North West Community Services (Greater Manchester) Limited

North West Community Services (Manchester) Limited - 20 Swallow Street

Inspection report

20 Swallow Street
Longsight
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23 December 2015

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 16th December 2015 and carried out additional checks on the service at a regional office on 23rd December 2015.

This inspection was announced because we were aware that the registered manager was taking a period of planned leave and the people using the service were often out at their daily activities. We needed to be sure that someone would be available to speak with us. The acting manager was given 36 hours notice prior to the inspection taking place.

Swallow Street is registered to provide care and support for up to five adults with a learning disability and / or a mental health problem. The house is a purpose-built bungalow situated within a residential area of Longsight in Manchester. Accommodation comprises of single occupancy bedrooms and spacious communal areas including a lounge, kitchen and bathrooms. At the time of our inspection the house was fully occupied.

The registered manager was on a period of planned leave at the time of this inspection. The post was being covered by a registered manager from a similar service and this person was present for most of the inspection.

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.

Staff ratios were adequate to meet the needs of the people living in the home. People were able to access the community with support and pursue their own interests.

We found robust recruitment processes were in place to ensure the right people were recruited to the posts of support worker. Staff accessed mandatory training during their induction along with other relevant specialist training for the role. Staff were also encouraged and supported by the company to undertake courses for personal development and staff spoke highly about the training on offer.

Accident and incident reporting mechanisms were in place and we found medication administration and management was safe. There were appropriate controls and procedures in place to manage and prevent the spread of infections and both the registered manager and acting manager were nominated infection control champions.

Staff had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and best interest meetings were taking place.

Staff were able to tell us about the different preferences of individuals and recognised the importance of this in order to provide person-centred care. We heard people being asked for their consent before receiving support .

Staff had good relationships with people living in the home and treated them with dignity and respect although on occasions staff did not always engage with people and people were left to their own devices. Staff were always friendly, patient and polite in their interactions with people.

Support plans were person-centred and contained relevant assessments of risk tailored to individual's specific needs. Support plans were up to date and contained sufficient detail to enable staff to meet people's care and support needs. They contained information about the individual's personality, their likes and dislikes and preferences around methods of communication.

Personal goals had been identified for individuals and these had been reviewed after a six month time frame. Staff encouraged people to be actively involved in their local community and those that wanted to go out were supported to do this.

People were involved with choosing the décor for their own personal spaces and we saw bedrooms in colours of pink and red with matching accessories and pictures chosen by the individual. People were given choices by staff and staff respected their decisions.
There was a mechanism in place for people to raise a concern or complaint in the form of a complaints policy. The service also made available a small, colourful leaflet so that anyone could share their compliments, comments, concerns or complaints and this contained helpful easy-read symbols and simple language.

The service was well led and both staff and professionals spoke highly of the registered manager.,

Quality assurance systems were in place and audits were carried out by the provider. We saw that where improvements could be made any actions identified were followed up by the management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from harm and abuse. They had confidence in the service and felt safe when receiving support.

Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

Incidents and accidents were appropriately logged and recorded.

Medication was ordered, stored and disposed off safely, including controlled drugs.

Is the service effective?

Good

The service was effective.

There was a robust induction and training programme for all staff, including a pool of bank staff.

Staff had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and best interest meetings were taking place.

Staff were skilled in meeting people's needs.

People were supported to stay healthy, active and well.

Is the service caring?

Requires Improvement

The service was not always caring.

People had positive relationships with staff that were based on mutual respect.

On occasions staff did not always engage with people and people were left to their own devices.

Staff treated people with dignity and respect.

Activities were undertaken with people in the home and we could see examples of this around the home.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences.

Support plans contained information about the individual's personality, their likes and dislikes and preferences around methods of communication.

Personal goals had been identified for individuals and these had been reviewed after a six month time frame.

Personal spaces such as bedrooms had been decorated according to people's tastes.

Is the service well-led?

Good

The service was well-led.

Staff and other professionals spoke highly of the registered manager.

