

Together Working for Wellbeing

Wavelly House Care Home

Inspection Report

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Summary of findings

Overall summary

Wavelly House Care Home offers care to up to six people. The home offers 24 hour recovery support for adults with mental health needs with a view to them moving on to independent supported accommodation. On the day of our inspection visit there were five people living at the home and receiving care and support. There was a registered manager present.

People told us that they were happy living at the home and they felt that the staff understood their care and support needs. They described the support staff as, “friendly” and “nice”.

People were actively involved in decisions about their care and support, staff made appropriate referrals to other professionals and community services. We saw that all staff understood people’s care and support needs, were interactive, kind and thoughtful towards them and treated people with dignity and respect.

We found that a range of in-house and community activities were offered to people either in a group setting or on an individual basis. People were given the opportunity to provide feedback on the activities and most people were happy with the range of activities provided. Some people requested that additional outdoor activities were offered and we saw that these requests had been acted on.

We observed that staff communicated well with the people who used the service and this was supported by what people who use the service told us.

We found that staffing levels were safe. We saw that the registered manager had an effective rostering system in place and was able to utilise staff in a creative way to provide additional support when requested.

On three occasions we heard people request additional support to access the community and we saw that by working together and communicating effectively, staff were able to accommodate these requests.

We found that all staff had the necessary skills and training to support people who used the service and this was supported by the records kept in their Continued Professional Development (CPD) folders and observations of their interactions with the people with challenging behaviour.

We found that the home was clean, hygienic and some areas were well maintained. However we saw that the bathrooms and kitchens were in need of re modernising and this was acknowledged by the registered manager who told us, “The bathrooms and kitchen have not been updated since 1996.” We saw that the registered manager had received confirmation that work to modernise the kitchen and bathrooms will begin in May 2014.

We found risk assessments in place to safely support people to be independent in the home and access the community. We observed staff discussing risks with people prior to them leaving the building and accessing the community. We saw people freely walked around the home and accessed the community

We saw that the service had effective financial safeguarding processes in place when people who used the service requested their money. We found inconsistencies in staff’s understanding of this process and observed three different members of staff carrying out this process.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People’s human rights were therefore properly recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were safe because staff knew what to do when safeguarding concerns were raised. By speaking with members of staff and people who used the service, we found that there were effective policies and procedures in place to manage safeguarding concerns and effective systems in place to manage accidents and incidents and learn from them so they were less likely to happen again.

We found that all staff had a good working knowledge of the Mental Capacity Act 2005 and Mental Health Act 1983 that was appropriate to their role. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff had been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

People who used the service told us that they felt safe and felt confident that they could discuss any concerns with staff and that they were listened to. One person told us, "I like the staff hear, I feel that I can talk to them about anything".

We found a number of different risk assessments present in people's care records and we found that these were detailed and updated regularly with the person. We heard and observed that people were encouraged to take positive risks and these observations were consistent with the risk assessments in their care records. For example, we saw that a person who used the service was encouraged to visit the local shops because they had previously gone missing for a period of time due to not being able to find their way home from a walk.

We found that the premises were safe because good infection control procedures were in place and followed by staff. Staff and people who used the service understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene.

We found by looking at the rotas we found that there were always sufficient staff on duty to make sure that practice was safe and to respond to unforeseen events. All staff and people told us that there were enough staff on duty to respond to any changes in need.

Summary of findings

Are services effective?

We found the service was effective because people had their needs assessed and all the staff we spoke with understood what people's care needs were. People were involved in decisions about their care and encouraged to be as independent as possible. We saw from people's care records that the service was responsive, for example in consulting other professionals when needed.

We found that care records, were detailed, up to date and regularly reviewed with the person and their key worker and people were given the choice if they wanted to take part in these reviews. This meant people were involved if they chose to be and had their views listened to.

People were able to walk around the home freely and access different parts of the "home and grounds". One person who used the service told us, "I use this kitchen and I like to keep it clean." We observed another person go up to their bedroom to watch television and another making a drink in another kitchen.

