

Milestones Trust

63 Lambrook Road

Inspection report

Fishponds
Bristol
BS16 2HA

Tel: 01179655912

Website: www.milestonetrust.org.uk

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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

63 Lambrook Road is registered to provide accommodation and personal care for up to four people. At the time of our inspection four people with a learning disability were using the service.

The inspection was announced. The provider was given 48 hours' notice because we visited at the weekend and, we wanted to make sure people using the service, the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

At our last inspection in December 2015 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always fully assessed the needs of people using the service and put plans in place to meet their needs. At this inspection we saw the provider had taken the action they had identified in their action plan. As a result improvements had been made and the service was no longer in breach of this regulation.

At the last inspection, the service was rated Requires Improvement.

As a result of this inspection we have rated the service Good.

Why the service is rated good:

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 service was designed and delivered around the individual needs of people, provided by caring staff who were well supported by the registered manager and, was continually seeking to improve. It was also very clear that people and staff viewed 63 Lambrook Road as people's home. We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection.

People were safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The physical environment was personalised and met people's

needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager provided good leadership and management and was well supported by the provider. The vision and culture of the service was clearly communicated to and understood by staff. A comprehensive and sophisticated quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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 has improved to Good.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Preventative measures to reduce the risks of safeguarding concerns had been put in place.

Risks were assessed and plans put in place to keep people safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved to Good.

People received well planned person centred care and support.

They were offered a range of activities both at the service and in the local community.

People were encouraged to make their views known and the service responded by making changes.

Is the service well-led?

Good ●

The service has improved to Good.

The registered manager and provider delivered good leadership and management.

The vision and culture of the service was clearly communicated to and understood by staff.

A comprehensive and sophisticated quality assurance system was in place and, where shortfalls were identified they were acted upon.

63 Lambrook Road

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 17 June 2017. The inspection was carried out by one adult social care inspector and was announced.

The last full inspection of the service was in December 2015. At that time we rated the service overall as 'Requires Improvement'. This was because we found improvements were required under our key question headings of; is the service safe, is the service responsive and, is the service well-led. We identified a breach of Regulation 9 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals involved with the service and asked them for some feedback.

People were able to talk with us about the service they received. We spoke with each of the four people. We spoke with three staff, including the registered manager and two support workers.

We looked at the care records of each person using the service, two staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included; "The staff here are absolutely fantastic. Yes, I feel safe in my home", "Yes, I do feel safe here" and, "It's very, very good here. Staff look after me and I do feel safe", "I like all the staff they make sure I'm all right" and, "Yes, the staff make sure we're safe". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented in their company. People and staff interacted in a positive manner, with a sense of fun and mutual respect.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice.

At our last inspection in December 2015 we had noted the provider had not always shared unsubstantiated safeguarding allegations openly with the person allegations had been made about. As a result of this the registered manager and staff had reviewed their support to one person and their handling of safeguarding allegations. This had resulted in more effective preventative measures. These had reduced the possibility of further occurrences and clarified how they would be handled. These measures had proved to be very successful.

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking, for people to use community leisure facilities safely and when care and support was given. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessment and measures to be taken to keep people safe.

We noted many of these assessments had resulted in specific detailed guidelines for people's care and support. However, these had not been recently reviewed. We spoke with the registered manager about this. They explained to us that each person had been involved in a full review of their care and support in May 2017. These reviews had taken place and were fully documented. As part of this process these guidelines had been reviewed. They said they had not yet recorded on the actual assessments and plans documents that they had been reviewed. Following this discussion the registered manager completed this and sent confirmation to us that each person's risk assessments and care and support guidelines were reviewed on 18 June 2017. In addition to this, they had developed an in-house policy detailing how and when risk assessments and subsequent care and support plans would be reviewed in the future.

Therefore, people were safe because the provider had ensured detailed risk assessments and management

plans, were in place and had been reviewed.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends.

