VARS Care Limited

Fernleaf Residential Home

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 21 January 2016. Fernleaf Residential Home is registered to accommodate up to twenty one people who require nursing or personal care. At the time of the inspection there were eighteen people using the service.

On the day of our inspection there was 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'. 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.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Accidents and incidents were investigated and used to reduce the risk to people's safety. Regular assessments of the risks to people's safety, the environment in which they lived and the equipment used to support them were carried out. People had personal emergency evacuation plans (PEEPs) in place.

People were supported by an appropriate number of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored safely; however the temperature of the room in which they were stored did on occasions exceed recommended limits.

People were supported by staff who completed an induction prior to commencing their role and had the skills and training needed to support them effectively. Although there were a small number of areas where some staff required refresher training.

The registered manager ensured they had recorded how the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The appropriate processes had been followed when applications for Deprivation of Liberty Safeguards had been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed and communicated well with people living with dementia.

People told us they were provided with the information they needed that enabled them to contribute to decisions about their care. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People were involved with planning the care they wanted to receive from staff. People's care records were written in a person centred way and staff knew people's likes and dislikes and what interested them. People were encouraged to do the things that were important to them and they were supported to follow their hobbies and interests. People were provided with the information they needed if they wished to make a complaint.

The registered manager led the service well, understood their responsibilities and were well liked and respected by people, staff and relatives. People and staff felt the service was well managed. Staff understood what was expected of them and processes were in place to delegate further roles of responsibility to staff.

People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

Accidents and incidents were investigated and used to reduce the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe.

People's medicines were stored, handled and administered safely.

Is the service effective?

Good

The service was effective.

People's records showed how the principles of the MCA had been adhered to when a decision had been made for them. DoLS processes had been appropriately applied.

Staff had received the training they needed to do their job effectively, although a small number of staff required refresher training in some areas.

People were supported to follow a healthy and balanced diet. People enjoyed the food provided.

People's day to day health needs were met by staff and external professionals.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way and they had a good understanding of people's needs.

People felt listened to staff acted on and respected their views.

People were provided with the information they needed that enabled them to contribute to decisions about their care.

People's dignity and privacy were maintained by the staff and friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs.

People's care records were written in a person centred way and staff knew people's like and dislikes and what interested them.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager was well liked, and welcomed people's views of how to improve the service. They understood their responsibilities and met all requirements of their registration with the CQC.

Staff understood their roles and how they could contribute to providing people with safe and effective care.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Fernleaf Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2016 and was unannounced.

The inspection was conducted by three inspectors.

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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with eight people who used the service, two relatives, five members of the care staff, the cook, the deputy manager, the registered manager and a representative of the provider. We also spoke with two healthcare professionals and another professional person who were visiting the home during the inspection.

We looked at all or parts of the care records and other relevant records of ten people who used the service, as well as a range of records relating to the running of the service.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and the relatives we spoke with told us they felt safe living at the home. One person said, "Safe? Oh yes I feel safe. It's lovely here." A relative we spoke with said, "Yes, I feel that [relative] is quite safe at Fernleaf at all times. We are pleased to have found this home that provides excellent care."

We spoke with staff and asked them how they ensured the risk of people being abused was reduced. The staff could describe the different types of abuse people could encounter. They knew the procedure for reporting concerns both internally, and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed that staff had received safeguarding of adults training but some required refresher training to ensure their knowledge met current best practice guidelines. After the inspection the registered manager advised that refresher training had been booked for these members of staff.

Assessments of the risks to people's safety were conducted and were reviewed regularly to ensure they met each person's current level of need. Assessments included; the risk of people falling, their ability to move independently, how they may present behaviours that may challenge and whether they were at risk of choking when eating their meals.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists and walking aids were also carried out.
Regular servicing of gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the past twelve months. External contractors were used to carry out work that required a trained professional.

People had a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. Where people had been identified as high risk, such as people who were unable to walk and were cared for in bed, specific plans were in place, which included the number of staff and equipment required to evacuate them. The registered manager told us they ensured these plans were regularly reviewed to ensure they met each person's current needs.

A business continuity plan was in place which contained contingency plans should there be an emergency such as a loss of electricity, gas, or if there was a major leak in the home. The plans were in place to minimise the impact to people's safety.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager. The registered manager told us they checked to see whether the recommendations they made had been completed, however they did not record this on the documentation. They told us they would add this to all accident and incident documentation.

People told us they thought there were enough staff to support them when they needed it. Throughout the inspection we noted there were always staff available when people needed them. When nursing call bells were pressed staff responded quickly. The staff we spoke with told us they thought there were enough staff in place to keep people safe. One staff member said, "There is a more relaxed environment here. There is time to sit and talk to people. That was not possible in my previous work."

