people safe", and "We juggle the staffing well, so people's needs are met, they are safe and get to do the things they want to do". All the staff said recent months had been difficult due to incidents relating to the particular needs of one person in the home. They said although this had a big impact on the staff team things were now improving and they felt the manager had prioritised the recruitment of new staff. The manager kept staffing levels under regular review and discussed any issues with the provider and local authority commissioning teams. For example, staffing levels had been reviewed for one person due to their age and increasing care needs. The manager said this person now required more support with eating and personal care and had discussed these changes with the local authority with a view to increasing staff hours and support for this person.

Medicines were managed, stored, given to people as prescribed and disposed of safely. The registered manager told us the service was in the process of changing their medicines administration system, which would mean using a local pharmacist instead of one situated in a different area. The registered manager said they felt a more local service would make ordering and delivery of medicines easier and ensure any problems or discrepancies would be dealt with promptly. The new system when fully operational would also include electronic administration records, which would alert staff immediately to any errors or delays in the administration of people's medicines. The manager said when the new system was operational a pharmacist from a local Boots pharmacy had arranged to visit to complete an audit and to provide any further support to the staff team.

Facilities were available to ensure the safe storage of medicines. People's care records had detailed information regarding their medicines and how they needed and preferred these to be administered. We observed staff supporting one person with their lunchtime medicines. Staff had a checklist available to them about how these medicines had to be administered and the measures in place to reduce the risks of any errors. Two staff were available and before giving the person their medicines both checked and signed to confirm the balance of medicines was correct. One of the staff then supported the person to take the medicine in the way they chose and preferred. Both staff members signed the medicines administration records to confirm the medicines had been taken as prescribed, they told us "We always follow this system, it is safe and prevents errors". A designated responsible person had the task each day of checking people had received their medicines as prescribed and in the way detailed in their support plan. The manager said this check helped further ensure medicines were managed safely and reduced the risks of errors.

Staff undertook medicines training and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. Information was clearly available for staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and when and how they should be given. The administration of homely medicines and medicines in the form of creams were recorded as part of the medicines records.

People were protected by the homes recruitment practices. Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care and to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in the care environment. Staff told us they had not started working in the home until the required checks had been completed.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well, and had the knowledge and skills to meet their needs. Despite a number of recent changes to the staff team a core group of staff had worked in the home for several years and knew people well. Comments from relatives included, "Staff seem to really understand how […] communicates and know him well".

Staff confirmed they undertook a thorough induction when they first started working in the home. Comments from newly appointed staff included, "I had a good mentor and opportunity to shadow more experienced staff" and "I had to demonstrate I was competent in different areas of work before I could work unsupervised and the training and support has carried on". The manager had started to introduce the new Care Certificate for all staff. New staff who joined after the 1 April 2015 had already started to complete this. The Care Certificate is a new national qualification for all staff new to care.

People were supported by skilled and knowledgeable staff. Staff told us, "We have regular training, either face- to-face or using the computer, and we are also checked regularly to make sure we still have the skills we need, such as with medicines and manual handling", and "They make sure we have the right training, […] has to have staff with first aid and epilepsy training….all staff working with […] have done that training.

Training was planned and continued throughout employment at the service to aid development and enhance skills. Training records listed a range of training opportunities relevant to the service and individuals being supported. Staff had attended recent safeguarding and Mental Capacity Act training and the manager said the provider was considering purchasing this training package for the service, as they felt it was crucial for all staff to remain knowledgeable and updated with these areas of legislation and training. The manager undertook a range of observations and competency assessments to ensure staff maintained the skills required to meet the needs of people living at the home.

Staff told us the manager and their colleagues were very supportive and they received regular supervision, which they found useful. All the staff said although the service had been through a difficult time during the last few months they had always felt well supported by management and other senior staff within the organisation. Staff said they had opportunities to talk through incidents that had happened in the home, reflect on practice and how it had made them feel. Comments included, "Even when things were difficult we had support from the organisation, this meant we could carry on caring for people and keeping them safe" and "The new manager has been excellent, she genuinely cares and is interested in you as a member of the team".

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Care records showed DoLS applications had been made for some people, although the outcome of the applications had not been received by the service at the time of the inspection. The applications and other related records confirmed correct procedures had been followed. The manager and other senior staff had a good knowledge of their responsibilities under the legislation.

Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA). Support plans included information about people's capacity in relation to different areas of their care and lifestyle and highlighted when people were able to make decisions for themselves or if best interest discussions would be needed to support them. We saw people were supported to make everyday decisions for themselves such as what time they got up, when they had their meals and how they occupied their time. One person had chosen to have a lie in and then came down later for their breakfast. Another person was being supported by staff to make a choice about where they wanted to go for lunch and an afternoon walk. Each person's support plan stated, 'Staff must assume […] has capacity unless proven otherwise'. One person's plan said 'I must be provided with information to help me make a decision, i.e. symbols, photographs'. Staff gave an example of how they would show this person two different types of drinks as a way of helping them make a choice. However, when people lacked the capacity to make complex

Good

Is the service effective?

decisions meetings had taken place with family and other agencies to help ensure decisions were made in the person's best interest. For example, a meeting had taken place for one person due to a recent admission to hospital, and for another person in relation to their finances. These meeting helped ensure that any decisions in relation to people's treatment and management of money was in their best interest and in line with legislation.