We saw evidence that activities have taken place in the dining room, living room and garden. We saw plant raisers that had been painted by the people who used the service, we saw paint pots and brushes lying by the side of the plant raisers and the registered manager told us, "Service users painted the raisers". One person told us, "I like gardening so they built them for us". This meant that people have access to appropriate space for activities.

We found that people's needs, wishes and choices are respected when they move between services. The registered manager told us that a person who lived at the home had just arrived back after a two week break trialling supported living accommodation. The person told us that they would like to move into this accommodation. The registered manager told us that they need to review the person's care records, "as there are still things that need to be worked on" and told us that they have to arrange a meeting with the person's advocate to complete a moving on plan.

Staff told us that they received effective support and ongoing development opportunities from their managers. Staff told us and we saw that they received regular supervisions, attended regular team meetings and could request any training courses that would support them in their role. One member of staff told us, "I can request any training and it is sought". This meant that staff were confident and competent in supporting people.

Summary of findings

Are services caring?

We found the service caring because people told us that they were involved in how they wanted their support to be provided and that staff were respectful, kind and friendly.

We saw people's preferences were taken into consideration daily and were recorded in their care records and risk assessments. People were supported by their key workers who had a good understanding of people's history, preferences and hopes and goals. This meant that staff knew the people they were caring for and understood how to meet people's individual needs.

We saw people had the privacy that they needed and were supported to be as independent as they wanted to be and encouraged to take risks. This shows that people can be as independent as they want to be and have the privacy they need.

People were encouraged to make their views known about their care, treatment and support and these were respected. We saw people who used the service regularly approach a member of staff and staff members asking them if they were "O.K." and if they needed anything. This meant that staff show concern for people's wellbeing and people feel that they matter.

Are services responsive to people's needs?

The service is responsive to people's needs because people told us they were happy with the range of activities provided. Some people had requested that additional outdoor activities were offered and we saw that these requests had been acted on.

We found by looking at records that people were given the opportunity to express their views in service user meetings, quality assurance questionnaires, complaints processes and daily discussions with staff and these concerns were responded to.

We spoke with two people who used the service and they told us that they knew how to complain and felt confident to ask questions and raise concerns and that they would be dealt with.

At the time of our inspection visit the registered manager told us that all people who used the service were considered to have capacity and have the ability to make decisions about their care, treatment and support. Staff understood when the need for a mental capacity assessment may be required under the Mental Capacity Act.

Summary of findings

Advocacy support was provided when needed. One person was using an advocacy service to help with discussions on transferring to a different service. This showed us that staff responded appropriately when someone needed independent advice and guidance to help them with important decisions.

We found people received care and support in accordance with their preferences and their needs were regularly assessed. This was evident when we looked at people's care records and found that the records were regularly updated and reviewed with the person who lived at the home.

We observed that people were given the opportunity to speak to staff about what was important to them. We saw people regularly approaching staff and talking or sitting with them.

Are services well-led?

The service is well led because the service had a registered manager in post who was present on the day of our inspection and had suitable arrangements in place to ensure the service was well led at all times.

The registered manager told us that in their absence staff were supported by a senior recovery worker and registered managers from other services. The operational development manager was also available for support. Staff confirmed that they were fully aware of these support arrangements. This meant that staff were well supported.

We saw the management team had a creative system in place to assess and monitor staffing levels. For example the registered manager would prepare a rota six weeks in advance and people who used the service could use a recovery voucher system to request specific support from staff. The registered manager would use the recovery voucher requests to ensure the service had sufficient staffing cover for that day and would match staff skills and personalities to the person who required support. This meant that the service had a good system in place to ensure that there were a sufficient number of suitable staff to meet people's needs.

We saw that suitable arrangements were in place to assess and monitor the quality of the service. For example, learning from complaints, accidents and incidents were discussed in team meetings and effective arrangements to continually review safeguarding concerns were in place. This meant that the service had a good process in place to learn from mistakes, incidents and complaints.

Summary of findings

There were also regular infection control audits, completed by the operational development manager and any actions would be cascaded down to the registered manager for completion. This meant that good leadership could be seen at all levels.

We found that the service promoted a positive culture that is person centred, open, inclusive and empowering because people told us that the staff communicate well with them and they were always able to speak with a member of staff when they needed to. Staff told us that their manager was approachable and they always felt listened to. We saw on three occasions people who use the service be invited into the office and offered a seat when they were waiting outside.