People were supported by sufficient numbers of staff to meet their needs. On each day two staff were available to provide care and support to people, with one staff member sleeping in at the home overnight. The registered manager and staff told us additional staff were sometimes made available for planned activities. The service had a stable staff team and made use of bank staff to ensure staffing levels were maintained. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. During our visit we saw there was enough staff to meet people's needs.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The service made use of volunteers. Where volunteers were recruited they were subject to the same checks as paid staff. One volunteer was in the process of being recruited by the home. Recruitment procedures were understood and followed by the manager. People using the service were involved in the recruitment of new staff. Two people explained to us how they had been involved in recruiting both staff for the home and, other staff for jobs elsewhere in the Trust.

There were clear policies and procedures for the safe handling and administration of medicines. The Trust had implemented an update policy in March 2017. The home had developed a protocol for a second staff member to check the administration of medicines at set times. This had been developed and introduced in August 2015, following two consecutive errors. The registered manager said there had been no errors in the administration of medicines since its introduction. Clear plans were in place to ensure staff knew when and how to administer these. Clear guidance was in place for staff, which described the action to be taken to keep people safe if an error in the administration of medicines occurred.

Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. Following this training the registered manager assessed the ability of staff and signed them off as competent to safely administer medicines. The registered manager's competency to administer medicines was assessed by a qualified nurse. Some people were prescribed 'as required' medicines. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety.

Financial procedures were in place and followed by staff to safeguard people's monies. These included regular checks to ensure balances were correct and reconciliation to ensure expenditure was accurately recorded and, that money had been spent appropriately and in accordance with the person's individual finance plan. Individual inventories had been completed to ensure people's possessions were kept safe.

Environmental health and safety risks had been identified and action taken to keep people safe. Plans were in place to ensure people were safe when using the bathrooms and kitchen. Checks had been carried out on electrical equipment. Regular checks regarding fire safety including; system checks, fire drills and fire equipment had been completed and future checks scheduled. Plans were in place to keep people safe in the event of emergencies.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was clean, well maintained, odour free and appropriate for people.

Is the service effective?

Our findings

People using the service told us their needs were met. They said, "(Staff member's name) is very good and helps me organise things" and, "The staff are great, I have lots to do and they make sure I can do what I want".

Throughout our visit we saw people's needs were met. Staff were attentive and provided the care and support people required when they wanted and needed it. People using the service had a variety of individual needs which included; mobility difficulties and for one person a visual impairment. Staff were skilled at meeting these needs and ensured people were able to move about their home independently and safely. We observed that staff were also skilled at ensuring people were given time to process information and understand what was said to them. Staff told us this was very important for one person in particular and helped them manage their mood and anxiety.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

People were cared for by staff who had received the training to meet people's needs. We viewed the training records for all staff. These were well-maintained and identified when staff had received training in specific areas and, when they were next due to receive an update. The core training completed by staff included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example, autism awareness and positive behavioural support.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. An induction checklist ensured staff had completed the necessary training to care for people safely. Staff confirmed they had received an effective induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Each person had been assessed as having the capacity to consent to their care arrangements and, there were no restrictions upon people's freedom. As a result, there had not been any DoLS applications made. The registered manager clearly understood the process of making an application if this were to change and, that they were required to inform CQC of any applications made that had been authorised by the appropriate authorities.

Staff understood that people were able to make their own decisions regarding their care and support. They explained to us this also included having the right to make decisions others may view as unwise. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. Food provided was varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. Participation was planned and people said they enjoyed doing this. People told us they enjoyed the food. At lunchtime we saw people interacted well with each other and staff and enjoyed the food and social engagement. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored and recorded.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment was of a high standard and met people's needs. Communal areas were homely and people's own rooms were personalised. Some people showed us their rooms and were clearly proud of them. When necessary repairs were identified these were quickly acted upon. The home had an attractive garden that had recently been landscaped and tidied by a group of volunteers.

