

# Milestones Trust

## 46 Bath Road

### Inspection report

46 Bath Road  
Longwell Green  
**Bristol, BS30 9DG**

Tel: 0117 960 1491

Website: [www.aspectsandmilestones.org.uk](http://www.aspectsandmilestones.org.uk)

Date of inspection visit: 12 May 2015

Date of publication: 12/06/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 12 May 2015.

46 Bath Road provides accommodation, personal care and support for up to 6 people. People who live at the home have a learning disability.

The home is situated in Longwell Green close to shops, links with public transport and other amenities. There was a minibus available to enable people to go further afield.

46 Bath Road is a dormer bungalow with bedrooms situated on the ground floor and an office on the first floor. The building and the garden was suitable for people with physical disabilities. Specialist equipment was in place to assist with personal care including bathing and moving and handling equipment. Each person had their own bedroom which they had personalised.

There was a registered manager in post. They had worked in the home for two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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 there were clear procedures in place to recognise and respond to abuse. Staff had been trained to follow these procedures. Systems were in place to ensure people were safe, which included risk management and routine checks on the environment. People received their medicines safely. The registered manager told us about the safe recruitment processes. Recruitment records were held at the main office of the Trust. An inspection will be organised to the Trust's main office to review recruitment information in the near future.

There were some staff vacancies which were covered by the Trust's bank and agency staff. There was always familiar staff on duty with the use of regular bank staff. Staff told us this had impacted on staff morale as some agency staff did not complete household tasks to the same standards as the regular staff. The registered manager has put in additional guidance for these staff to remind them of their responsibilities.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people.

Staff received training and support relevant to their roles. Systems were in place to ensure open communication which included team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were involved in a variety of planned activities in the home and the local community. These were organised taking into consideration people's interests and hobbies. Good links had been built with the local church where some people attended regular services and coffee mornings.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure complaints were responded to.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. Systems were in place for monitoring the quality of the service to drive improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People received safe care. The home provided a safe environment for people and risks to their health and safety were well managed by the staff.

People received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

Good



### Is the service effective?

The service was effective. People received an effective service because staff provided support which met their individual needs. People were involved in making decisions. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met.

Staff were trained and supported in their roles.

Good



### Is the service caring?

The service was caring. People received a service that was caring and recognised them as individuals. Positive interactions between people and staff were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences.

Good



### Is the service responsive?

The service was responsive. People were receiving a responsive service. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

Good



### Is the service well-led?

The service was well led. People benefited from a service that was well led where their views were sought. Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service and were clear about their strengths and areas for improvement

Good



## Summary of findings

The quality of the service was regularly reviewed by the provider/registered manager and staff.	
---	--

# 46 Bath 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 was an unannounced inspection which was completed on 12 May 2015. One inspector carried out this inspection. The previous inspection was completed in January 2014 and there were no concerns.

Prior to the 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 did not ask the provider/registered manager to complete their Provider Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

We contacted the local community learning disability team, two health professionals and the GP to obtain their views on the service and how it was being managed. Feedback was positive and no concerns were received.

We spoke with three people living at 46 Bath Road, four staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and training records for staff.

# Is the service safe?

## Our findings

People told us they were safe and liked living in the home. People told us there was sufficient staff to support them in the home and when they wanted to go out.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A member of staff said if they suspected any abuse, then they had a duty to report it to the registered manager. They told us they had no concerns and all staff were 100% committed to providing safe care to people. They said they would have no hesitation in reporting to external agencies such as the Care Quality Commission or South Gloucestershire Council's safeguarding team if appropriate action had not been taken. A whistle blowing and safeguarding adult policy was in place to guide staff.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager.

Medicine records were checked by the staff during the handover, this enabled them to monitor for any errors. The registered manager told us there had been two medication errors in the last month. This information was shared with us before the inspection. The errors had been made by agency staff. Appropriate action had been taken including contacting the person's GP and South Gloucestershire Council who commissioned the service. In response to these errors a meeting had been arranged with the agency to address the concerns and ensure agency staff were trained and competent. Appropriate action had been taken to reduce further occurrence and ensure people were safe.

People told us there was enough staff to support them during the day. Staff told us there was always three staff on duty during the day and one waking member staff providing cover at night. Additional staff were rostered if people had planned activities or healthcare appointments that required additional support. The registered manager told us they were monitoring the care at night to ensure there were sufficient staff. This was because four people required two staff when personal care was delivered as

they needed to use a hoist. The registered manager said it was very rare that people required assistance at night but it was important to keep this under review. There was sufficient staff supporting people living in the home.

Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced.

Care records included specific information about any risks to people such as assistance with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking, eating and drinking. A dietician and speech and language therapist had been involved and their advice was incorporated into the plan to reduce the risks to the person. These had been kept under review.