The registered manager told us they carried out a regular assessment of people's needs to ensure there were enough staff in place to keep people safe, and to give them the support they needed. We checked the staff rotas and saw the right amount of staff were in place. The registered manager told us the provider was very flexible, and if they told them they needed more staff then they always agreed to the increase in numbers. For example, the registered manager had recently increased the number of staff working at night to accommodate a change in the level of need for people at the home. The registered manager told us they had an excellent staffing team, who were flexible and willing to cover shifts when needed. This meant agency staff were not required at the home, which ensured staff received care from a consistent staffing team.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted, such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider to making safer recruitment decisions.

There were processes in place to ensure that people's medicines were managed safely. The people we spoke with and their relatives did not raise any concerns with us about how their medicines were managed.

People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were place at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies and the maximum dosage a person should have within a 24 hour period. We observed staff administering medicines to people and they did so in a safe way. Staff explained to people what medicines they were taking, why they were taking them and ensured they were supported to take them in the way in which they wanted to.

Where needed, mental capacity assessments were in place to support the administration and handling of the medicines by staff. For example, where people had been assessed as requiring their medicines to be administered covertly.

We looked at the MARs for eight people who used the service. These records were used to record when a person had taken or refused to take their medicines. These medicines were appropriately completed and where handwritten additions had been made to people's records, these had been signed by members of staff to ensure the entry was correct.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We noted the room where the some medicines were stored was warm during the inspection. We checked the records for the temperature of the room for the past month and found, for the majority of the days, that the temperature was near the maximum safe limit of 25c. We also noted that on two occasions this had increased to 26c and 27c respectively. The provider told us they would address

this immediately by adding an air conditioning unit to the room to ensure the temperature was always within the required and safe range.

Processes were not always in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. When we spoke with the staff who administered medicines they could explain why each person required their medicines and the signs they should look for before administering them. However the registered manager acknowledged that clear guidance should be provided for staff and they would put this in place.

Records showed that staff who administered medicines had received the appropriate training; however some further refresher training was required to ensure their knowledge was in line with current best practice guidelines.

Good

Is the service effective?

Our findings

People told us they were happy with the way staff supported them. One person said, "I like the staff, they are good to me."

The staff we spoke with told us they had completed an induction that gave them the skills they needed when they first started their role. This enabled them to provide care and support for people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records stated and speaking with staff confirmed, that a wide range of training was available for all staff to ensure they had the skills required to carry out their role effectively. Staff told us they had received training in areas such as safeguarding of adults, mental capacity and deprivation of liberty safeguards. The majority of staff training was up to date, but we did find a small number of staff whose training required updating in some areas. For example some staff required refresher training for moving and handling. The registered manager told us they were aware of this issue and had developed the role of a current member of the care staff to monitor the staff training and to book courses where needed.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQ's) in adult social care. We spoke with a visiting diploma assessor and asked them about their view of the quality of the staff at the home. They told us staff were keen to study, were well motivated and were working towards a variety of different levels of the diploma programme. The continued development of staff ensured the care they provided people was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed showed staff received supervision approximately every two months. This enabled them to discuss any concerns they had about their role and to identify how to develop their skills. The registered manager told us they had recently introduced an annual appraisal process where staff performance for the year was assessed. A staff member confirmed they had received an appraisal.

People told us staff enabled them to make their own choices about decisions that affected them on a day to day basis. We observed staff giving people choices throughout the inspection. This included, where they would like to sit, the music they would to listen to, or whether they wanted to sit alone or with others for lunch.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests, and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each person's records we saw their ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own medicines. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for people that required them.

We spoke with a relative of a person who had recently had a DoLS authorised due to a specific concerns about their reluctance to allow staff to support them with certain aspects of their care. The relative, who had become increasingly worried about their family member's wellbeing, told us the staff explained to them what the DoLS were for and the positive effect it would have on them. The relative also said, "After several months this has been completely resolved. The family are amazed and delighted at the progress made and [name] is very happy here."

Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role.

People's care records contained guidance for staff on how to support people effectively with behaviours that may challenge. Staff told us restraint practices were never used at the home and alternative diversionary processes were used instead. We observed staff use these processes effectively throughout the inspection. Staff told us they had received training in managing these types of behaviours and the records viewed supported this.

When people presented behaviours that may challenge we saw plans were in place for staff to be able to support people safely with this. When we spoke with staff about the people they supported they were able to describe the steps they would take to reduce their anxiety. Staff could also explain how they gained people's cooperation to enable them to support them safely and effectively.

People spoke positively about the food they had and were given choices each day. When we observed people eating we heard people say, "This is nice." We also observed people ask for more.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food [e.g. soft or pureed diet] and any assistance people required with eating and drinking.

