

# Potensial Limited

## Park View

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 18 January 2016.

Park View is located in Salford and provides 24 hour support to people with mental health and learning difficulties. The home is owned by Potensial Limited and is registered with the Care Quality Commission (CQC) to provide care and support for up to nine people.

We carried out our last inspection of Park View in August 2013. At this inspection, we found the service was meeting all standards assessed at that time.

A new manager had started working at the service in September 2015, and was not yet registered with the Care Quality Commission. They told us their application was underway. 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 living at the home told us they felt safe. The staff we spoke with demonstrated a good understanding of safeguarding and whistleblowing procedures and how to report concerns.

Staff recruitment procedures were safe. We saw appropriate checks were undertaken before staff began working at the home, such as seeking written references and undertaking DBS (Disclosure Barring Service) checks.

We found people had risk assessments in their support plans detailing control measures to help keep people safe. The service encouraged positive risk taking to promote people's independence, such as encouraging people to use public transport independently, or walking into town on their own.

We found people's medication was given to them safely. The people we spoke with told us they received their medication at the prescribed time. We found medication was stored in a secure room and only staff involved with administration had access. People had their own individual medication administration records (MAR) which we saw were signed by staff when medication had been taken. Where people required PRN (as required) medication, there were clear guidelines for staff to follow about when this should be given.

We looked at the staff rotas to see how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We found the service had sufficient skilled staff to meet people's needs, and people who lived at the home confirmed this stating there were enough staff to support them. The staff we spoke with told us they were satisfied with the current staffing levels at the home.

The staff we spoke with told us they had enough training available to them and felt well supported to

undertake their work. Staff told us they undertook an induction when they first started working for the service and received regular supervision where they could discuss certain aspects of their work with their manager.

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. At the time of the inspection, there was nobody living at Park View who was subject to a DoLS (Deprivation of Liberty Safeguards). People were able to go out when they wanted and into the local community unaccompanied. We saw staff had received eLearning training on MCA and when questioned, staff demonstrated an understanding of circumstances in which people may be restricted of their liberty.

People said they had enough to eat and drink and were given different choices and alternatives. Where able, people, were given support by staff to prepare their own meals. We were told an evening meal was always prepared by staff and that people who lived at the service were able to contribute where possible. People were encouraged to make their own breakfast and lunch in order to maintain their independence and develop skills in this area.

The people we spoke with were positive about the care and support they received from staff, and several people reported their mental health had improved since living at Park View.

There was a complaints policy and procedure in place, which explained what people needed to do, if they were unhappy with any aspect of the service. People told us they felt complaints would be handled appropriately, although they hadn't needed to make a complaint since living at the home.

People had a range of in house and community activities available to them. Each person who lived at the home was able to access the community independently, which was something they said they enjoyed.

Both staff and people who lived at the home felt the service was well-led and that the management were approachable. Staff also spoke of a positive culture whilst working at the home and told us they enjoyed their work.

There were systems in place to monitor the quality of service at the home. This included audits of support plans, staff personnel files, medication, the environment and peoples' finances. We saw that action was taken if any discrepancies were found. Accidents and incidents were also monitored closely through the use of an internal system. We saw prevention measures had been implemented to avoid future re-occurrences.

## 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 told us they felt safe living at the home.

We found that medication was handled safely and that people received their medicines at the times they needed them.

Staff recruitment was safe, with appropriate checks undertaken before staff started working at the service.

### Is the service effective?

Good ●

The service was effective.

Staff said they had enough training and supervision available to them and felt well supported to undertake their roles.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People spoke positively about the food and said they were offered different choices and alternatives.

### Is the service caring?

Good ●

The service was caring.

People who used the service were happy with the staff team. Staff were kind, pleasant and friendly and respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

### Is the service responsive?

Good ●

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in activities both inside and outside the service. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

There was a complaints procedure available. People had no complaints about the service, but knew who to speak to if they were unhappy.

### Is the service well-led?

Good ●

The service was well-led. Staff and people who lived at the home told us that leadership at the service was good.

There were systems in place to monitor the quality of the service.

We found accidents and incidents were monitored closely, with relevant action taken to prevent future re-occurrence.

# Park View

## **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 18 January 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, or any particular complaints about the service. We also liaised with external providers within Salford local authority.

We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. 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.