Is the service caring?

Our findings

People told us they liked the staff and thought they were caring. We saw that people were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people.

Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

We saw staff had put considerable thought into how to promote and maintain appropriate professional relationships with people. They had ensured their approach was consistently kind and caring, whilst ensuring people did not misunderstand the relationship. This was particularly important as one person had historically misunderstood their relationships with staff. As a result of the careful consideration of this, plans had been put in place that had proven successful and helpful for this person.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, attendance at a local church was extremely important to one person. They said, "I like going to Church. I've been going for a long time. (Staff member's name) goes to the same church as me. Someone usually picks me up to go, but sometimes I get a taxi. The staff help make sure I'm ready. They know it's important to me". Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives we spoke with felt considerable efforts were made to ensure people's contact with family and friends was promoted.

Promoting people's independence was a theme running through people's care records. Guidance was included for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role. People were able to access all the communal areas of their home including the kitchen and garden area.

People were treated with dignity and respect. Their views were routinely sought and responded to. This was achieved through day-to-day discussions, care plan reviews and 'residents' meetings, all of which were clearly recorded. Information was provided in ways that were easy to understand. Each person had an easy read licence agreement and statement of terms and conditions. These identified what they could expect from the provider and staff.

Care had been taken to work with people to identify plans for their death. This included any specific wishes

they had regarding a funeral service and how they wished to be remembered.

We noted the outside of the building would benefit from cleaning. This was particularly noticeable around the front door and on the side of the house facing the road. This was discussed with the registered manager, as we felt improving the external appearance of the house would help in people being viewed as valued neighbours and members of their community.

Throughout our inspection we were struck by the relaxed and homely atmosphere at 63 Lambrook Road. People and staff seemed to enjoy each other's company. People were engaged in conversation with each other and staff and there was a real sense of relaxation and fun. Minutes of meetings held showed there were regular discussions on how people were getting along with each other. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred. It was flexible and responsive to people's individual needs and preferences and enabled people to live a full and active life. People had been involved in developing and agreeing their plans for how they were cared for and supported. People's care and support was planned proactively in partnership with them.

At our last inspection in December 2015 we had noted the provider had not always made sure a full assessment of people's needs and a plan to meet those needs was in place. This related to a person who had moved to the home just prior to that inspection.

At this inspection we saw each person had been involved with a person centred review during May 2017. The registered manager told us these reviews had been planned for May so they could follow on from the reviews carried out by the local authority. They said the local authority reviews laid out the overall aims of people's care and support. They explained that following this the person centred review was to provide greater detail to how this would be achieved, which would in itself lead to a review of the detailed risk assessments and care and support plans in place.

Staff had worked with people to ensure they led the person centred review process. People had been supported to develop their own agendas, decide upon the venue and, who they wanted to attend their review. Specific person centred planning tools were used by staff to help prepare for these meetings. These included relationships maps identifying other people important to them and, an analysis of what made for a good day or bad day for the person. The meetings were clearly recorded, identifying people's views, wishes and aspirations and, identifying actions to be taken.

For example, one person's review identified action to be taken regarding health related issues. These had resulted in them receiving treatment for a particular condition and arrangements for a dentist to visit them at home every three to four months. The person themselves had also taken the lead in recruiting a volunteer to work with them to access sporting events. These areas had a significant impact on their life. They told us, "I'm looking forward to (Volunteer's name) starting we got on like a house on fire" and, we were told by staff how these health interventions had helped the person significantly. This person's review also noted how the local authority had agreed to fund a further five hours a week of one-to-one support time for additional activities.

Another person's review identified clear instructions for staff on providing personal care. They had instructed staff to write guidance on how they wanted this done. We saw the registered manager had done this. They also spoke about plans for their holiday and voting at the general election. We spoke with them and they confirmed the actions agreed at their review had been carried out.

