Accord Housing Association Limited

Arden Grove

Inspection report

Arden Grove
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 and 19 September 2018 and was announced. The provider was given short notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be available to spend time with us. This was the first inspection of the service since its registration with us in June 2017.

Arden Grove is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Arden Grove provides accommodation that is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

At Arden Grove there are 33 one bedroom flats. There are also communal lounges and communal kitchens on each floor of the building that people can use if they wish. Other communal facilities include a lift to each floor, laundry and garden.

At the time of this inspection, there were 31 people living at Arden Grove who were supported with personal care.

The service had a 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 were protected from the risk of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns. The provider checked staff were suitable to carry out their role before they started working for the service.

People's care plans explained the risks to their individual health and wellbeing and the actions staff needed to take to support them safely. Processes were in place to review care plans to update information when people's needs changed so they received the right support. However, we found information about the service people could expect was limited.

Staff were trained how to administer medicines safely and regular medicine audit checks helped to ensure people received their medicines safely consistently.

There were sufficient numbers of trained staff to support people and staff regularly attended supervision meetings with the registered manager to discuss their practice and personal development.

People felt they were supported by staff who genuinely cared for them as individuals. Staff understood

people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities. Where needed, people were supported with both meals and drinks to meet their nutritional needs.

People at Arden Grove were living with dementia. There had been some consideration on how to ensure they had maximum choice and control over their lives, but they had experienced some limitations in accessing some areas of the building.

Staff were happy working for the service and felt supported by the management team. They had built positive relationships with people and supported people to access healthcare professionals if needed.

Staff respected people's privacy and dignity and were respectful in their approach to people.

Processes were in place to manage any complaints and we saw when concerns had been raised, they had been promptly responded to.

Some of the records at the service were in need of review as they were not always clear such as, records of complaints. The provider had quality monitoring systems in place that included regular checks that people's needs were met, checks of staff practice and checks to ensure the safety of the building. People were encouraged to share their opinions about the quality of the service during reviews of their care which took place on a regular basis.

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 felt safe. Staff were aware of risks associated with people's care and how to manage them. Safe recruitment procedures were followed to ensure staff were suitable to work at the service. There were enough trained and experienced staff to support people's needs. People were supported with their medicines when required. Staff had training in preventing the risks of infection.

Is the service effective?

Good

The service was effective.

Staff had completed training to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were assisted to access healthcare professionals when needed. People were supported with meals and drinks to maintain to meet their nutritional needs when required.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who understood their likes, dislikes and preferences in relation to how they wished to be supported. Staff knew to support people to maintain their independence and respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had care plans that described their needs and indicated their preferences for support. Staff were responsive to people's needs and were able to work flexibly to support people's changing needs. People and relatives felt at ease to raise any concerns if needed and complaints had been swiftly managed and resolved. Staff were mindful of ensuring people at the end of

their life received the support they needed to be comfortable and pain free.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and relatives were satisfied with the service provided and the way the service was managed. However, there was limited information made available to people which meant they were not always clear on the service they should expect. Records required improvement because they were not always clear or easily accessible to demonstrate risks were managed effectively consistently. Staff felt valued and supported by the management team. Quality monitoring processes were in place and people were asked their views of the service. There were some service improvements made in response people's feedback about the service.

Arden Grove

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.

We inspected Arden grove on 13 and 19 September 2018. We gave 48 hours' notice so the visit was announced. We gave notice because the service provides a domiciliary care service and we needed to be sure staff and the registered manager would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by two inspectors.

Before our visit we reviewed the information we held about the service. This included information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, a senior carer, three care staff, two visiting social workers and a visiting locality manager. We also spoke with three relatives', and five people to obtain their views of the service.

We looked at four people's care records in detail and other records related to people's care including medicine records and records completed by staff at people's home's. This was to see how people were supported and to assess whether people's care delivery matched what they had agreed.