Staff spoke about people's rights and understood issues relating to restraint. For example, staff spoke about one person who due to their mobility could be at risk of falling. The use of a lap belt had been discussed as a possible way of keeping this person safe when using a wheelchair. However, staff had recognised this practice would be restrictive for the person and was likely to have a negative impact on their health and well-being. We saw that this person was able to move freely around the home without being restricted, and plans were in place to support them, which were appropriate and in line with legislation.

People's consent was sought before care and support was provided. For example, we observed staff supporting one person to take their medicines. We saw staff asked the person if they agreed to take their medicines and provided them with information and reassurance throughout the process.

People were supported to have a sufficient and well balanced diet. People were able to assist with meal preparation and were able to make choices in relation to the menu. One person said they didn't want what was being prepared for the evening meal. The staff told them they never had to have anything they didn't want or like and spent time with them deciding on an alternative. We saw some people were able to use the communal kitchen to make drinks and snacks and when required staff observed or provided gentle advice and guidance. Any specific dietary needs or risks associated with food and eating were clearly documented and understood by the the staff team. Food and fluid charts were in place for some people when any particular health needs associated with diet had been identified.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. Health appointments were documented and included good detail about the outcome of the visit and any further action required. Information had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs and wishes are understood should they require treatment in hospital or other healthcare service.

Good

Is the service caring?

Our findings

We spent time with people seeing how they spent their day and observing the care and support being provided. Some people were able to talk to us, but most people had limited verbal communication. People were treated with care and respect by the staff team. We observed people laughing and smiling and having friendly conversations with each other and the staff supporting them. Comments from relatives included, "I think the staff really do care, they always keep in touch with us".

Staff listened to people and spoke about them positively. One person had a plan in place to spend time with staff in the morning before they went to do their own activities independently. Staff spoke positively about the time they spent with this person and praised the person concerned for how well they were doing and what they had achieved. We saw staff responded promptly and with compassion when people showed any signs of discomfort or distress. For example, one person liked to spend time with the staff in the dining room listening to music. We saw staff regularly checked they were comfortable and happy. One staff member said, "I always find time to sit with people [….] likes tactile contact, I always make sure I hold her hand as I walk past her". Staff supported another person to share their feelings about a friend who had recently died. The staff member listened and spoke compassionately about this person's friendship and loss. The person concerned said staff had supported them to attend their friend's funeral and smiled when they remembered they had a photograph of their friend in their bedroom.

Staff had good knowledge of the people they supported. They were able to tell us about people's likes and dislikes as well as important information about their past, interests and relationships.

People were able to have support from people outside of the organisation to help them make decisions and to consider important life events. For example one person met regularly with an advocate, and others were able to attend group advocacy meetings to discuss issues relating to their care and lifestyle. Comments from one advocate included, "The interaction between staff and individuals is good, respectful, they respect people's wishes, the staff are caring".

People's privacy and dignity was respected. One person was happy for us to observe some of their support within the privacy of their bedroom. The staff supporting them ensured they were happy with a different person being present and closed the bedroom door and curtains whilst supporting them. Following a recent discharge from hospital one person was being supported in bed and had an alarm in place to alert staff when they needed assistance. It was noted that the alarm had been placed in the dining area and was not always switched off when staff were supporting the person in their room. This meant people could hear the conversations and support being provided. This was discussed with the manager at the time of the visit and we were told guidelines would be put in place to ensure the person's privacy and dignity was protected.

Staff and management recognised the importance of people's family and friends. People were supported to make new friends and regular social plans such as disco's and community events were encouraged and supported. Comments from relatives included, "Even though we live away, they always contact us and keep us updated about anything important", and "They support […] to send birthday cards to our children, that is really nice. An advocate said "The staff work well with relatives, they remain appropriate and respectful, whilst also ensuring the rights of the person concerned is promoted".

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their personal wishes and goals. Staff were able to give us clear and detailed information about people's daily routines and how they needed and preferred to be supported.

People's support plans included clear and detailed information about their health and social care needs. Each area of the plan described the person's skills and the support needed by staff or other agencies. For example one plan stated that the person needed to be supported with their wish to go out independently but also included a plan to promote positive interactions with staff to further enhance their health and well- being. The staff and individual concerned were aware of these agreements and said the plan was going well. We saw people had been involved in discussions about their care and support arrangements. For example one person had attended a meeting with their keyworker and their comments about their support plan had been documented with a plan for any action needed. It was noted that people's support plans had not been provided in a format people could understand. We discussed this with the manager at the time of the inspection. They told us as they were new in post they had been in the process of updating all records in relation to people's care and would then look to further develop them into an accessible format. This would help ensure people understood and were involved in decisions about their care and lifestyle. Support plans included detailed information about how people communicated their needs and wishes. For example, one plan detailed how the person would communicate if they were happy or sad and about what they wanted to do with their day. The staff said this awareness and information was important for them to understand so people could make choices and be involved in their care.

