East View Housing Management Limited

East View Housing Management Limited - 25 Alexandra Road

Inspection report

25 Alexandra Road
St Leonards On Sea
East Sussex
TN37 6LD
Tel: 01424 720749
Website: www.eastviewhousing.co.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?	Requires improvement

Overall summary

This inspection took place on 07 and 13 May 2015. To ensure we met staff and the people that lived in the house, we gave short notice of our inspection to the service.

This location is registered to provide accommodation and personal care for three people with learning disabilities. Three people lived at the service at the time of our inspection.

Summary of findings

People who lived in the house were younger adults below the age of sixty five years old. People had different communication needs. Some people were able to communicate verbally, and other people used gestures and body language. We talked directly with people and used observations to better understand people's needs.

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 and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service. Maintenance systems were not always sufficiently robust to ensure low priority repairs and maintenance tasks were completed in a timely manner.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions. Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no one living at the home was subject to a DoLS, the registered manager understood when an application should be made and how to submit one.

The service provided meals and supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People felt confident they could make a complaint and that the registered manager would address concerns.

Summary of findings

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

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.

Staff had training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager and external authorities.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records showed there were systems in place to ensure the staff were suitable to work with people.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs and were supported to attain qualifications in social care.

Staff had the training, knowledge, skills and support to enable them to provide effective care and support.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

Staff had consistently responded to people's individual needs.

People felt confident they could make a complaint and that the registered manager would address their concerns.

Good

Is the service well-led?
The service was not consistently well-led.

There were quality assurance systems in place to drive service improvements. Maintenance systems were not consistently effective to ensure low priority repairs and maintenance tasks were completed in a timely manner.

Requires improvement

Summary of findings

Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

The registered manager showed strong leadership. They were visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

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

The inspection was undertaken by one inspector, due to the small size of the service and the need not to cause undue disruption to people who lived at the service.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

Before an inspection, we can ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not requested that the provider completed a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and one member of staff on duty. We spoke by telephone with a second member of staff on a different day when they were on duty. We spoke with all three people who lived at the service. We made informal observations of care when people returned home, to help us understand the experience of people who could not talk with us. We looked at three care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with a quality monitoring officer at the local authority to obtain their feedback about the service.

Good

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. They said they would speak with the manager or keyworker if they had any concerns. A keyworker is a member of care staff with key responsibility to support an individual, to meet their support and care needs. Safeguarding information was available to people in a service user guide. This contained pictures and accessible language to help people identify possible abuse and what they should do if they had concerns. People said, "I am safe and comfortable here. They [staff] are here for you" and "Yes I feel safe. I speak to the manager or staff if I need to."

People were protected from discriminatory abuse. Records showed people had been involved in house meetings where their human rights were explained to them. People received information on equality and diversity in pictorial format using accessible language which explained how they should expect to be treated and how they should respect other people's diversity. People were encouraged and supported to identify and protect themselves against possible discrimination and were given information on what to do if they had any concerns.

Personal Emergency Evacuation Plans (PEEP) were in place. These plans provided details of how staff should support people to vacate the premises in the event of a fire. Records showed that regular evacuation drills were completed to support people and staff to understand what to do in the event of a fire. The PEEPs identified people's individual levels of independence and provided staff with guidance about how to support people to safely evacuate the premises. People had taken part in regular fire drills. One person told us they had attended fire safety training, as this was of particular importance and interest to them.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff told us, "If I suspected abuse was taking place, I would report any concerns to my manager and colleagues", and "I would contact the on-call manager service [out of hours support service]." Staff told us they had a duty to report concerns to the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding were available to staff if they needed to report a concern.

Staff said they would report concerns about risks to people and poor practice. Staff were aware of the whistleblowing policy and would not hesitate to report any concerns they had about care practices. Staff said, "I would go to my manager, head office, the local authority or to CQC if I had concerns." There was a whistleblowing policy in place which informed staff what to do in the event they needed to report concerns and what external agencies they could contact to report any concerns.

Records of accidents and incidents were kept at the service. Accidents and incidents were regularly monitored by the registered manager to ensure risks to people were identified and reduced.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. Risk assessments were in place for someone who experienced anxiety around medicines. It included clear guidance and specific methods for the staff to follow when medicines were administered and detailed the reassurance the person needed. Staff were able to describe to us the individual medicines protocols they followed for people. Records of behavioural incidents were recorded with information on any triggers and actions taken to support the person. The registered manager monitored these records weekly to reduce the risks of incidents recurring. The staff had handover meetings daily to ensure that information about people and risks was shared in a timely manner.