At the time of our inspection there were nine people living at Park View. During the inspection we spoke with the manager, five people who lived at the home and four members of staff. These included both support workers and senior support workers.

We were able to look around the home and looked at various documentation in relation to how the service was run. This included support plans, staff personnel files, medication records, policies and procedures and various quality assurance documentation.

# Is the service safe?

## Our findings

During the inspection we spoke with five people who used the service, they all told us they felt safe as a result of the care and support they received. One person said; "I do feel safe. I haven't self-harmed since I have lived here and there is always somebody there for you". Another person said to us; "Without a doubt. The building is safe and secure. We all have keys for our bedroom doors as well to keep our things safe". A third person also added; "The main thing that makes me feel safe is the 24 hour support that I receive from staff". When we asked a fourth person about safety within the service, we were told; "Simply knowing that staff are around makes me feel safe".

We found there were appropriate safeguarding systems in place, with the home having an appropriate safeguarding policy and procedure in place. This clearly set out the process staff would follow if they had concerns, as well as the different types of abuse that could occur. In addition, we saw there was a poster displayed near the entrance of the home, with contact information for Salford local authority about who they could speak with. These procedures meant people who lived at the home had appropriate contact information available to them, if they were worried about their safety.

The staff we spoke with had a clear understanding of what they would do if they had concerns with regards to safeguarding vulnerable adults. One member of staff said to us; "I have raised safeguarding concerns in the past. I look for things like changes in behaviour, people being unusually angry or acting/speaking differently. We get to know people quite well". Another member of staff said; "I'm aware of the different types of abuse that can occur such as; financial, sexual or people being bullied. In the past we have completed all the relevant paperwork and notified CQC appropriately". A third member of staff also told us; "I'd be looking for marks on people's bodies, people being withdrawn, or if there were any discrepancies with their money". A fourth member of staff told us; "People could start to become withdrawn or flinch towards certain people or members of staff. The types of abuse to occur include institutional, physical, verbal and financial".

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe and viewed staff rotas. We found the service had sufficient skilled staff to meet people's needs. On the day of the inspection there were two support workers available who were supported by the registered manager. Their hours of work were from 7am until 4pm. At 2pm in the afternoon, people were supported by an additional two support workers, who would also be responsible for working through the night to provide support to people where necessary. This overlap period also allowed staff to complete an appropriate hand over, where they would be able to discuss people's needs on that day. Both the staff and the people who lived at the home said they were happy with the current staffing levels. One member of staff told us; "Absolutely. There tends to be a minimum of three staff during the day and two at night. There will always be staff on the premises for safety reasons". Another member of staff said; "At the moment it's not too bad. It's sufficient and we aren't over stressed. The ratios are good". One person who lived at the home also said; "There are enough staff. They help us become independent".

We looked at how the service managed people's medicines and found the arrangements were safe. At the time of the inspection, the service used the 'blister pack' system, which clearly sets out which

medication needs to be given and at which time of the day. There was also a photograph of the person on medication records to ensure staff gave the correct medication to the correct person. We saw that all medication was stored in a secure room inside a cupboard, which was always kept locked when not in use. We were told that only staff responsible for administering medicines would have access to the cupboard. We checked a sample of people's medication records and found accurate records were maintained and medicines were given at the correct times. Several people who lived at the home required PRN (when required) medication and we saw there were clear protocols for staff to follow about when they needed to be given. We also found controlled drugs were stored appropriately in a locked cabinet, with two members of staff signing the controlled drugs book when controlled drugs had been given. The staff we spoke with said they did a stock take of controlled drugs at the end of each shift, to ensure they were accounted for safely.

The majority of people we spoke with told us they knew when their medication was due and the types they required. One person who lived at the home said; "The staff give me my medication three times a day and I always get it when I should". Another person said; "I have my medication AM and PM. I go to the office when they are due". A third person added; "I only receive one lot of medication a day. No problems with it".

We found people had risk assessments in their support plan about how to keep them safe. These covered areas such as displaying physical aggression, alcohol use, deterioration in mental health, diabetes and self-harm. Where risks were identified we saw control measures had been put in place. For example, using distraction techniques if people displayed violent behaviour and ensuring people didn't have immediate access to sharp objects if they had previously been identified as being at risk of self-harming. This meant staff had appropriate guidance to follow if ever they had concerns about the safety of people who lived at the home.