There were environmental audits to ensure the property and the working practices of the staff were safe. Routine maintenance was completed to ensure the property was safe and fit for purpose. Other checks were completed on the environment by external contractors such as the moving and handling equipment and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

The organisation completed an annual audit to enable them to plan for any refurbishment, decoration and any major works. Planned work for this year was to review the storage in the home and move the laundry facilities closer to the sluice area. Presently the laundry and the sluice are in opposite areas of the home and it was recognised that this would improve infection control practices. There was also a plan to replace the carpet in the lounge area which despite cleaning was soiled in areas.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area.

The registered manager clearly understood her responsibilities to ensure suitable staff were employed in

## Is the service safe?

the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures were in place to protect people across the Trust.

The registered manager told us they were struggling to recruit to the vacant posts. They were reviewing how and where they were advertising the job opportunities. There were two vacant posts and some staff absences which

meant there was a staffing shortfall. This shortfall was being covered by the Trust's own bank staff and agency staff. The registered manager was able to demonstrate they had a regular pool of bank and agency staff to ensure consistency and familiarity for the people living in 46 Bath Road. We were told this was important for some people as they became anxious when new people visited the home whether they were professionals, visitors or new staff.

# Is the service effective?

## Our findings

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One person was planning a visit to the dentist on the day of the inspection.

Feedback from healthcare professionals was positive confirming that referrals were appropriately made and their advice was followed. A healthcare professional told us; “The staff team were responsive to people’s changing needs. They were receptive to recommendations including facilitating training for the staff team to enable them to meet the needs of the person”.

Some people were visited by community nurses who provided assistance with their nursing care needs. A district nurse told us, “I have no concerns about the care and support that is in place here, they follow our advice and are knowledgeable about the people they support”.

Some people were at risk of developing pressure wounds because of their lack of mobility. Clear plans of care were in place to guide staff on the prevention of pressure wounds and the specialist equipment required. Staff had received training in this area to enable them to monitor people’s skin condition. Daily records included information about any concerns and what action had been taken, including seeking advice from district nurses, physiotherapist and occupational therapists. This ensured people had access to suitable equipment such as suitable seating, wheelchairs and moving and handling equipment and a treatment plan was in place.

The registered manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for four people. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interests or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations.

People’s rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff said

they supported people to make decisions, for example about what to wear and how they wanted to spend their time. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare or an expensive purchase when people were not able to understand the relevant information. Meetings were held so that decisions could be made which were in people’s best interests involving other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. The registered manager told us it was important that relatives and the person were involved in the decision process and their views sought.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training that enabled them to support people safely and effectively. They told us training needs were discussed at staff meetings, during individual supervision meetings and annual appraisals with their line manager. There was a training plan in place for each member of staff and for the team as a whole.

New staff members were subject to a probationary period at the end of which their competence and suitability for the work was assessed. A staff member told us they were being well supported through their probationary period and was in the process of completing a programme of induction which prepared them well for the role. They confirmed training was planned for them on a variety of subjects including health and safety, moving and handling and safeguarding adults from abuse. The registered manager told us training was also delivered to all staff on equality and diversity, supporting people with a learning disability, mental capacity, deprivation of liberty safeguards and the values of the organisation.

Bank and agency staff received a short induction when they started working in the home. This ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. We noted that one of the agency staff working on the day of the inspection had no record of completing this. However, they told us they had been working in the home for some time and had previously completed the induction form. This was shared with the registered manager the day after the inspection who confirmed they would be investigating why this was not in place.



## Is the service effective?

46 Bath Road is set in the village of Longwell Green close to Bristol. Public transport links were close by with a bus stop being adjacent to the home. People had access to a minibus for trips further afield.

The accommodation was wheelchair friendly with level access to the front of the property. There were raised flower beds in the garden and hand rails leading up to the property. Most of the accommodation was on the ground floor of the dormer bungalow. There was an office on the

first floor which was used by staff. There was an open plan lounge/diner and bedrooms were situated of a short corridor either side of this area. Everyone had their own bedroom which they had been supported to personalise. Sufficient bathrooms were available to people with specialist equipment to assist with personal care including a specialist bath and a wet room. Attention had been taken to ensure the accommodation was homely and inviting.

# Is the service caring?

## Our findings

People told us the staff were friendly and supported them well. People told us they had no concerns about the care and support they were receiving. One person told us, “I like living here, I can keep in touch with my friends and the staff treat me well”. Another person told us, “I am happy here, it is my home, I like to stay in bed sometimes in the morning and this is respected”. This person was given a choice to remain in bed and offered a cup of tea which they told us they particularly liked.

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different items and using Makaton. Makaton is a sign language to aid verbal communication.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person’s care plan was current and up to date and they spent time with them Individually.