Systems were in place to help ensure information about people's needs were regularly reviewed and updated. Each person had a designated key-worker who had responsibility for reviewing support plans and checking information was appropriate and up to date. The manager said due to recent events in the home that had taken priority some of the review meetings had not taken place and needed updating. They said a plan was in place to address these gaps and to ensure all support plans were up to date. We could see from records that these meetings and updates had been started. Staff we spoke to said they were kept well informed of any changes within daily handover meetings and through daily records and monitoring forms. On the day of the inspection a senior staff member from one of the organisations other services was supporting the manager to ensure all records in relation to people's health needs were accurate and up to date. We saw that when necessary information had been amended to reflect sudden changes in people's support needs. For example, one person required additional assistance with personal care needs following an injury and admission to hospital. Staff were fully aware of the new guidelines, the role of other agencies, and the plan to support the person to regain their independence.

People were supported to be involved in the local community and to take part in a range of activities and personal interests. Throughout the inspection we saw people coming and going from the home. Some activities were regular and organised, such as weekly art and music sessions and others were spontaneous, such as walks to a local park, shopping trips and eating out. One person told us about a holiday they had enjoyed and another was keen to tell us how they enjoyed watching films at home and at the local cinema. The manager said they were in the process of developing activity plans and would be asking key-workers to focus on people's particular likes and interests. Minutes from key-worker meetings and reviews confirmed plans were in place to further explore activities and opportunities for people in the local community.

A policy and procedure was in place for dealing with complaints. This information was available to people in a way they could access and understand. A suggestion box had also been placed in the hallway with a poster telling people about the different ways they could complain or share any concerns or views. Staff said they always asked people if they were happy and if people had a concern reminded them that they could make a complaint. Although the manager had not received any complaints directly to the service they had been involved in issues raised with the local authority in relation to people who lived at the home. Records confirmed they had dealt with these issues in a professional manner and in line with their policies and procedures.

Good

Is the service well-led?

Our findings

At the time of the inspection the manager had been dealing with the outcome of a number of difficult incidents within the home. During a 12 month period people and staff had been affected by the health and behaviours of a person who had since left the service. CQC had been kept well informed of this situation and the manager and senior staff within the organisation had worked hard to ensure the safety and well- being of all concerned. During this time there had also been changes in registered manager and at the time of the inspection the current registered manager had been in post since March 2015.

All of the staff said they had been fully involved in discussions about incidents that had happened in the home and felt well supported. They said they had time to discuss incidents that had taken place and to reflect on practice. Comments included, "Now things have settled down, the manager is prioritising recruiting new staff and updating records", and "Things are getting back to normal, people are happy again and getting out and about".

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments from staff included, "The manager is really good, she will always pick up on staff if they are not doing something right", and "The manager is always available, there has been some real positive change since she started". Another staff member said "The manager really cares about us as individuals".

The manager had a clear vision for the service. We saw they had considered tasks that needed addressing as a matter of priority such as recruitment of new staff and ensuring records were accurate and up to date and accurate. The manager said they had also considered how they needed to further motivate staff, develop their roles and increase the opportunities available to people in the home. We saw support plans and health records were being updated as well as activity timetables and key-worker meetings.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a form for staff to consider any learning or practice issues. De-brief sessions were held by the manager following any serious incidents and this gave staff the opportunity to discuss what had happened and any lessons learned. Staff said,

"We had lots of opportunity to discuss difficult things that had happened in the home, it was very important", and "We always talk, but these opportunities increased when they were needed".

Staff meetings were held to provide opportunity for open discussion. Daily hand-over meetings helped ensure staff had accurate and up to date information about the people they would be supporting. Records confirmed staff were kept updated about any changes within the services and were informed formally in writing about any significant organisational changes.

The manager and staff completed a range of quality assurance checks and audits to monitor the standard of care provided. These included reviews of care records, medicines and health and safety systems. Accidents and incident reports were analysed to look for any trends developing and where preventative action needed to be taken. The manager regularly worked alongside staff to look at the quality of care being provided and to consider any practice or training needs. People who lived at the home were also involved in daily checks and their views and observations had been documented and addressed. In addition to internal audits the regional manager for the organisation also undertook regular visits and audits within the home. The manager and regional manager worked closely with relatives and other agencies to ensure people's needs were met and any issues raised in relation to the quality of the service were addressed in a timely and professional manner.

The manager took action when the need for improvements had been identified. For example, a new medicines system was in the process of being implemented, which had been considered to be safer and more efficient. Other areas of practice, such as activities and person centred care had been discussed as part of staff and supervision meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.