We spoke with the local authority commissioning officer who had no new information to share at the time of our visit. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and

support people required. We looked at training records, staff allocation sheets, policies and procedures and accident and incident records. We also viewed quality monitoring checks the registered manager completed to assure themselves people received a good quality service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, "Yes I'm safe there are no problems here. You always have people here when you need them." Another told us, "I feel safe, everything is perfect. They are very respectful here. I'm not made to do anything I don't want to do. They know this is my house and if I say 'stop' they stop."

A relative told us, "[Name] is very safe here. There are staff always available. [Name] has four calls a day but if they pull the alarm, someone always comes."

Staff understood their responsibilities to protect people from the risk of abuse. They had completed training in safeguarding adults and knew how to identify potential signs of abuse and the actions they should take if they had any concerns. Staff felt confident that any concerns they reported to the registered manager would be dealt with effectively.

We saw there was an 'Abuse policy and reporting procedure' in place for staff to refer to but we didn't see this was easily accessible to staff if they needed to use it. This was addressed by the registered manager during our visit who made sure copies of this were put on display in appropriate areas.

Discussions with staff confirmed they knew about risks associated with people's care and the actions required to manage them. For example, one person was at risk of falls and sometimes forgot to use their walking frame. The person's care plan stated staff should prompt the person to use it. Staff were aware of this risk and we saw the person in the communal areas walking with their frame.

We saw another person used oxygen because they had breathing problems. Staff knew how to support the person and how to minimise risks of the person experiencing any breathing problems. We saw action had been taken to seek medical support when the person had needed it to prevent them experiencing ill health.

Records of accidents and incidents had been maintained and showed actions taken to support people when they had occurred. The registered manager told us there was a handover meeting each day where staff could talk about any changes in people's health or support. This ensured any potential risks were identified and acted upon. We saw handover records that confirmed these meetings took place.

People told us they were prompted to take their medicines or were supported as necessary to take them at the times they required. For example, one person told us "I get my tablets when I need them, some are twice a day, some just once. If I need paracetamol they (staff) give it to me but not more than four times in one day, they are very strict about that, you can only have it four times."

Staff told us they had completed medicine training prior supporting people with their medicines and we saw records that confirmed staff were observed by a manager to make sure they followed the correct safe procedures when supporting people with their medicines. We checked and found a person's pain relief patch was managed appropriately. We saw there were instructions for the application of the patch to be

alternated on a specified location on the skin so the person was not placed at risk of side effects. Records confirmed staff had supported the person with the patch as prescribed.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, references and a Disclosure and Barring Service (DBS) check were sought. The DBS is a national agency that keeps records of criminal convictions. Staff told us they were not able to start working at the service until all pre-employment checks had been received by the registered manager. However, some recruitment records contained conflicting start dates. We shared this with the Registered Manager so this issue could be addressed to ensure all checks were completed before a staff member started work.

There were enough staff available to support people when required and people received the support they needed from staff they knew. People's flats were situated in one building over three floors. Staff were allocated to each floor to complete the care calls required. Care staff told us that the senior care staff on duty usually worked in the office but would support them with people's calls if there was a need. This flexible deployment of staff helped to ensure people's needs were met effectively. We asked people if staff provided the care they expected and if they responded when they used their emergency pendants to summon assistance (for those who had one). One person told us, "They come all the way through the day. I have this (pendant) and if I press it they come." When we asked if they came quickly they stated, "Sometimes they do, they don't if they're busy." Another person told us, "Staff come when I want them to, I have a call bell and they come when I press it."

Staff allocation sheets informed staff what care calls they were required to make during the day and staff told us they were able to complete these when required.

People confirmed staff followed good hygiene practices when they supported them which included the use of disposable gloves and aprons to help prevent the spread of infection. Most staff demonstrated a good understanding of infection control procedures they should follow and told us they had different colour aprons which they used for different tasks. The registered manager told us further infection control training had been planned for staff.