Staff were aware of people’s routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Where people were unable to express their choice, for example with drinks, staff were observed showing them a tea bag, coffee and the juice bottle. The staff members were patient and waited for the person to respond. This level of communication was apparent when it came to making a choice on what they wanted to eat for lunch with items being shown to them.

Staff were knowledgeable about the people they supported and how changes in routines affected them. We were told that two people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured both people about what we were doing and took time to explain our role. This meant people were not adversely affected by our presence and we were aware of how people liked the arrangements to be in their own home.

People were relaxed in the company of the regular staff who clearly took the time to listen and support them. Staff were observed sitting with people chatting about various subjects evidencing an inclusive approach to their care. Where support was required for example with the cutting up of the food this was done discreetly. Personal care was delivered behind a closed door ensuring privacy for the person.

People were encouraged to be independent. One person was observed to take their breakfast cup and plate to the kitchen even though it may have been easier if the staff had completed this. This person seemed to have a sense of achievement and control over what they were doing. Another person was being encouraged to walk with a mobility aid. Staff gave encouragement and praise.

People told us they could have visitors to the home. Care records contained the information staff needed about people’s significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. People told us they had social events where they could invite their friends and family to their home. One person told us, “I am planning a party for my birthday and the staff are helping me to invite all my friends”. Another person told us they visited another Milestone’s home, where they met with some of their friends on a weekly basis.

Some people attended church on a regular basis including luncheon clubs and coffee mornings. Staff told us there were good links built with the church and positive relationships had been established with some of the congregation who visited the ladies on a regular basis.

Visiting healthcare professional’s feedback was very positive in relation to the caring approach of staff. Comments included, “The staff team are devoted and caring, they have built excellent relationships with relatives who are often involved” and “46 Bath Road is a friendly house to visit, staff introduce themselves and introduce us to the person and explain why we are there”.

Another visiting health care professional told us, “I’ve been visiting this care home since it opened. I think the best test

## Is the service caring?

of a good care home is whether I would choose to spend my days there if I needed that level of care, it would be my top choice. The staff are very devoted and caring. Everyone always seems to know what is going on”.

People’s end of life wishes were recorded in their plan of care in respect of funeral arrangements, any special songs and requests and who should be contacted. Where a person lacked the mental capacity their relatives had been involved. The registered manager told us most of the staff

had completed bereavement training and they were exploring training options on end of life care to build on the skills and knowledge of the team. From talking with the registered manager it was evident that a person’s wishes would be respected and other health and social care professionals would be involved. This would ensure that the appropriate equipment and any pain relief was in place to make the person comfortable.

# Is the service responsive?

## Our findings

From our observations the approach of staff did vary from the morning to the afternoon shift. The interactions between staff in the morning were positive, inclusive ensuring people were engaged and involved. In the afternoon there was a new member of staff, a bank staff member and an agency member of staff. The bank staff had worked in the home on a regular basis and was supporting a person with a health appointment leaving the new member of staff and the agency staff to support people in the home. One person was more unsettled in the afternoon and was having to ask staff on a number of occasions about opening their bedroom window and was anxious about the weather. Staff failed to respond to these requests. Due to the person's increasing anxiety the inspector opened the window. The new staff member was aware this person liked the window open as it was part of their daily care routine and confirmed they had opened the window. However, both staff had failed to provide the person with appropriate reassurance. In addition the agency staff was continually walking the corridor through the lounge area with little interaction with people which could have increased people's anxieties.

These concerns were shared with the registered manager the following day in respect of the atmosphere in the home which was having an adverse effect on one person. Assurances were given that these would be investigated including speaking with the other staff on duty.

Care plans contained information to guide staff on how the person wanted to be supported. These had been kept under review. Staff reviewed the care plans six monthly or as people's needs changed. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives. People's views were sought in relation to how they wanted to be supported and were included in the plan of care. For example when they wanted to get up, their likes and dislikes and future plans.

People told us about the activities they regularly took part in. This included coffee mornings, luncheon clubs and activities organised in the home. One person attended a day centre four days a week and another had a day care worker that supported them with activities on a weekly basis.

People told us holidays had been organised and day trips to places of interest. From the conversations with people activities were organised based on each person's interests and hobbies. People were asked what they wanted to do at house meetings. One person had expressed an interest in going on a canal boat. Staff confirmed this had been organised for May 2015 and a relative was hoping to go with them. Another person had arranged to go on a short break close to their relative as part of their birthday celebrations.

Care plans included information on how they supported people with their religious or cultural needs. People were supported to go to church if they wished.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs and ensure new staff or agency were aware of people needs. They told us this ensured a consistent approach. There was a file which included a summary of important information about people so that agency or bank staff did not have to read the full care plan, enabling them to respond to people's needs promptly.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. In addition this meant there was good information available when people's support was being reviewed.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format and regularly discussed with people during house meetings.