There was adequate staffing in place to meet the needs of people. The registered manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours with any issues arising. Staff retention was high. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend hospital, social or other events. For example, one person requested to go to London to attend

Good

Is the service safe?

a DJ show. The person also wanted to do some sightseeing whilst they were there. A member of staff accompanied them and supported the person for the duration of their stay. The person told us they enjoyed their trip to London. This meant that additional staff were deployed when necessary to meet people's needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable. The registered manager followed a consistent and robust recruitment and selection process in the staff files we looked at.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. The registered manager had undertaken 'Train the trainer' training to enable them to provide staff with appropriate training. They had responsibility in this area as the provider's medicines overall lead. Staff had read policies about the management and review of medicines and signed a record to confirm this. Records showed supervision had been given to staff where they required additional support to administer medicines.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification, allergy information and the person's individual administration requirements. One person's specific allergy was clearly recorded. Individual methods to administer medicines were clearly indicated, such as when people had difficulties swallowing tablets. Body maps showed staff where to apply people's topical creams or gels when required. There was additional information recorded about any side effects to watch out for. The registered manager carried out monthly audits to ensure people were provided with the correct medicines at all times. This system ensured that people received their medicines safely.

Good

Is the service effective?

Our findings

People were satisfied with the way staff supported them. People said, "The staff are really good. I can talk to them. If I am upset. They are there for me." One staff member described how they supported someone with their communication needs. They told us, "We support the person to make choices and I know their likes and dislikes. I always slow down my speech so they understand me and prompt them with tasks when needed."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan for the year to ensure people were up-to-date with this training. A training recording system was in place that identified when staff were due for refresher courses.

Staff said medicines management training involved written tests and observations of their practice by the registered manager. They said the training helped them to understand possible side effects of medicines. Staff said they were vigilant for changes in people's health and would report any changes to the registered manager. People said they got the help and support they needed. Staff were satisfied with the training and professional development options available to them. The registered manager ensured that staff could access development programmes to attain a qualification in health and social care. Staff had not received formal annual appraisals of their performance and career development, these were scheduled to take place. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People gave their consent to their care and treatment. Care plans and consent forms contained pictures and staff used accessible language to help people understand their support needs. People had signed consent forms to show they consented to the care and support they received. Staff sought and obtained people's consent before they supported them. When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans and keyworker reports.

People were given care and support which reflected their communication needs and learning disabilities. One person had labels placed on furniture in their bedroom to remind them where things were kept. Menus and activity planners contained pictures so people understood what was on the menu and activities they had decided to take part in.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in MCA and DoLS and showed a good understanding of the five key principles of the MCA. Staff said they did not use any form of restraint with people at the service. The registered manager completed a 'DoLS assessment and review checklist' for each person to determine whether an application to restrict someone's liberty needed to be made with the appropriate authority. No DoLS applications had been required for people since our last inspection.

Staff said, "I have completed MCA training. It is about people's rights. I would talk to my manager if I had concerns about people's capacity to make a decision." Another staff member said, "It is about working in people's best interests. I ensure individuals are involved in their care and support. Depending on the type of decision we might involve people from different agencies [to help make a decision]. I would always discuss with my manager if somebody did not have the capacity to make a decision." Staff ensured they worked with people, their relatives and their manager to assess people's capacity and make decisions in their best interests.

People liked the food and were able to make choices about what they wanted to eat. One person said, "I make my own decisions about the meals I want to eat." Another person said, "I make my own snacks and meals with support from staff." One person's long term goal was to move into a more independent supported living service. Their goal was to

Good

Is the service effective?

develop their cooking skills. They had a diary and keyworker reports which recorded their choices and support needed to achieve their goals. We saw diary entries to include 'helped cook tea' and 'discussed future menus'.

People attended weekly menu planning meetings to decide menu options. People signed weekly menu records to show they agreed with the menu for that week. We observed people to be positive and excited about the dinner menu for that day. One person's favourite meal was on the menu and they were particularly pleased about this. Staff maintained food and fluid intake and weight monitoring records where needed. Staff signed the records to provide a clear record and monitor people's health condition. People said they wanted to eat healthily and this was recorded in the menu planning meeting notes. Menus included healthy food options to meet people's choices.

The service had attained a National Food Hygiene Rating of '5'. This was the highest rating that could be achieved. This demonstrated that essential standards of food hygiene were met at the service.

People had health care plans which detailed information about their general health. Some people who could not communicate with words had a 'Care passport' containing pictures and accessible language. They took this with them to health appointments to assist them to independently communicate their health needs to medical professionals. People had an emergency hospital support plan that enabled staff to support them in the event of a hospital admission. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. Staff reminded people of their appointments and accompanied them when needed. Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. This meant that people's medical needs were effectively met.