Staff meetings took place on a regular basis.

Audits and monitoring tools were in place and the service took action when improvements were necessary.

Generic risk assessments in relation to the environment were on file.

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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 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 16 December 2015 and a follow-up visit to a regional office took place on 23 December 2015. We gave short notice of the inspection because we were aware that the registered manager was on leave and the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us. The inspection was carried out by one inspector.

Before our inspection we gathered and reviewed the information we held about the service, including the statutory notifications received since our last inspection. A notification is information about important events which the provider is required to send us by law. We spoke with commissioners of the service to gather their views of the care and service and contacted two health care professionals who had had recent involvement with the service.

During our inspection we were able to speak with three people, three people's relatives and four staff. We observed care and support provided in communal areas of the home. We looked in detail at care records and associated risk assessments for three people, medication administration records, accident and incident logs as well as a range of records relating to the running of the service. We looked round the environment including the kitchen, bedrooms, bathrooms and communal areas. We looked at training and staffing records at a later date and at a separate location as they were not stored on site.

Good

Is the service safe?

Our findings

People communicated to us they felt safe and trusted staff and we could see people were safe because the service had systems in place to reduce the risks of harm and potential abuse. Support plans were person-centred , detailed and contained relevant assessments of risk, tailored to individual's specific needs. For each area of identified risk staff were provided with guidance on the actions they must take to protect the person they supported.

The safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up-to-date safeguarding training and demonstrated a good understanding of the process to follow if they witnessed or had an allegation of abuse reported to them.

Staff rotas showed us that there was consistently enough care staff on duty and after speaking with staff we saw that they had the right competencies and experience to keep people safe. Staffing ratios ensured that individuals were able to pursue their own interests and support in the community was provided on a one to one basis. The electronic roster in use indicated to team leaders any staff members who were on shift, off sick, on leave or free so that they knew who could be contacted if emergency cover was ever required.

A thorough recruitment and selection process was in place which meant staff recruited had the right skills and experience to support people living in the home. Three personnel files we looked at were organised, in good order and contained relevant information relating to the recruitment and employment of staff. All files we saw contained a Data Barring Services (DBS) check and appropriate references which evidenced that these staff were safe to work with vulnerable adults.

The service also had a pool of bank staff that they could utilise to cover for the absences of permanent staff. There was a member of bank staff employed at the service on the day of inspection. This person had received all mandatory training and a corporate induction to the company in the same way that a permanent member of staff would, further ensuring people's safety was maintained.
There were robust systems in place to manage the finances of people using the service and everybody had their own personal receipt and recording book. We saw staff checking cash amounts held for each person and was told this was counted twice a day, at the start and end of staff's shift. Details of each individual's income and expenditure were submitted on a weekly basis to the regional office for audit purposes and this further protected people living in the home from potential financial abuse.

There was a log of all incidents and accidents and we saw examples of completed accident forms on file. Instructions on file alerted staff to contact and inform the person on call after each accident or incident so that this could be noted and followed up if necessary. A body map accompanied each accident so that staff could indicate where, if any, injuries had been sustained and the template also had the facility to record if these were bruises, grazes, scratches or burns so that staff could treat the injury appropriately. In the event of any staff accidents occurring whilst on duty there was a separate accident form for employees and we saw evidence of these completed by staff.

Specific staff had received training and were competent with regards to the administration of medication. Medication was ordered, stored and disposed off safely, including controlled drugs. We saw daily internal checks being carried out by a member of staff who physically counted medication stocks and checked medication administration record (MAR) charts at the start of the shift. We were told this practice helped to highlight any errors or omissions and if identified they could then be dealt with immediately but there had been no recent medication errors.

'When required' (PRN) medication is medicine which is not given as a regular daily dose or at specific times, for example paracetamol. The service had mechanisms in place to make sure PRN medication was administered safely and appropriately.

A medication file was in place for each individual. This contained a MAR chart, a consent to medical treatment form, allergy information and a personal PRN protocol. We saw that PRN medication was stored in individual boxes with the person's name on and the medication policy stated that staff had to alert the on-call manager prior to dispensing any PRN medication.