Summary of findings

What people who use the service and those that matter to them say

We spoke with three people who used the service who were able to express their views. They told us that they were happy living at the home. One person said, “I do really like it here” and another person said, “I like staff as I can talk to staff about anything.”

One person told us that they liked to be independent and do things by themselves but often needed encouragement by staff to do this. They told us, “Staff will help me with some things”.

People expressed that they would like the opportunity to take part in outdoor activities and this had been discussed in the service user meetings and raised by people in their satisfaction surveys.

People said that they felt listened to by all staff when raising concerns or feeling unhappy and felt that staff cared about them. One person said, “I like that staff like to know where I am and where I am going.”

Wavelly House Care Home

Detailed findings

Background to this inspection

We visited the home on 22 April 2014 and 23 April 2014. We spent time observing how staff interacted and spoke with people who used the service. We looked at all areas of the building, including people's bedrooms (with their permission), members of staff and the registered manager. We also spent time looking at records, which included people's care records and records relating to the management of the home.

The inspection team consisted of a Inspector .

This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete an information return to help us decide what areas to focus on during our inspection.

On the day we visited, we spoke with three people living at the home, three members of care staff and the registered manager.

At the last inspection in June 2013 we found the provider to be compliant with all five outcomes that had been inspected.

Are services safe?

Our findings

We found that people were safe because they were protected from abuse and avoidable harm.

People who use the service told us that they felt safe living at the home and they could talk to staff at any time about their concerns. We observed staff regularly interacting with people and asking them, how they were and we saw people come into the office frequently and speak to staff. One person told us, "I can talk to staff about things, I was talking to [staff member] about something earlier."

We spoke with the registered manager and they told us that people were protected from bullying, harassment, avoidable harm, abuse and breaches of their human rights because they had robust systems in place to deal with this. The registered manager told us, "Service users are given a copy of our complaints policy and know that they can speak to staff about any concerns, we also give them information on where else they can go outside of the service". The registered manager also told us, "We have a safeguarding and whistleblowing policy and staff have received safeguarding training and know how to report concerns".

We spoke with two members of staff and they confirmed the process they needed to follow when reporting safeguarding concerns. One member of staff told us, "I would refer to the safeguarding policy, which is on the board, speak to [registered manager] complete the safeguarding form and contact the relevant professionals. I would complete an incident form and put a copy of this on the service users file." This showed that staff understood the procedure and processes in protecting people.

We looked at two people's care records and found incident reports that had been completed relating to safeguarding concerns. We found that the service effectively managed risks to people because we saw that risk management plans had been put into place following the incidents. We

also observed staff putting a risk management plan into practice for a person living at the home. This showed that people were protected and kept safe without restricting their choices and independence.

The registered manager told us that learning from events, such as safeguarding, accidents and incidents took place in team meetings and handovers. We looked at the minutes of the meeting from 7 April 2014 and found that learning from a recent safeguarding concern raised on 3 April 2014 had been discussed and ongoing actions were identified. This meant that people were safe because the service had an effective system in place to manage accidents and incidents and learn from them so they are less likely to happen again.

At the time of our visit people who used the service were not subject to Deprivation of Liberty Safeguards (DoLs) applications. The registered manager told us that there were no people living at the home that required DoLs applications to be made. This was confirmed by staff and looking at care records.

People were protected by the policies and procedures relating to hygiene and infection control. We found that the home had infection control policies in place including the Department of Health guidance on prevention and control of infections in care homes and the registered manager was the infection control lead. Staff were able to demonstrate their roles and responsibilities in relation to this.

We saw records relating to an infection control audit that was completed 21 March 2014 by the operations and development manager. We saw that actions had been identified and all actions had been completed by the registered manager. For example, the hallway, stair and dining room carpet had been identified as requiring a steam clean and a steam cleaner was to be purchased. We saw that this was actioned on 30 April 2014 and we observed the hallway carpet being steamed cleaned during our inspection visit.