Each person had a malnutrition assessment and care plan (MUST). A record of daily food and fluid intake was completed for all people using the service. The total fluid intake was recorded and action was taken if this fell below the required levels. Similarly, if food intake changed, actions were taken to refer people to GP and health specialists. These records were checked by senior staff to ensure risks were identified and dealt with quickly.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access

to fresh water and juices throughout the day. Mid-morning and afternoon people were given a drink of their choice and a small platter of easy to eat fresh fruit and/or biscuits and cakes. Where people were cared for in bed, the staff ensured they received these platters and left them in a position within their rooms where they could reach them.

We observed the lunch time meal. People were able to have their meal when they were ready and when people did not want to eat in the dining room, they were able to eat in the lounge or in their bedrooms. The registered manager told us that although meals were served at approximately the same time each day, they had a very flexible approach. This ensured people could eat what they wanted, when they wanted. There were three hot meal options available for people. Staff showed them to people before serving to give them the opportunity of making an informed choice. People were then served according to their individual preference. Staff provided people with assistance as needed and ensured, where able, people were encouraged to eat independently.

People's day to day health needs were met by staff. There were regular external health and social care visitors to the home during the inspection. We spoke with one of them who said they had an excellent relationship with the staff. They also told us they found the staff helpful and willing to provide any detailed information they needed.

We checked the care records for a person who was currently being cared for in bed. Their records contained preventative measures for staff to follow to reduce the risk of the person developing pressure sores. Records showed staff had provided support for this person in line with this guidance but had also recorded when the person had refused their help. This person had the capacity to make their own decision and this was respected by the staff.

Where appropriate, staff supported people to attend appointments with external healthcare professionals. If people were unable or unwilling to leave the home then staff ensured that visits were made to the home to ensure people received the treatment they needed. People's care records contained information of all visits that people had made and detailed examples of how staff had supported people with maintaining good health.

Good

Is the service caring?

Our findings

People told us the staff who supported them were caring and treated them with kindness. One person said, "I have been here about two years. The place is very good. The staff are beautiful. I love it here; it is like being at home." Another person said, "Things are never any trouble for them [staff]. I am treated like royalty here."

We observed staff treating people kindly and compassionately. Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs. We observed good and positive engagement between staff and people throughout the inspection. Staff spent time sitting and talking with people, and made extra effort to engage with people who were unable to verbally respond.

People's care records contained detailed information about their life history and what was important to them. People were supported by staff who an excellent understanding of their personal preferences and used that information to provide them with the support they wanted. We observed staff engage in a number of positive interactions with people. They showed a genuine interest in what people had to say and it was clear staff had built strong and friendly relationships with the people they supported.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed a member of staff provide support to a person who had become disorientated. The staff sat with them, spoke gently in their ear and reassured them. The person responded positively to this.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

There were processes in place that ensured people were provided with information about their care and to enable them to contribute to the decisions made. People we spoke with confirmed that they were involved with decisions and felt the staff respected their wishes. One person we spoke with gave us a specific example where the staff understood what they wanted and ensured they were supported with doing it. They were very complimentary about the staff.
Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted to be. Records included reference to the assessed level of each person's ability to undertake everyday tasks, such as carrying out elements of the own personal care. We spoke with a person who told us they had discussed with staff what they would like to do and staff did not stop them in any way.

Staff treated people with respect. We saw staff, whenever they entered a room, made a point of saying hello

to people or asking how they were. The registered manager told this ensured that people felt respected and valued in their home.

People told us that staff treated them with dignity and respected their privacy and our observations throughout the inspection supported this. A male member of staff told us that people were given the option of a male or female member of staff when they received support with their personal care. We also saw a notice in a person's bedroom that stated, 'Personal Care in Progress'. This was used to inform staff that the person was being supported with their personal care, with their chosen member of staff and no one else should enter.

Staff were aware of the importance of ensuring that people's records were treated confidentially. Care records were stored in a locked cabinet. Two members of staff held keys and ensured that once people's records were finished with they were returned immediately. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed relatives visiting people throughout the day.

Good

Is the service responsive?

Our findings

People spoke positively about the activities they took part in and how they were supported by staff to do things that were important to them. One person said, "It is fantastic here. It really is better than I ever thought it would be. I have just had my breakfast; I like to be outside. I will go to the garden now for a couple of hours for a smoke." Another person told us the staff supported their choice if they wished to remain in their bedroom or if they wanted to socialise. The person also told us they could do the things that interested them. This included watching television, playing the organ which was in the home, or joining in with special events such as the upcoming 'Burn's Night' celebrations.