The service was undertaking monthly fire drills and recording the participants of these. Staff we spoke with confirmed these had taken place. Checks were undertaken on emergency lighting, portable fire fighting equipment and smoke detectors. A Personal Emergency Evacuation Plan (PEEP) was available for four people in the service and outlined how many staff were required to fully evacuate individuals safely should a fire occur. There was no PEEPS on file however for the one of the people using the service however we were assured that this was an oversight and would be addressed.

We saw that all the necessary maintenance checks were in place and up to date. There were visual checks on small items of equipment, such as walking frames and shower chairs and these checks were documented once done. Larger items such as profiling beds and baths had been serviced accordingly. The cupboard that housed all the chemicals and cleaning items was securely locked and once accessed we saw this was neat and tidy with appropriate signage in place in relation to the use of chemicals.

We saw that staff promoted the safety of individuals when using specific equipment. One person was taken shopping in a wheelchair and we saw that the lapbelt was in use at all times to secure the individual.

There were appropriate controls and procedures in place to manage and prevent the spread of infections and both the registered and acting manager were nominated infection control champions. We saw that staff had full access to personal protective equipment in the form of gloves and aprons when undertaking personal care and staff confirmed this. Cleaning schedules were in place for wheelchairs, walking frames and commodes and shower heads to ensure the cleanliness and safety of equipment.

Colour- coded equipment was in use around the house and laminated sheets were available for staff that informed them of the correct chemical to use depending on the specific cleaning task. We saw that action plans were in place that would be implemented in the event of any outbreaks of shingles, scabies and the novovirus for example. The action plans outlined how those affected in the event of any outbreaks would be treated and protected and also helped prevent the spread of infection to other individuals.

Good

Is the service effective?

Our findings

One of the people using the service described the staff as "really nice" and told us they liked where they lived. Relatives we spoke with also told us that staff were professional and treated people with respect.

During the checks undertaken at the regional hub office we saw that the service had effective systems in place to ensure staff completed a thorough induction when they were first employed. Examples of mandatory training undertaken during the induction included moving & handling, medication awareness, health & safety, safeguarding adults, fire awareness and diet and nutrition.

Staff we spoke with outlined the induction process and confirmed this was held off site. Staff told us they did not start working until induction training had been completed. An in-house induction took place the first day on site and this included an orientation to the place of work.

Following the induction staff were given a handbook that included relevant information for employees, a holiday request form and a self-certificate form to be submitted by staff following a period of sickness.

Despite the absence of the registered manager we saw that staff had still received regular supervisions, undertaken every eight weeks. Probationary assessments were seen on personnel files for those new to the role of support worker and these were signed off following successful completion of the probationary period.

We could see that employees were offered plenty of opportunities and support from the company with regards to additional training and personal development . Skills scans were undertaken on new employees. These involved assessing what skills people had gained in previous employments and to identify if enrolment onto the Care Certificate was warranted. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Four new employees were undertaking the care certificate within Manchester and Trafford services we were told, one being at the Swallow Street service. It is the registered manager's responsibility to assess the competencies of staff with regards to the 15 elements of the Care Certificate. Progress with this would be evidenced at the next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff at the home had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and the training matrix we were given indicated that staff receive refresher training on this every three years. We saw a laminated sign on the notice-board of the sleeping in room outlining the five principles of the Mental Capacity Act and staff we spoke with were able to demonstrate knowledge around this.

Whilst no one living in the home was on a DoLS the service could evidence that best interest meetings were taking place and best interest decisions were being made for people. A recent best interest meeting for an individual had involved the acting manager, two other staff and a community disability nurse. It concerned medical treatment and the decision taken in the individual's best interests was to have the least invasive treatment with the lightest sedation as this would cause the least distress. This was to be discussed with the consultant at the next medical appointment.