This meant that people are protected by the effective monitoring of prevention and control of infection.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective because people's care treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

The registered manager told us that people were encouraged to express their views about their health and quality of life through regular key working sessions, working through their care records with their key worker, attending regular service user meetings and feeling that staff can be approached at any time. The registered manager told us, "I was talking to [service user] this morning that had come to me with a concern." We spoke with the person about this and they told us "I feel better know".

People told us that they were involved in decisions about their care and support and were consulted about their care planning and reviews. One person told us, "Recovery star helps me decide what support I need to build my body up."

Recovery star is a system that was used by the service to encourage people to decide what level of support they needed for different aspects of daily living. Such as; self-care, living skills, social networks, relationships and managing mental health. Each person worked alongside their key worker to agree where they felt they were on a scale of one to 10, (one resulting in more support and 10 resulting in that person being completely independent.), Working with the key worker goals were set to encourage the person to become more independent. This meant that people were involved in their assessment of needs and the care records reflect people's current individual needs, choices and preferences.

We looked at two people's care records and found that care records were in place, up to date, individual and person centred. They ensured the person received effective, personalized support to meet their individual goals. For example; one person's care record was completed on 14 September 2013 and again on 8 December 2013 with the person present. The plan clearly showed that the person had increased their abilities in self-care but still required support. Another person's care records completed on 27 November 2013 showed that they were completely independent with self-care and they would like to remain independent with all aspects of daily living as much as possible.

The registered manager told us that recovery vouchers had recently been implemented at the service, which were used by service users to 'book' the support they need. The provider information report told us that this has helped to empower service users by giving them more control over the support they received. It has also helped to tailor each person's support, for example, some will use the vouchers to request support to go food shopping whereas others intend to use their vouchers for support at the gym.

We looked at the service user meeting minutes held on 4 March 2014 which documented that recovery vouchers were introduced and were to be used by the people who used the service to request support from staff and help tailor the support they want. We noted that three out of five people who used the service attended the meeting.

We looked at records for people who have used the recovery voucher and we saw that one person had used the recovery voucher to request a support worker to take them shopping and to the hairdressers on 3 April 2014. One person who lived at the home said that, "I like to ask staff to take me for a long walk and then for a coffee."

The registered manager told us, "The use of recovery vouchers also influence the staff rota, so that those who need more support on certain days can arrange this in advance."

This meant that people who used the service received flexible, person centred support that maintained their independence and which they were in control of.

The registered manager told us that the certain areas of the home required modernising and this would take place in May 2014. They told us, "Service users have been given a brochure and we will have a meeting to discuss the decoration". People who used the service told us that they are involved in the decoration of their bedrooms and one person told us that they chose their furnishings in their bedroom."

We found that there were effective systems for training and supporting staff. We saw records showing that staff were involved in regular supervision sessions, appraisals and regular training. The registered manager told us, "Staff have a Continual Professional Development (CPD) file which contains their training certificates and personal development opportunities.

Are services effective?

(for example, treatment is effective)

We looked at three members of staff CPD files and found that they had all received relevant training to provide support to people living at the home. For example: Three members of staff CPD files showed that they had attended training on challenging behaviour and self-harm. One member of staff's CPD file showed that they had completed their National Vocational Qualification (NVQ) level 3 in care and Qualifications and Credit Framework (QCF) level 5 in leadership and another member of staff had completed their NVQ level 2 in care. All three members of staff had completed their safeguarding competencies.

We spoke with two members of staff and they told us that they felt supported and received regular supervision and training updates. One member of staff told us, "I am able to request any additional training and this is always sought by the manager, I can also request this in my supervision. "This meant that people received effective care from staff that had the knowledge and skills necessary to carry out their roles and responsibilities.

Are services caring?

Our findings

The service was caring because we found staff involved people and treated them with compassion, kindness, dignity and respect and people who used the service told us, “Staff are kind and friendly.” One person who used the service said, “I like the staff, they always listen to me.”

We spoke with two people about how they preferred to receive their care and they told us that they spoke with staff about their support needs in their key worker meetings.

We observed staff regularly interacting with people who used the service. Staff showed patience and understanding and spoke with people in a respectful, dignified manner. We saw people who used the service stand in the door of the office and staff would stop what they were doing and invite them in, ask them if they wanted to sit down and asked how they were feeling. We saw that members of staff would regularly cross paths with a person who used the service and would always greet them with a friendly, “hello” and check if they needed anything. This meant that caring and positive relationships were developed with people living at the home.