The service also encouraged positive risk taking. For example, encouraging people to use public transport independently, when this had previously been an area where they had expressed anxiety. Staff told us; they implemented a gradual exposure programme. In this instance this would involve ensuring people had the correct bus fare, knew which stop to get on/off at and whereabouts to sit on the bus. Staff often met people at various points along the journey, until they had built up enough confidence to get to their final destination on their own. In another instance, staff 'shadowed' one person as they walked to a local shopping centre, as they often became disorientated about where they were. This meant with the person's consent, staff could assess if the person possessed sufficient road safety awareness to go out unaccompanied. As part of this process, staff looked to see if the person used the pelican/zebra crossing to cross the road safely, had an awareness of traffic and could follow directions to reach their destination.

Staff recruitment procedures were safe and during the inspection we looked at a sample of staff personnel files. We saw appropriate checks were undertaken before staff began work such as seeking written references and undertaking DBS (Disclosure Barring Service). There was also other documentation such as application forms, photographic identification, job descriptions, job offer letters, interview questions/responses and employment contracts. By undertaking these checks before commencing employment, this ensured staff were suitable to work with vulnerable adults.



# Is the service effective?

## Our findings

We looked at the staff induction programme which staff undertook when they first began working at the service. This enabled staff to gain an understanding into working at the service, to meet the people they would be supporting and to understand what their expectations from the role would entail. Each member of staff we spoke with told us they undertook an induction when they first began working at the service. One member of staff told us; "The induction was pretty thorough, I was impressed". Another member of staff said; "It covered all of the aspects I wanted to know about". A third member of staff added; "There was lots of reading and we got to meet the people we would support. It was sufficient I would say".

The staff we spoke with told us that they had enough training available to them and we were able to verify the training staff had completed by looking at the training matrix. Some of the recent training undertaken by staff included safeguarding, medication, MCA/DoLS, infection control, health and safety, first aid and food safety. Each member of staff we spoke with told us they had sufficient training available to them and felt well supported to undertake their role. One member of staff said; "The training is quite good compared to other places I have worked. We are always doing refresher courses. There is enough available and we can put other courses forward during supervision". Another member of staff said; "I've just done my NVQ level 2. A lot is done via eLearning which are usually renewed every year. If you are unsure about anything you can go to the manager or a senior for advice". Another member of staff told us; "The training is adequate for what we need. Support is always there".

We saw a system in place to ensure staff received regular supervision and appraisal. Supervisions provide staff with the opportunity to discuss their work in a confidential setting. The manager said the aim was to complete these each month, although they usually happened every six weeks. The staff we spoke with told us they received supervision consistently within these time scales. We looked at a sample of supervision notes and saw they provided a focus on work related responsibilities, concerns/team issues, training and development, key worker discussion and any achievements since the last meeting. We saw action points set if things needed to be addressed, along with a date for the next supervision. One member of staff said to us; "They always take place. On one occasion, the manager came in especially at the weekend to ensure my supervision took place".

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. At the time of our inspection, there was nobody living at Park View who was subject to a DoLS. We saw some staff had received training in this area in 2015 and they were able to give examples of practices which could constitute a person's liberty being deprived.

We looked at the systems in place to ensure people were asked for their consent from staff before care or support was provided. We saw people had provided written consent in relation to sharing their information with other professionals, people entering their bedrooms, medication and the safe keeping of their personal

finances. The staff we spoke with were able to describe how they sought consent from people before delivering care such as; prompting people and looking for certain body language. One member of staff also said they often asked people for their consent and if they were in disagreement at that time, returned a short while later to see if the person might have changed their mind.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the service told us they were often involved in the planning of the weekly shopping list, with the products received by home delivery. On other occasions, people went to the shops with staff to buy produce. Where able, people, were supported by staff to prepare their own meals, with the exception of the evening meal which would be prepared by staff,.. There was a menu and we saw people had specific nutritional care plans and risk assessments in place. During the inspection we saw people entering the kitchen and making themselves drinks or snacks at their leisure. Staff said they didn't need to provide a lot of support to people with regards to their nutritional intake, although they encouraged people to contribute towards the preparation of the evening meal, with tasks such as peeling vegetables, or setting the table.

We asked people who lived at the home for their opinions of the food provided at the home. One person said; "It's good. We get involved with buying the ingredients. There are choices and alternatives". Another person said; "It's good without a doubt. The staff asked us recently about what we would like on the menus". A third person added; "The food is brilliant. If I don't particularly like something, I get another choice".