We saw people had a traffic light plan. The document focused on three areas for individuals – what you must know about me (red); what is important to me (amber); and what you need to know about me (green). Traffic light plans contained photographs of individuals and if the person was admitted to hospital this document was sent with them. The plans ensured that medical staff were fully informed of people's wishes and choices which would result in them receiving person-centred care, appropriate to their needs, whilst in hospital.

One plan contained detail about a person choosing not to wear dentures. It listed food allergies and what symptoms these caused and indicated that when communicating to the person it was necessary to talk loud as they couldn't hear if people talked quietly or mumbled.

We heard people being asked for their consent before support workers carried out their duties. "I'm going to move your frame, is that ok?," we heard a member of staff say and they only did so after receiving a positive response from the person. Another staff member asked a person, "Shall we put these [socks and slippers] on you?" The person responded with a yes to the slippers but made it clear that the socks were not required and the support worker did want the individual wanted.

One member of the staff team was able to tell us about the different preferences of individuals and how important it was to recognise these. They explained that one person did not like vegetables whilst another required a thickener adding to all drinks. The staff member also recognised that one person living in the home needed their food to be cut up into smaller pieces. This ensured the safety of the person was maintained whilst maximising their independence, as they were then able to eat without support.

The premises had been inspected in October 2015 by the local authority's environmental health representative and awarded a score of 4 out a maximum of 5 in the Food Hygiene Ratings scheme. A food safety file was in situ as a result of the visit and the house had purchased a food probe. Use of the food probe ensured that hot foods were sufficiently cooked and served at the right temperature and people were protected from illnesses associated with incorrectly prepared and cooked foods.

We could see that everyone who lived at the home was supported to attend health appointments as well as

access a busy social life and this was reflected in their support plans. We contacted a professional who had had recent input with both people who used the service and staff at Swallow Street.

For example, an initial referral to the speech and language team had been instigated by the registered manager who had requested a hearing assessment for one of the people living using the service. This then led to the involvement of a professional working with both the individual and staff. We contacted the speech and language representative who told us they found the staff team to be knowledgeable about the person's likes, dislikes and preferences and staff demonstrated to them how they were able to adapt their own communication to best support the person.

One professional we contacted for feedback told us staff had been positive and actively participated in communication sessions held for an individual using the service. Staff had been given the opportunity to complete their British Sign Language level 1 certificate and as a result of the training were more able to understand the person and meet the needs of the individual.

Requires Improvement

Is the service caring?

Our findings

Staff on the whole were very caring and it was apparent that they had established excellent relationships with those living using the service. We saw that staff were also respectful of people's privacy and dignity.

Staff were able to tell us what steps they would take to protect a person's dignity when assisting them with a bath or shower. These involved always closing the door, turning the light on and telling the person what would be done. One member of staff stressed the importance of involving a person and making it a personal experience for them, and added that one lady liked to have a big towel wrapped around her. We were told that this was her preference but it also helped staff to maintain her privacy and dignity.

We saw and heard some good examples of staff being kind and courteous to people. During the inspection we saw a member of staff support a person to the bathroom. They offered the person choice, withdrew from the room at their request and closed the door gently behind them. The staff member stayed within earshot of the individual and offered words of support and encouragement, entering the bathroom again when told to do so. Whilst personal care was being given we heard friendly chatter between the person and the member of staff and the individual emerged from the bathroom calm and relaxed.

During the inspection two people had gone out shopping and were supported to do this by members of staff. One member of staff was in the communal lounge area supporting two other individuals sat in there.

For a period of approximately fifteen minutes there was no attempt made by the support worker to engage with either of the people in the room. The television was on and one person appeared to be watching it but people were not offered a choice of what to watch, or indeed asked if they wanted to watch it at all. The support worker was seen sitting in a chair and at times checking a mobile telephone. Whilst people were deemed to be safe the fact that no attempt was made to involve them or interact with them was not caring or respectful however we could see from other observations that this was not standard practice by all members of staff.