Whilst walking around the home we noticed that people who used the service had a key to their room. We saw that doors were locked by the person when they left their rooms. We observed members of staff knocking on the doors and asking the people if it was, “okay to enter” and staff would wait for a response. This meant that people’s privacy was respected and promoted.

We found that handover meetings took place twice a day. The registered manager told us, “We have two handovers a day, one in the morning and one in the afternoon.” We observed a handover taking place in the registered manager’s office, the door was closed and the handover was carried out in a confidential manner. We saw that members of staff were given an update of all people who used the service, money was counted and double checked from the safe and medication was double checked to it was accurate, two signatures were present. This meant that staff had updated information on the people they were caring for so knew they people they were supporting on each shift.

We saw that staff responded in a caring way to people when they needed it. For example, we saw one person who used the service ask if they could make themselves a hot drink. The registered manager regularly checked that the person was safe making the drink. The registered manager told us, “[Service user] is very independent and finds it hard to accept support; there is a risk that they will leave the gas on or burn themselves so we support from a distance to make sure they are okay.” This person told us that they like making their own hot drink. This meant that people were listened to and felt that they mattered.

We found that members of staff and the registered manager had a good knowledge of all the people who used the service and communicated well with them. From our observations and discussions with people who used the service and staff we found that people’s privacy and dignity was respected and promoted and staff showed a caring attitude towards their work.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the service was responsive to people's needs because the service was organised so that it met people's needs.

People were offered a range of activities that could take place in the home or community, either in a group or individual setting. We looked at the service user survey and saw that people had requested additional activities to be offered such as, animal groups and anxiety groups. We found that management and members of staff had been responsive to these requests because we saw records showing that Pets at Home had visited the home.

We looked at the group work folder and found that a variety of activities were planned in for April 2014 that ranged from relaxation groups to garden groups, anxiety management and walking groups. We saw that people who used the service at the home were able to provide feedback after each session. For example, we saw feedback from the relaxation group held on 7 April 2014 where people were asked, "How did you find the relaxation session went?" to which they had replied, "Soothing". People were also asked, "What do you think could be better for next time" to which they had replied, "different visuals and more movements".

We spoke with staff and they told us that another relaxation session is scheduled for 25 April 2014 and the feedback would be considered for this session.

We observed a person who used the service get ready to go for a walk with a member of staff for the walking group that was planned that day. The registered manager told us, "[service user] likes going for walks and they especially like going for walks with [staff member] as they enjoy walking far and at a good pace."

We spoke with a person who used the service and they told us that they take part in activities, they said, "I like gardening and shopping and I use the recovery vouchers to ask staff to take me shopping."

This meant that there were arrangements in place to speak to people about what is important to them and actively seek, listen to and act on people's views and decisions.

We found that every person who used the service had individualized care records that had been written in collaboration with the person and their key-worker.

Recovery goals had been identified using the recovery star tool and were reviewed every six weeks. We spoke with two people who used the service and they told us about the recovery star, both people said, "they liked it". This meant that people were supported to express their views and be actively involved in making decisions about their care and treatment which was personalised and responsive to their needs.

The registered manager told us, "To ensure the service is responsive staff are trained in the Deprivation of Liberty Safeguards and the Mental Capacity Act." There was evidence that this training was effective in responding to people's needs. For example, we saw that a 'best interests' meeting had been held for a person who lived at the home when a family member was suspected of financial abuse. We saw that this was arranged with the person, members of staff, Community Psychiatric Nurse (CPN), and an advocate. The registered manager told us that, "We access the local Independent Mental Capacity Advocate (IMCA) services and people can receive regular visits from an advocate." One member of staff told us, "We have a service user who is supported by an IMCA to discuss moving on." This meant that people who used the service at the home received a responsive service because staff supported them to make important decisions in a timely manner.