Good

Is the service effective?

Our findings

People and relatives felt staff had the skills and knowledge needed to meet people's needs. People told us they had "no concerns" and described staff as "very good." A relative told us, "They know their stuff and know the residents. They interact differently with each resident and understand how each person presents."

Staff told us when they started to work at Arden Grove they had an induction to the service where they shadowed (worked alongside) a more experienced member of staff so they could get to know people and how they liked to be supported. They told us they felt the induction training was sufficient for their needs and helped them to feel confident to support people unsupervised. One staff member told us, "I worked alongside a senior (staff member) and the senior was really helpful and I asked a lot of questions to make sure I got it right. They brought it down to my pace."

The registered manager told us staff induction training was linked to the Care Certificate. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support.

Staff spoke positively about the training they received to help support them in their role. One staff member told us they had recently completed training about how to provide more 'person centred' care. This was to help them to recognise how they could provide care that centred on people's individual needs and meet these more effectively. They also told us they had completed training on how to manage catheter care which demonstrated training was identified and organised that was linked to people's needs.

A training record for all staff showed us the completion of training was monitored to make sure it was kept up-to-date and refreshed when needed.

Staff told us they had regular supervision meetings with their manager where they discussed their work and any training or development needs. One staff member told us, "We discuss how we are getting on and if there is anything they have picked up on during spot checks." The registered manager told us regular observations of staff practices helped to ensure staff remained competent and worked safely. Records confirmed further training had been organised for staff where this was identified as needed to ensure people continued to be supported appropriately.

Peoples needs had been assessed prior to them living at Arden Grove to make sure their needs could be met safely and effectively. The registered manager told us they aimed to try and meet people face to face before they moved in to assist them in completing their assessment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service worked within the requirements of the MCA. The registered manager and staff demonstrated an understanding of the relevant requirements of the Act and staff had received training to help them understand the MCA. Staff felt most people had fluctuating capacity which meant there were times when people were able to make decisions independently and other times when they were not. Care records identified the best times of the day to approach people to make independent decisions. This showed consideration had been given to how best support people's capacity to make decisions.

We identified that where people lacked capacity, there were potential restrictions which had not been fully assessed to identify if people were deprived of their liberty. We discussed this with the registered manager who said they would assess if any applications were required to the Court of Protection.

On the first day of our visit, the doors to the communal corridors were locked on each floor which restricted some people from moving around the building freely. We were told people had key fobs that opened these doors, however, some people said they did not have a fob or could not recall having one and staff told us only some people had them. The service could not demonstrate to us whether locking doors on each floor had been considered as the least restrictive option when considering people's safety. We discussed this with the registered manager and when we returned on the second day, the doors to each floor were unlocked keeping only the door to the main building locked. The registered manager told us they would be speaking with the local authority about any potential restrictions linked to people's care.

Relatives spoken with told us they were approached to be involved in decisions about their family member if appropriate. One relative told us, [Name] can make decisions about what they want to do each day. They understand what [Name] can and can't make decisions about. We have meetings with the staff and discuss what support [Name] needs."

People told us that staff respected their decisions to decline support which demonstrated staff understood the importance of respecting people's decisions. One person told us, "They say good morning and ask if I'm okay, if I don't want something, they don't force me."

People's nutritional needs were met by staff if this was part of their planned care. One person told us, "They make what I want, I get drinks when I want them." A relative told us, "Staff prepare their meals each day, they always have enough to drink. [Name] is able to eat by themselves but the staff are good and encourage [Name] to eat." People's food preferences were detailed in their care records within their flats so staff could use this information to support people's preferences. For example, in one person's care plan it stated, "I like my meals very hot." We asked the person if this happened and they confirmed their porridge was served to them "very hot" demonstrating the person's preferences were followed. People could choose to eat their meals in their own flats or utilise the communal area where there was a kitchenette, comfortable seating and a dining table and chairs. These facilities were available on each floor.