There had not been any complaints raised by people or by their relatives in the last twelve months. However, the staff had supported people to raise concerns about other services such as the delay in receiving hospital treatment and the disposal of household rubbish. This showed staff were a positive advocate for people ensuring they received services they had a right too. Staff knew how to respond to

## Is the service responsive?

complaints if they arose. One person told us if they were not happy they would speak with a member of staff. Relatives confirmed they knew how to raise concerns in a recent survey.

Some people in the home were unable to communicate verbally. Staff told us it was important they monitored their body language to ensure they were happy with the

activities they were taking part in including personal care. There were communication dictionaries in people's care files which described how they expressed whether they were happy, sad, in pain, hungry or thirsty. This enabled the staff to communicate and understand what people were expressing, ensuring they were responsive to people's needs.

# Is the service well-led?

## Our findings

The staff said the registered manager was supportive in their approach and worked alongside them. The staff told us they were confident to report poor practice or any concerns, which would be taken seriously by the management. We observed communications between the registered manager and staff was positive and respectful.

The registered manager demonstrated a good understanding of the care and support needs of people living at the home. They worked alongside the staff to support people as seen during the inspection. They told us about the strengths and development needs of the staff team. Both the registered manager and the staff described a team that worked together but with some strong characters. The registered manager was able to demonstrate how they managed the staff to ensure they were supporting people effectively and responding to their changing needs.

People's views were sought through an annual survey including that of their relatives. People expressed a high level of satisfaction with the care and support that was in place, the environment and most people knew how to complain. Comments were positive about the care and support that was in place. A relative stated, 'Everyone at the home is very helpful and friendly and my sister is very happy. Another relative commented, 'All your staff treat the ladies with dignity and respect, fun and most of all love. They seem to have leisure activities on a regular basis and all appear happy'.

People were supported to share their views on the quality of the service at house meetings. These were held four times a year. Minutes showed that each person was asked if there were any improvements that could be made and whether there were any concerns. People were also consulted about any new activities they would like to take part in. Some people attended a Trust wide service user forum enabling them to meet with other people and to share their views with the senior management of the Trust.

Regular staff meetings were taking place enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines, care planning and health and safety.

We noted that the fridge temperature checks had not been completed for the last three days. This was fed back to a member of staff. When we spoke with the manager the following day they were aware of this shortfall from the communication book and had provided assurances this would be addressed.

Staff received regular individual supervisions with either the registered manager or the assistant team leader enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members. This fed into the business plan for the home to enable the registered manager to plan and monitor training needs of the individual staff and the team throughout the year.

There was a statement of purpose and a service user guide which clearly described the aims of the service. There was an emphasis on people being involved in making decisions on how they wanted to be supported and treating people with dignity and respect. This included ensuring people's rights were protected in respect of making choices and family involvement. We observed staff interacting in this way showing they had a good understanding of the philosophy of the service. Staff recognised that 46 Bath Road was the ladies' home.

The registered manager acknowledged that due to the two vacant staff posts and some absenteeism (sickness and maternity leave) which was being monitored. There was a high usage of bank and agency staff. They were able to show us information that was available to guide staff on the expectations of the service. This included information about supporting people in a person centred way. There was also shift guidance in relation to administrative and household tasks that needed to be completed on a daily and weekly basis. This information was clear ensuring staff were responsive to people's needs and the shift ran smoothly. The registered manager told us there was always a team member from the home on each shift. This was to ensure continuity for people and support the agency and bank staff. Staff said morale at times was affected by the use of agency staff as they do not always complete household chores, but the shift guidance had improved this.

Regular checks were being completed on different areas of the running of the home and the delivery of care. This included checks on the medicines, care plans, the

## Is the service well-led?

environment and health and safety. Where there were shortfalls action had been taken to address these. Monthly visits were completed by a representative of the Trust looking at the quality of the service. These showed whether a service was compliant or action was required to aid improvement. The most recent audits showed the service was compliant in all areas assessed.

Annual observational audits were completed by another registered manager working for the Trust. These looked at the quality of the care delivery ensuring it was effective and responsive to people's needs. This audit was completed over a number of hours which included observation of the staff during a meal time. The report was positive in relation to the interactions of staff and the support that people were given. One recommendation was made for staff not to discuss confidential matters in front of people. This was because staff had completed a handover in the dining area in close proximity of people living in the home. In response the registered manager had discussed this at a staff meeting. Staff were aware of the need to respect people's personal information and discussions of a confidential nature were undertaken in the office and not in front of people.

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe. For example one person had choked and the staff had updated the care plan and risk assessment and sought advice from other healthcare professionals. Another person had fallen on a few occasions and advice had been sought from the person's GP and a physiotherapist ensuring they were safe. The registered manager reviewed each incident and accident form to ensure appropriate action had been taken.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.