The registered manager told us they did not have a set activities timetable in place at the home. They said, "There is nothing worse than forcing people to take part in pre-planned activities. We try to engage with people on a one to one level, or in small groups, and really support people to do the things that are important to them, not what we think they should or shouldn't like." An activities coordinator was employed at the home, and they were given the responsibility to engage all people in their chosen interest. This included supporting people who were living with dementia.

The Provider Information Return (PIR) sent to us prior to the inspection, stated that the home had been awarded the Nottinghamshire County Council Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. We saw the provider had implemented a variety of tools to support people living with dementia. Specialised activities and adjustments to the layout of the home were just a small number of examples of how people living with dementia were supported to lead fulfilling lives. Activities specifically designed for people living with dementia were in place.

People's care records were written in a person centred way. This contained detailed information obtained from people and/or their relatives when they first came to the home, and included guidance for staff about how to support people in the way they wanted. People told us they were involved with decisions about their on-going care and support needs, however the records we looked at did not always contain details of these discussions.

People's care records contained a wealth of information and guidance for staff to enable them to support people effectively. However some people's records contained information that was no longer relevant and needed to be removed to avoid confusion. The registered manager agreed and stated they had already started to 'streamline' the care records to ensure that only up to date and relevant information was included.

When we spoke with staff they had a good understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

Some of the people using the service had limited ability to verbally communicate. The registered manager

ensured their care records contained detailed information for staff on how they should communicate with each person. Guidance was also provided for staff to assist them when communicating with people living with a mental disability. We observed the staff communicate effectively with people living with dementia.

People were provided with a complaints policy with their welcome pack when they first came to the home. This information was made available to them in their bedrooms. The process clearly explained how people should expect their complaint to be dealt with, and if they were not happy with the outcome or the way it had been dealt, offered alternative methods for having their complaint heard. This included the contact details for the CQC. We discussed the way the policy was presented with the registered manager. The font used was small and may prove difficult for some people to read or to understand. The registered manager told us they would review this and ensure the policy provided for each person met their individual needs.

Staff could explain what they would do if someone wanted to make a complaint. They told us they would listen to them, try to deal with it straight away, or, if it could not be, then raise it with the registered manager.

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner. The relatives and the people we spoke did not raise any concerns with us about how their concerns or complaints were handled by the registered manager.

Good

Is the service well-led?

Our findings

People and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. The registered manager used team meetings and 'resident' meetings to enable staff and people who used the service the opportunity to give their views.

Records showed six monthly questionnaires were sent to people and their relatives to gain their views on the service. The questions asked covered a wide range of subjects such as; whether people were treated with dignity, the environment in which they lived and their views on the management of the home. Feedback from the meetings and the questionnaires was then analysed, discussed with the provider, then a plan of action was put in place.

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. The position of the office enabled the registered manager to monitor the main communal area of the home, to ensure that staff interacted with and provided a high quality of service for, the people they supported.

People and staff spoke highly of the registered manager. One person said, "[The registered manager] is easy to talk to and if I had any concerns I am sure she would listen and help." A member of staff said, "She is great and is really 'hands on'. You can really talk to her. She is very supportive with us all." Another member of staff said, "I love it here. I don't think of it as a job, I just enjoy what I do here. There is a relaxed atmosphere here. [The registered manager] and [the provider] are very approachable, I feel I could ask them about anything."

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "It's about giving people choice and letting them decide what they want. Independence and dignity is absolutely key."

People were encouraged to maintain links with people within the local community. People were encouraged to attend local supermarkets, coffee mornings and other activities to enable them to meet with people who live in their community.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

The registered manager had a clear understanding of their role and responsibilities. They told us they continually looked for ways to improve their skills and understanding of their role. The PIR, sent to us prior to the inspection, stated the registered manager was currently completing their Level 5 Diploma, in 'Leadership for Health & Social Care'. This is for people who work in the health and social care sector as managers. The provider told us the deputy manager was currently completing their Level 3 Diploma, with a view to completing Level 5 in the future. The provider told us, "It is important to 'upskill' our existing staff, to give them the confidence that we support them to develop, but most importantly, that the people they support have a well-trained and consistent management team."

The registered manager ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had ensured that the CQC were notified of any issues that could affect the running of the service, or people who used the service.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The registered manager told us they ensured staff were kept fully informed of the risks in team meetings and in detailed handovers between shifts. Staff were also encouraged to develop their roles. The provider told us they were introducing a process where they delegated the responsibility for carrying out appraisals to each 'head of department'. They would be given clear objectives from the provider and registered manager for what was required of their staff, and then their performance would be regularly assessed to ensure they met the objectives. The provider told us the overall aim was to further improve the quality of the staff which would increase the quality of the service people received.

The risk of people experiencing harm was reduced because the registered manager had quality assurance processes in place to identify the risks, and to deal effectively and appropriately with them. These audits included the environment, medicines and staffing levels.