Good

Is the service caring?

Our findings

People said they were very happy with the care staff. We observed people had developed good relationships with staff. People came to the office to talk to the registered manager about what they were doing, to get advice and have a general chat. We observed good banter and friendly relationships between people and staff. People said, "I like the staff" and "The staff are friendly. I talk with my keyworker" and "The staff are really good. I can talk to them and they are there for me when I am upset." Staff talked about people in a caring way.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and levels of independence. Where people could complete day to day tasks this was clearly recorded in their support plans. One person could cook with supervision and was able to go out independently. One person wanted to try out new travel routes to places they visited. Staff supported them through familiarisation training before using new routes independently. They said, "I go out when I want to. I like to go to Eastbourne on the bus or train. I make my own decisions. My goal is to move on to supported living in the future. I am learning skills to help me, like washing up and tidying my room and making meals."

Staff were aware of people's history, preferences and individual needs and these were recorded in the 'Who I am' section of their care plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom. Care plans contained information about people's preferences. One person's care plan recorded they liked to use computers and they helped the IT man at the day centre they attended. The plan reminded staff that the person's choices were important. The person told us they had attended a day centre on that day and helped people to use the computers. They talked to us about their passion for all things computer related. They said, "I helped the IT technician and helped people to use computers. I really like computers." Another person liked different items of interest. They showed us their bedroom and enthusiastically showed us all of these items of importance to them. This information was documented in their care plan.

People were involved in their day to day care. People attended weekly house meetings and keyworker meetings to talk about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed monthly to ensure they remained appropriate to people's needs and requirements. People said they were happy with the support they had from staff. They said, "I make my own decisions. I have meals that I want. I decide how I want my room to be" and "I go to house meetings to talk about things that are important to me."

People said staff treated them with respect and upheld their dignity. Staff told us they treated people with dignity and respect. Staff said, "When supporting people to take a bath I ensure the door is shut. I reassure people by explaining what I am doing." Another staff member told us, "I am always mindful of people' privacy. I maintain awareness at all times. For example when one person is taking a bath I am aware of other people in the house and ensure the door is shut. I ensure that people can talk with me in private." Care plans were written by staff using respectful language throughout and people's choices were emphasised.

We observed staff talked with people respectfully. One person was having a hot drink and had not noticed that they were spilling their drink. The staff member calmly and discretely prompted the person to make them aware of this. The person put their cup upright and continued their conversation. Staff encouraged and prompted people to carry out daily tasks. One person had tidied their room and the staff member praised them for this. The person responded positively to this encouragement.

Information was provided to people in a format they understood. People's care plans, minutes of house meetings and service user guides contained pictures and appropriate language to help people understand their care needs, decisions they had made and how to find information. People's weekly activity planners contained pictures to help them understand scheduled activities they were taking part in. Staff used pictures of food to help people decide what food they wanted on their weekly menus. People received information in an accessible format and staff communicated with people in ways they could understand.

Good

Is the service caring?

The registered manager talked with people about making end of life care plans. People's response and wishes were documented in their care plan. People had not wished to participate and discuss their end of life care plans, and their wishes had been respected. The registered manager had researched best practice in end of life care planning for people with learning disabilities. Pictorial end of life care planning tools were available to support people to understand and get involved in making end of life care decisions, should they wish to do so.

Good

Is the service responsive?

Our findings

People were satisfied with their care. People attended regular house meetings and one to one meetings with their key workers to talk about their support needs, what they would like to do and any issues of importance to them. One person said, "It is a good way to get things out that we need to talk about."

Peoples' care plans included their personal history and described how the person wanted support to be provided. This information was recorded in documents called 'This is me' and 'This is important to me'. This ensured people were consulted and involved with the planning of their care and support. People were supported to pursue interests and maintain links with the community. One person wanted to take part in a charity run. The person said they had just completed the run. They showed us the medal awarded to them for this achievement. One person said they liked DJ-ing. They said they had taken part in a show in London and would be getting involved in a radio event soon. The quality monitoring officer we spoke with said, "The registered manager always promotes people's choices. She goes out of her way to support people to achieve their goals." Staff reviewed people's care and support plans monthly or as soon as people's needs changed and these were updated to reflect the changes.

People attended activities of their choice. Staff had developed weekly activities planners with people. Some of these planners were in pictorial format to help people understand activities they had decided to do and when they were scheduled. One person liked to attend day centres to meet people and develop their life skills. They liked animals and attended a farm every week and had completed a course in farming. They showed us photographs in their room of them working with animals and a certificate on their wall of a farming course they had completed. One person liked to go for walks, go to parties and shopping. Their preferences were clearly documented in their keyworker reports and support plans. People were supported by staff who responded to their needs for social activities.