We looked at how people were supported with their health. People's healthcare needs were considered as part of on-going support plan reviews. Each person had a health action plan which showed people living in the service or their relatives were involved in discussions and decisions about their health and lifestyle. In addition, each person had a 'hospital passport'. This provided a brief overview of people's current health needs, which could be presented in the event of them going to hospital, or the doctors and could easily be understood by the staff.

## Is the service caring?

### Our findings

During the inspection we spoke with five people who used the service and asked them for their opinions of the care and support they received. One person said; "I had a choice of three different places when I first moved in but this was my favourite. I've been treated well ever since and the staff are there if you need a chat". Another person said; "It's fine here. It's very relaxed and I have made new friends. I'm hoping to get a job and get my own flat". Another person told us; "Since I've lived here I have enjoyed it. I get on with all the staff and other residents as well which helps". A fourth person added; "My experience of Park View is absolutely excellent".

The people we spoke with said they were happy with the staff team that supported them. One person said to us; "The staff are good, they ask us what we would like and what we want". Another person said; "The staff are brilliant. My keyworker takes me out which I like. I can talk to them whenever I want as well". Another person added; "I can't thank the staff enough for the support they have given me. They are good and we have a laugh. My overall impressions of the staff are very good".

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day, which were respected by staff. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. We saw people had been able to personalise their own bedrooms with memorabilia and decorate it with specific colours of their choice.

People living at the home said staff made every effort to promote their independence as much as possible. We also spoke with staff about how they allowed people independence when providing care and support. One member of staff said; "Promoting independence is one of my main occupational aims. It's all about readying people with the skills to deal with life". Another member of staff told us; "I've worked closely with a resident who isn't confident going on the bus on his own. In order for him to be able to do this on his own we have worked through various stages such as planning the bus routes and on occasions I have met him at various parts of the route so they don't have to do it all on their own". One person who lived at the home told us; "They try and get me out as much as possible and allow me to cook my own meals". Another person added; "I go to the local drop in centre on my own and clean my own bedroom". A third person said; "I collect my money from the post office on my own and visit my family".

People told us their privacy and dignity was respected. Staff also displayed a good knowledge of how to treat people with dignity and respect. People had a single room, which was fitted with a lock to give them privacy. One member of staff said to us; "I knock on doors before entering people's bedrooms and respect people's choice. It's what people are entitled to". Another member of staff said; "I cover people up during personal care and give people time on their own if they want to make a personal phone call". One person who lived at the home said; "Yes I feel very well respected. I like to stay in my room and watch DVDs and the staff respect that". Another person added; "Since living here I have been treated as a respectable and responsible adult".

There was an advocacy service and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

## Is the service responsive?

### Our findings

The main aim of the service was to support people who lived at Park View to develop the skills to live independently. The manager told us this took approximately two years, but was dependant on each person. The service had recently implemented the 'Recovery star'. This covered areas such as managing mental health, self-care, living skills, social networks, employment, addictive behaviour, responsibilities and self-esteem. This allowed people to self-assess their current support needs, on a scale of 1-10, which would identify how much support they needed from staff.

People who lived at Park View told us they felt the service was responsive to their individual support needs. One person said to us; "One of the things I'm keen to improve is my hand writing. I have regular key worker sessions and I think it is getting better". Another person said; "I am not that good at reading and don't always understand my mail. All I need to do though is take it to my support worker and they go through it with me and explain what things are".

Before people moved into Park View, the service carried out an initial assessment. This enabled staff to establish how they would meet people's support needs and to put support plans in place. We saw these provided a focus on communication, challenging behaviour, medication, education/employment, mobility, recreation/leisure and any short, medium and long term goals people had. Each person who used the service had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. Each person also had a one page profile which contained information about things that made them happy, upset, future aspirations and what they felt people admired about them.

During the inspection we found there were opportunities for involvement in many interesting activities both inside and outside the service. People were involved in discussions and decisions about the activities they would prefer, which would help make sure activities were tailored to each individual's preferences. People's support plans also contained an overview of people's chosen activities and what they liked to do as part of their social life. We saw each person had a list of activities which they took part in throughout the week. Some of these included shopping, visiting local allotments, art, computer courses, cycling and going to the gym. We saw each person was able to access the community independently, although staff were on hand to support if required. One person told us; "There is enough to keep me busy. I enjoy gardening and going to the gym".