After this incident we witnessed good interactions between three individuals and other members of staff who chose to pursue an activity. People were offered a choice of things to throw at foam skittles set up in the lounge area, namely a soft, squeaky toy, a small ball and a bouncy ball. One person joined in with the game who had not interacted with the group prior to this and the enjoyment gained from this activity was obvious to see, especially when they were successful in knocking skittles down. One person playing the game told us, "I'm used to games, I am," and we could see that people were encouraged to participate and join in with group activities regardless of their capabilities.

There was information made available in the foyer of the house relating to the services of a local advocacy service. Access to an advocate would be arranged if an individual or their family member requested this we were told.

During the inspection we saw that staff encouraged people to be actively involved in their local community

and those that wanted to go out were supported to do this. One of the people using the service accessed a local supermarket, an activity they liked to do on a regular basis they told us. The home also encouraged in-house activities and we could see examples of this around the house. Artwork that had been personally produced by people living using the service was tastefully framed and displayed in the hallway and along the corridors of the house.

Good

Is the service responsive?

Our findings

We saw good examples of person-centred care being provided to individuals and person-centred practices were at the core of the staff team. The files that support plans were stored in had been decorated by each individual using a range of coloured stickers, letters and designs. We saw one file decorated with pink beads and images of teddy bears. Each file was different and reflected the individuality of the person they belonged to.

Support plans contained information about the individual's personality, their likes and dislikes and preferences around methods of communication. Health Action Plans outlined how to best promote the health and well-being of the person and we saw that staff encouraged people to maintain their independence wherever possible. A good example of this was the bathing support plan for one of the individuals. It stated that once in the bath the person was able to wash independently apart from her back. The plan identified that support was required in assisting the person to wash their back and dry their hair.

Risk assessments were in place and were specific to individuals. We saw that one person had access to a vehicle, driven by nominated members of staff and a risk assessment was in place to ensure their safety was maintained at all times whilst out with staff in the car.

We saw that personal goals had been identified for individuals and these had been reviewed after a six month time frame. One person had expressed a wish to go bowling and at the October review this activity had been done and they had enjoyed it. Similarly they had also requested to see a show at the theatre and had been supported to do this on a birthday outing.

We could see that people enjoyed busy social lives, following individual hobbies but also accessing some community events together. Everyone living in the house went to the Irish drop-in centre on Tuesday's and met up with other friends there. One person told us, "I like going. It's great." Individual interests included hydrotherapy, swimming, knitting and arts and crafts and we saw evidence of what people had created around the house. People had also enjoyed a trip out to a donkey sanctuary and a summer party had taken place.

One person we spoke with was fairly new to the service but had settled in well. "I like it here. I'm having a party on Monday," they told us, as they were due to celebrate a birthday. The service had helped to organise the celebration and had made contact with some of the person's friends to invite them to the party.

We saw long, thin, green strips of insulation tape running down both sides of the door frame of a person's bedroom and in communal areas such as the lounge, kitchen and bathroom. These had been placed there on the advice of a physiotherapist to assist one of the people living in the house to orientate around the building as a worsening eye condition was making this difficult. The individual used these raised strips when mobilising around the building as the colour stood out against the plain coloured woodwork. This helped ensure the safety of the individual and provided the person with increased independence.

One person who lived in the home was not able to fully verbalise her needs and wishes but was able to sign to staff what she wanted and when. These signs were unique to the individual and not recognised by the British Sign Language board however there was evidence that staff understood these signs, had learnt them and adopted them when communicating with the person. We saw a booklet of signs was included on the support plan and this was duplicated in the office. There were photographs of the individual "acting" out the signs with explanations underneath the pictures. Some examples of the signs included the person's favourite foods of black pudding, corned beef, white fish and cake. Staff told us they recognised what the individual was requesting for tea as they understood the sign associated with the particular food item.

People using the service were offered choice in their daily routines and staff respected these choices. One person wanted to go out into the community to do a spot of shopping at a local supermarket. When the bank member of staff offered to accompany her the person shouted," I don't want you, " and made it obvious that she wanted a specific member of staff to support her to do this. The bank staff member respected this decision and withdrew from the kitchen area into the lounge. The individual had to wait a short time for the other staff member to return to the home but was taken out as she requested.