The registered manager and staff worked in partnership with other health and social care professionals such as, social workers to ensure people's ongoing care met their needs. Staff also supported people to access health support from district nurses through via their GP when needed. This included for example, support with diabetes management.

People who needed support to arrange their health appointments were either supported by their family (if appropriate), or staff within the service. The registered manager told us a local GP visited the service each week to support any healthcare needs people had. This was confirmed by a relative who told us, "The doctors are here every week and other health professionals are always visiting."

Good

Is the service caring?

Our findings

People and relatives told us they had built up positive relationships with the staff at the service. One person told us, "They (staff) are always kind. They treat you nicely." A relative told us, "Staff are very caring, it's like they're caring for their own mum. I've not seen staff treat people with anything other than kindness."

Another relative told us, how staff had helped them when they had been unable to support their family member to attend an appointment. They said, "There was a situation where I couldn't attend a GP appointment with [Name]. [Staff member], came in early, before her shift, to take [Name] to their appointment. They treat everyone and visitors with respect."

Staff told us they enjoyed supporting people and during our discussions with them they showed a genuine concern for maintaining people's wellbeing. For example, one staff member told us, "I wanted to do this type of care as there is a need for more carers out there." They explained how a person had become unsettled when their shift was coming to an end and as a result had become breathless. The person did not want the staff member to go so they stayed with the person to help calm them. The staff member told us, "[Name] asked for a hug and I was happy to do that and I reassured them." The staff member said once the person was settled they left but they had asked staff on duty to "keep a close eye" on the person.

We saw when staff were supporting people in communal areas they did not rush them. Staff showed a genuine interest in people and spoke with them about their items of interest. Staff always acknowledged people when they walked past them, and if they saw a person needed support, provided it. For example, one person entered the building from the outside and had been reading a book. A staff member greeted the person and asked them what they had been reading and had a conversation with them about the book. When the person complained of back pain the care staff member asked if they had taken any pain relief to prompt them to take these if needed.

A relative told us that despite their family member's dementia advancing, staff still took the time to speak with them. They told us, [Name] behaviour has changed a lot over the last year, their dementia has got worse and there are days when they do not seem to know where they are and they don't communicate with anyone. Staff here always take time to reassure [Name] to just talk to them even if they don't really respond and make sure [Name] is content."

Staff were knowledgeable of people's needs and understood how they preferred their care and support to be provided. They knew how important it was for people to maintain their independence as much as possible. For example, one staff member explained how they supported one person to be independent by prompting them. They told us," [Name] may forget to brush their hair, I would say, 'Where is your comb? [Name] is good at recognising they are hungry so I would be there to say, 'Are you feeling hungry? Shall we do it together'."

People told us they had been involved in planning their care and records showed people were asked regularly if their support was meeting their needs. We saw people's care plan records guided staff to prompt

people and remind them regularly about issues related to their care to help ensure people's wellbeing was maintained.

Some consideration had been given as to how information was presented to people to help them read and access information. For example, large print and in some cases the use of smiley faces. However, this was an area of ongoing development.

The provider told us in their Provider Information Return, "We encourage person centred practices" and, "We do take into account their rights, respect and equality and dignity and this is focussed at recruitment and in staff's induction the importance of promoting people's choices and, privacy and dignity at all times." We found this to be the case. People told us staff respected rights, privacy and dignity and were respectful towards them. People said staff ensured doors were closed when providing personal care.

Staff were required to sign confidentiality agreements when they started so that they knew to keep personal and sensitive information about people confidential.

Good

Is the service responsive?

Our findings

People told us their arranged care calls took place to the frequency agreed and staff provided care and support in accordance with their preferences. One person told us, "They ask me what I want and they do that. I get up when I want, no one tells me to get up. I could go to bed now if I wanted. My house is how I like it, staff know it's mine and let me have it how I want it. I like a bath, I get one when I ask."