We found that concerns and complaints were encouraged, explored and responded to in a timely manner. The registered manager told us, "Service users are encouraged to discuss concerns and raise these concerns formally or informally." The registered manager showed us a flow chart of how people can complain formally or informally and they told us, "I have given the service users a copy of this flow chart and discussed it in the resident meetings. We looked at the minutes from the residents meeting that took place on 25 January 2014 and saw that the complaints process had been explained to them and the three people who had attended said that they were aware of how to complain. We spoke with two people who used the service and they told us that they were happy to discuss concerns with members of staff. This meant people felt confident to express any concerns or complaints about the service they receive."

We saw records of complaints that had been made by people who used the service and learning from these events were evident. For example, a person living at the home informed staff that their cheese was not in the fridge

Are services responsive to people's needs?

(for example, to feedback?)

so thought it had been stolen. Staff explained to the person that it had been thrown out due to being opened and not labelled with a name and the date it was opened. The person was not happy and said it was “disgusting”. We saw that the complaint had been resolved by the person who

lived at the home agreeing to label all their items with their name and the date opened. We saw that learning from this complaint took place and that staff would discuss the labelling of food at the next residents’ meeting.

This meant that the service was responsive to people’s concerns and complaints.

Are services well-led?

Our findings

The service is well led because we found that the leadership, management and governance of the organisation assured the delivery of high-quality person-centred care. It also supported learning and innovation, and promoted an open and fair culture.

At the time of our inspection visit the home had a registered manager in post. The registered manager was present at the time of the inspection and told us, “I have been the registered manager for five years with this service”. We found that there was an effective system in place to cover the registered manager when they were absent. The registered manager told us, “There are two other services, (homes) that are part of the company and the registered managers from the homes cover for each other when one of us is on leave, we also have my manager and the senior recovery worker at this service.” We spoke with two members of staff and they confirmed the support arrangements that were in place when the registered manager was absent. This meant that staff are well supported and emergency plans are in place and understood by staff.

Observations of how the registered manager interacted with members of staff and comments from staff showed us that the service had strong leadership and a positive empowering culture. One member of staff told us, “I definitely feel supported it is very easy to talk to people.” The same member of staff also told us, “No one gets excluded and we always encourage to a limit.” This meant that the service promoted a positive culture that is open, inclusive and empowering.

We found that there was sufficient numbers of staff working at the home. The registered manager told us in the provider information return, “The staff rota is flexible and responsive to the needs of the service.” They added, “The recovery vouchers are also used this way to empower service users to request the support they need, when they want it and with a specific staff member of their choosing.” There were six members of staff who worked at the home. Relief staff were employed by the service and were contacted as necessary to ensure service delivery continued. The registered manager told us, “We plan the rotas six weeks in advance and use the recovery vouchers to help plan the support more effectively.”

We spoke with three members of staff and they told us that there was enough staff working at the home, one member of staff said, “We have a new part time worker and someone has come back from a sabbatical.” One person who used the service told us, “Staff are always here”.

We spoke with three members of staff and they were clear about their roles and responsibilities. One member of staff told us, “My responsibility is to maintain a duty of care to all service users, keep them safe and minimise risk, support them in areas they need and support them to be independent.”

We saw that staff received regular supervision and training and one member of staff told us, “It’s a good home and we get a lot of support”.

This meant that there was a system in place to assess and monitor that there are sufficient numbers of staff, with the right competencies, knowledge, training and experience to meet the needs of people at all times.

We saw in the provider information return that the service had received one complaint in the last 12 months. We saw that this had been fully recorded and resolved satisfactorily, within 28 days of being raised. We saw details of the complaint including the outcomes and learning had taken place as a result of the complaint.

We saw that there was an effective system in place to monitor and review the service provided. For example, we saw regular audits of care records and risk assessments, accidents and incidents in the home, complaints, resident’s surveys and infection control.

The Commission had been informed of three notifiable safeguarding incidents in the six months and there was a record of these incidents in the relevant people’s care records. We saw that they had been followed up appropriately and risk management processes had been put into place to minimise the risk of reoccurrence. We saw other incidents that had been reported by people who use the service and members of staff in the incidents folder and we found that these had been dealt with appropriately. These incidents were not notifiable to us. This showed that the home was aware of what action was needed in differing circumstances.

This meant that there were good systems in place for the service to learn from mistakes, incidents and complaints.