There were systems in place to gather feed back about the service. We saw that questionnaires had been distributed to people living in the service, their relatives and staff earlier in December 2015. The service had no control over these as they were handled and processed by the regional office.

We contacted a number of relatives for feedback about the service. All were very complimentary. One person said, "I am over the moon with it. No problems at all." Another commented on the excellent communication between staff and themselves, "They tell me everything. I have no complaints." There was a system in place for people to raise a concern or complaint in the form of a complaints policy. The service also made available a small, colourful leaflet so that anyone could share their compliments, comments, concerns or complaints and this contained helpful easy-read symbols and simple language.

A relative we spoke with told us about a recent birthday party the service had held for a person and described it as beautiful. "The food was tremendous," we were told and the staff had arranged a disco and karaoke for everybody and their guests.

We were shown round the house and could see that personal spaces such as bedrooms had been decorated according to people's tastes. One room had a silver disco globe as a light fitting and sensory lights around the room. Another room had a feature wall with fish wallpaper and was decorated in red, the individual's favourite colour.

Good

Is the service well-led?

Our findings

The planned absence of the registered manager had not affected the running of the service and we could see that the strong staff team supported each other well, overseen by an acting manager from a similar service owned by the provider.

We saw that staff meetings took place on a regular basis with the last one held in November 2015. Agenda items for staff meetings included recruitment, reviews, health and safety and any staff team issues. During this meeting management raised the issue of staff shouting at one another whilst on shift and staff were reminded that this was unacceptable behaviour. The record of the meeting was signed by all staff, including one who wasn't able to attend the meeting in person.

Staff we spoke with held their manager in high regard and said that she was supportive. "They will always find a solution to the problem," a member of the team told us. Whilst the registered manager was absent from the service at the time of inspection we could see that they had taken the time to assist staff with the running of the service during their absence, preparing documents in advance for completion by the staff team at a later date.

Feedback from professionals with regards to the registered manager was positive. We were told they were a supportive manager, open to ideas and skilled in motivating the team. The service had been accredited with the Investors in People award and this was displayed in the foyer. Investors in People is a management framework for high performance through people. Formed in 1991 by the UK Government to help organisations get the best from their people, organisations that demonstrate the Investors in People standard achieve accreditation through a rigorous and objective assessment to determine their performance. We could see that the company invested in their staff and as a result staff felt valued, morale was high and people living in the home benefitted from this.

We saw that audits of the service had been carried out by a out-of-area service manager, independent to the home. Finances had been audited during 2015 and the last maintenance audit had highlighted that the Portable Appliance Testing date was imminent. A note was made to contact the handyman shared with other services . We saw that this had been followed up as the PAT testing checks had been carried out and the date logged on all tested equipment.

An infection control audit had been carried out in May 2015. The service was compliant at that time and we could see on the audit that where required actions had been identified the service had addressed these where possible. A new pedal bin had been purchased for a bathroom and revised equipment cleaning schedules put in place.

A recent medication audit had flagged up that one of the people using the servce required a medication review. We saw that staff had noted in the communication book an instruction to contact the GPand request a review. This meant that the person's health and well being would be checked in a timely manner and any necessary adjustments required to medication would be instigated by the GP.

Generic risk assessments in relation to the environment were on file. Some examples included risks associated with the bathroom, slips and trips, finger nail trimming, hot weather and the security of the house. All had been reviewed in September 2015. We saw that a risk assessment had also been completed on the registered manager during her pregnancy which outlined the support available to minimise the risks.

The registered manager had a good working relationship with the landlord of the premises and formally met with their representative every 3 months to discuss any issues. Staff reported faults and completed a log adding the date reported and date repaired. We saw that the landlord was quick to respond to faults that were reported as one log indicated that the hot water was reported as not working on 1 December 2015 and repaired by a contractor on 2 December 2015.