A relative told us, "Care is very good" and went on to say they felt their family member was "well looked after". We saw records that showed staff were allocated to attend care calls at specific times and people felt staff stayed for the agreed amount of time to meet their needs.

Staff told us they supported people without feeling rushed and worked together as a team to ensure people's needs were met. Staff said there was flexibility within their working arrangements to ensure they could respond to any emergency situations or specific requests people made for support. We saw this was the case. For example, one person was seen to walk around the corridors and told us they were not sure where their handbag was. Staff responded by taking the time to both prompt and show the person to their flat so they could find it.

Another person displayed some behaviours that caused their levels of anxiety to increase if staff did not respond to their needs in a certain way. There were detailed plans about the triggers for this behaviour and the approaches staff could use to prevent the behaviours from happening. For example, we saw when the person raised their voice, staff responded effectively. They spoke with the person calmly and sensitively until the person became more settled.

Staff told us how they always prompted people to make decisions on what they wanted to do each day and to decide if they wanted any support. Staff recognised some people refused personal care and they told us they would prompt them again at a later time to encourage this. Contact records staff completed showed when people refused personal care so staff knew to encourage support at a later time if needed.

All staff at Arden Grove worked across the three floors to support people in their flats. This meant staff got to know all the people living at Arden Grove, their needs, and what support they required.

Care plans we reviewed were personalised and had been regularly updated. They contained information about people's physical, mental and emotional needs and also took into account any religious needs. Most people spoken with told us they did not have any religious needs although one person said they had visited their local church. The registered manager told us there were no people with any cultural needs at the time of our visit.

Records did not always provide staff with step by step guidance to ensure care and support was delivered in accordance with people's preferences and wishes. Staff told us as time had progressed, they had got to know people's needs so that they knew how to support people in accordance with their preferences.

Where people had health conditions, there were details in their care plans about any support staff needed to provide. For example, supporting people with medicines to help relieve any symptoms of their condition such as, pain. Records contained information on people's medical history to assist staff in looking for any signs or symptoms that may suggest the person needed medical support.

We looked at how complaints were managed. People told us they would speak with the "office" if they had any concerns. One person told us, "I don't have any problems here. If I did, I would speak to the staff or go to the office. They would listen to me." A relative told us, "We were given the information (how to complain) in a leaflet, I think there are extra copies as you come into the home, we've had nothing to complain about."

We saw complaints leaflets in the entrance hall which advised people who they could speak with if they were not happy. The registered manager had kept a record of complaints received and we saw these had been promptly acted upon to resolve them.

Staff told us, if a person raised a concern with them or wanted to make a complaint they would pass on this information to the registered manager so they could consider the concern and respond accordingly.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was regularly supported by a locality manager who visited the service on behalf of the provider to monitor the quality of the service and provide any support required.

People at the service spoke positively about their experiences of living at Arden Grove and how it was run. One person told us, "I like being here. They are very good to me here." Another told us, "I've never had any problems and I don't think anyone will say anything different. This lady (carer) is here most days and she works really hard making sure we're okay and that everything is clean. I could not ask for more."

A relative told us, "It is very calm here, it is a lovely atmosphere, there's no sense of staff rushing about. [Registered manager] is always about, she is always helpful if you need to ask anything. She has her office but I've seen her in other areas chatting with residents." Another relative told us, "The manager is very approachable and I could raise anything with her…. The atmosphere is very easy going, it is very calm, that comes from the staff's demeanour. It is fantastic." They went on to tell us of an issue they had raised with the registered manager which was addressed immediately.

Visiting professionals told us they had received positive feedback about the service from both people who used the service and other health professionals.

Staff told us they enjoyed working at Arden Grove. One staff member told us how they liked being able to work flexibly to support people's needs. For example, they explained how one person did not like to get out of bed in the morning until they had received their medicine from the district nurse. They stated there had been occasions when the timing could vary. The staff member said they were able to be flexible and respect that person's decision to be assisted at a later time.