A third person's review stated the person wanted to move their computer from their bedroom into the lounge so they could use it more for email and other leisure purposes. We saw this had been done. They told us they had used the computer to assist in planning their holiday. They had also said they wanted to

purchase an easy chair for the lounge, so they could spend less time in their wheelchair. They said they were researching the best chair to get with the assistance of staff.

The fourth person's review included the person planning their finances with staff. The person had also requested a change of keyworker. The notes of the meeting recorded this was because the person had said, "She understands me". We saw this change had happened.

Overall, these reviews were well thought out and had produced positive outcomes for people. We spoke with the registered manager about whether the record of these reviews could be produced in more accessible formats. This might be possible through using 'easy read' versions or using other methods like video or audio recordings. We felt doing this may give people a greater sense of 'ownership' of this process. The registered manager agreed to give this some consideration and further discuss this with people.

Each person had a care plan file and health action plan file in place. These were person centred. They included information on people's life histories interests and preferences. These files were in the main well organised and easy for staff to use. However, they did contain some information that was out of date and could be removed and archived. The registered manager said they would review the information contained in them.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

A range of individual activities were planned with people based upon their hobbies and interests. On the day we visited people took part in a variety of activities including, baking cakes at home, visiting a local pub and attending an activity centre run by volunteers. People spoke enthusiastically about the activities they took part in and the holidays they had planned. They told us they had enough to do. Comments included; "I'm very busy, there's always something to do" and, "I like to go out and about but I also like to watch the goggle box. So, yes, I have enough going on, thanks".

People's views were actively sought and acted upon. Regular 'residents' meetings were held. We looked at the records of the meetings held in February and April 2017. A range of areas had been discussed including staff, activities and food. The minutes had been signed off as agreed by each of the four people.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. Two complaints had been received in the 12 months leading up to our visit. These had been dealt with appropriately and fully resolved.

Is the service well-led?

Our findings

People received a service that was well-led.

They were supported in a person centred manner and encouraged to be as independent as possible. Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and, people using the service promoted in the best possible light.

The registered manager told us they received support from the provider. This included an area manager who directly supervised them and, specialist staff in human resources, finance, estates management and quality. They had been supported to complete their level five diploma in the leadership and management of health and social care qualification and, were aiming to complete this by the end of June 2017.

People told us they liked the registered manager and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. They said, "You can bring any problem to (Registered Manager's name) at any time, she's always there. (Area Manager's name) is also supportive. So is the whole team actually".

Sophisticated and comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. The registered manager completed a monthly manager's self-assessment review which was passed to the area manager for an outcome focussed meeting to take place with them every six to eight weeks. The provider's quality auditor visited the home five times a year. At their visit they completed an audit focussing on one of the CQC five key question areas. Service user satisfaction surveys were carried out each year and an easy read summary completed. A finance audit was completed every six months by a member of the Trust's finance team. Annual health and safety and infection control audits were carried out by a representative of the provider. An independent audit on medicines had also been carried out by an external pharmacist within the previous 12 months.

We viewed the most recent records of each of these audits. In each case where remedial action was identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the continuous improvement of the service provided to people.

These quality systems fed into an overall operational plan. We reviewed the 2017/2018 plan. This plan identified any action planned, who was responsible for the action, when the action was to be completed by, any additional resources required to achieve the action and, the anticipated impact on people using the service.

In addition to these formal measures, we saw the Trust's Chief Executive visited the home twice a year. Following their visit they wrote to the registered manager to highlight any areas identified. We saw a copy of

their most recent letter dated 15 March 2017.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Staff said they were able to contact a manager when needed. The registered manager told us the provider operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provide the advice, support and guidance they required.

Staff meetings were scheduled and held every six weeks. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed. On three occasions each year these meetings were replaced with 'team days'. These days each had a specific focus. Previous team days had centred around; positive behavioural support, quality and CQC requirements and care planning. These days involved specialists in these areas attending.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Copies of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.