People were encouraged to develop and maintain relationships with people that mattered to them. One person visited their parents regularly at weekends. This was written into their care plan to document what was important to them and staff supported them to do this. They said, "I like to see my mum and dad at weekends." Another person saw their family every six weeks and had regular telephone contact with them. People met regularly with friends at various discos and social events. People could invite their partners and friends back to their home when they wanted to.

People said they would speak to the manager, their keyworker or another member of staff if they had a complaint. One person said, "I would tell staff if I didn't like something. I am happy that it would be dealt with." Questionnaires were sent to people, staff and relatives to enable them to give feedback and develop the service. The registered manager had taken feedback into account to improve the service. For example, in response to a person's feedback, they had contacted a broadband provider who had addressed a particular issue. All comments that we read were positive about the care and support people had received.

Information on how to make a complaint was available in the service user guide given to people and their relatives. The policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. No complaints had been recorded since our last inspection.

Requires improvement

Is the service well-led?

Our findings

One person said, "Staff deal with things when I ask them to." We observed people approaching the manager regularly and contacting the registered manager via their mobiles to talk through issues, to request advice and support and to ask for things to be addressed. People were confident in discussing things with the registered manager to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising." Staff told us, "I can go to the manager with any issues. All colleagues get on well. I like working here." One staff member said, "I can approach the manager to discuss anything and it is addressed. I can approach anyone for advice. It is a great team."

There were audits in place intended to improve service quality. There were some gaps in the audit records which did not always indicate when outstanding maintenance work would be completed. For example the registered manager had made a request for the replacement of carpet section in January 2015 and this had not been addressed. The décor in the property was worn in parts and could benefit from a scheme of refurbishment, notably the kitchen and communal areas. This was acknowledged by the registered manager. The provider had a refurbishment plan in place which showed that the property was due to be refurbished no later than November 2015. There was a maintenance system in place. The registered manager prioritised repairs taking account of people's safety in their environment. Urgent maintenance requests were responded to quickly. However, the registered manager was not always clear when low priority repairs or maintenance would be carried out.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

The registered manager completed monthly audits of keyworker reports and care plans to ensure that they were up-to-date and that actions had been addressed. Records and care plans we checked were up-to-date and detailed people's current care and support needs.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. Each audit was then reviewed by a quality assurance manager to check whether shortfalls had been addressed. The quality manager completed a quality monitoring report every three months to analyse and address any shortfalls. The registered manager attended a senior management team meeting every month to discuss care quality and operational matters affecting the service.

People took part in weekly house meetings. Staff recorded discussion and actions points from those meetings. People told us they liked the house meetings as they could talk about things of importance to them. It was recorded that people had requested more variety of meals on the weekly menu. We looked a menu plans which had been changed in light of this feedback to ensure more variety was provided. For example, one person had requested a particular dish and this had been added to the menu planner. People had requested to try out online shopping but after testing it out had opted to go to the shops instead.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. This was confirmed in meeting minutes.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. She said, "People are involved in decisions about their support and we put people at the centre of everything." Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their vision and values as, "Giving people a good quality of life, supporting their independence, choices and wellbeing and giving people support and protection."

We read the provider's statement of purpose which promoted peoples independence, autonomy, choice, safety, development of life skills, education and community inclusion. For example, one person wanted to get a job working with computers. They spoke on the telephone about this with the registered manager, who promptly referred them to an organisation which supports people to find work. They arranged a meeting with the person to discuss their wishes in more detail. The person was happy with this response. People said they were involved in activities, clubs and volunteering. They said they were developing independence skills to meet their future goals.

Requires improvement

Is the service well-led?

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

The registered manager promoted continuous service improvements. For example, they had undertaken 'Train the trainer' training to enable them to provide medicines training. They had responsibility in this area as the provider's medicines overall lead. They showed a keen interest in continuously improving the medicines training programme. They used feedback from staff to tailor the training to staff needs. Staff told us that the training was very practical as it was based on 'real life' scenarios, where they had to complete exercises to demonstrate their competence in medicines administration.

The registered manager researched best practice for example in end of life care planning. They had researched the 'Macmillan' website and obtained care planning tools specific to the needs of people with learning disabilities. These tools were used to support people to be as involved as possible in their end of life care planning. The quality manager attended safeguarding forums at the Local Authority to ensure they had up-to-date information on how to safeguard people from abuse. A training session was taking place on the day of our inspection to update staff on recent changes in safeguarding best practice. Information relevant to changes in safeguarding practice were clearly displayed in the main office for staff to follow.