Staff felt valued by their managers and said they could access support when they needed it. They told us the registered manager was approachable and accessible if they needed to speak with them. One staff member told us, "I love it (working at the service). This is for me, its caring for the customers and helping them with their independence, especially those with no families." Another told us, "I feel like I can go to my manager and discuss anything really."

Staff meetings were held frequently where issues related to the effective running of the service were discussed. Staff told us they were able to raise any issues they felt needed to be discussed which helped them to feel involved in decisions related to the running of the service.

The registered manager told us they monitored how staff worked to ensure they provided a safe and effective service. This included regular observations of staff practice. We saw records that confirmed areas for improvement were identified and acted upon. For example, where staff had not followed the provider's policies and procedures, this had resulted in them completing further training.

The registered manager understood their legal obligations in relation to their registration with us and had sent us statutory notifications about important events that had occurred at the service such as serious injuries when required. However, where people lacked capacity, we could not see there were sufficient processes in place to identify if people were deprived of their liberty. This was important to ensure any applications to the Court of Protection were made as required. The registered manager stated they would address this.

The provider asked people for feedback about the care and support they received in quality assurance questionnaires. Records showed not all people had responded to the questionnaires sent. Most of those who had responded were satisfied with the service provided and the way the service was managed although this information had not been shared with people who used the service. The registered manager told us following our visit they planned to issue a further "customer satisfaction survey" to people and their families and would ensure any actions were followed up and acted upon. We saw that people's opinions of their care and support were also sought during reviews of their care with them and their relatives.

Senior care staff told us they worked with the registered manager to ensure the service operated effectively. They told us they completed some of the audit checks such as checks that care plan records contained all the required information. Senior care staff also sometimes supported care staff with calls to meet people's needs.

We found that sometimes audit checks and processes did not always identify areas needing improvement. For example, a personal evacuation plan for one person contained information about safety precautions in an emergency situation in regards to an oxygen cannister. All staff were required to sign the plan to demonstrate they had read and understood this but we saw not all staff had signed it. When we asked staff about fire evacuation procedures they should follow, they were not fully aware of information available to them to do this safely. Following our inspection visit, the registered manager made arrangements for all staff to complete refresher fire safety training.

Daily contact sheets that staff completed when they visited people in their flats, did not always contain enough information to show how risks were managed. For example, one person's contact sheets showed they had "refused" personal care almost on a daily basis for ten days. It was not clear from the contact records what actions were taken in response to this. We discussed this with the registered manager who told us this was more of a records issue and staff would have ensured the person's personal care had been addressed. They stated the person may have possibly completed their own personal care.

Daily contact sheets for another person assessed by the service as being at risk of falls did not always show staff regularly checked the person wore their emergency call pendant. This was so they could alert staff if they fell. Audit checks of these records did not show this had been identified. The registered manager agreed to check and address this.

During our review of care plans, we found information about the service people could expect was limited. Records did not state times people should expect calls, for how long and the purpose of them. There was insufficient information about what was expected of staff at each call to meet people's preferences and needs. When we asked people and relatives what times people should receive calls, they were not able to tell us. However, staff were provided with information about what calls to complete and when. The limited information made available to people meant they were not clear on the service they should expect. The registered manager told us they wanted to implement a new "Routine Sheet" which would detail what support people needed on each call and what people could do for themselves. They stated these were not in place currently.

Complaints records were not always clear. These did not contain sufficient detail of the complaint so that it was clear the actions taken were appropriate, and to show lessons had been learnt.

Records of accidents and incidents were kept but during our visit, we did not see these were analysed to identify any trends or patterns so that the necessary action could be taken to minimise them. Following out visit, the registered manager provided us with a monthly analysis of falls they had located. However, these records did not show if any actions were necessary in response to the falls.