People who lived at the service were supported by staff to undertake activities of daily living, to develop their independence. This included tasks such as; cleaning their bedroom, laundry, budgeting and cooking meals. We saw each person's support plan provided an overview of the support people needed in these areas. One person said; "We have a schedule in place which encourages us to complete these tasks each week. The staff encourage us to be as independent as possible".

We found the service encouraged and supported people to access learning and training courses, with several people also actively seeking employment. Each person had a support plan in place detailing how

they would aim to achieve this. One person said; "I would like to be a support worker eventually. I'm just about to start doing an NVQ level one in Health and Social Care". Another person said; "I'm doing a course in creative crafts, photography and computers. I do this at the day centre". Another person added; "I'd like to work in the kennels and this is being looked at".

There was a complaints policy and procedure in place, which staff and people who lived at the home could access if they were unhappy with any aspect of the service. There was also information displayed on the main notice board of the home, detailing any steps they needed to take. One person said to us; "I've never made a complaint. I'd ask to see the manager and I'd like to think it would be sorted". Another person said; "I'd speak with staff. They are good and would sort it out for me".

We saw resident meetings were held at the home, with appropriate minutes taken. These were chaired by different people who lived at the home with a member of staff facilitating the discussion. Topics of discussion included; ensuring people cleaned up after themselves, making complaints, eating other people's food, days out/activities and using appropriate hand washing techniques. One person said to us; "We have these every other Thursday. You can speak your mind. Somebody takes notes and things always get sorted out". Another person said; "I can raise things and they get addressed".

We looked at the most recent satisfaction survey which was sent in 2015 to people lived at the home. This asked for their opinions about; activities, staff support, diet/nutrition and safety and security. We saw an overall action plan was then created to show what was being done if any areas of improvement were suggested. For instance, where suggestions had been made about food choices, people told us menus were now discussed during resident meetings each fortnight, where people's choices were explored further.

## Is the service well-led?

### Our findings

A new manager had started working at the service in September 2015 and as such, was not yet registered with the Care Quality Commission. They told us their application was underway. 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 who worked at the home told us they felt the service was both well-led and managed. One member of staff said to us; "There has been changes over the past few years. It's really well managed and the support is great. If we need anything it gets authorised promptly. Since working here I've found them very thorough and caring". Another member of staff said; "The manager is nice and so approachable. There is an open door policy and the manager interacts well with both staff and residents". A third member of staff added; "The manager is really good. She is very approachable and things get sorted out".

People who lived at the home also spoke favourably about the management arrangements and told us they had no concerns. One person said to us; "I think she does a good job". Another person said; "The manager listens to my problems". A third person also told us; "The manager is doing a really good job. Changes have been brought in and the manager is good to get on with".

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people's care at any time. All staff were made aware of their roles and responsibilities within the organisation and received feedback on their work performance through regular supervision from the manager. Staff had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and were encouraged to share their views, opinions and ideas for improvement. The policies and procedures available included; safeguarding, fire safety, risk assessment/management, complaints, health and safety, infection control, whistleblowing and medication. This meant staff had access to relevant information and guidance if they ever had concerns or needed to seek advice.

Staff also told us they enjoyed their work and spoke of a positive culture within the service. One person said to us; "There is real positivity here. There is a strong emphasis on people's strengths and that it's people's own home. The staff are like guests in a way". Another member of staff said; "On the whole it's mainly positive here. I've dreaded going to work in other places but not here. It has a real family feel to it". A third member of staff told us; "Nobody judges each other regardless of age or experience. We get along like a family".

There were systems in place to regularly assess and monitor the quality of the service. These included; checks of support plans, staff personnel files, medication, health and safety/environment, accidents and incidents, water temperatures, infection control and people's personal finances. These checks were

completed each month and had been done up until the end of December 2015, with January's due imminently. Additionally, an area manager from head office visited the home on a regular basis and looked at the service user experience, record keeping, staff experiences, complaints and safeguarding. We saw actions and recommendations were set, along with any timescales for completion. These checks helped protect people from poor care standards.

There was a system in place to monitor accidents and incidents, which were clearly recorded on an electronic system and could be accessed and edited by staff. We saw there were details about the nature of the incident, the details leading up to it, any medication treatment received and any action needed to be taken. The system also captured any trends that occurred, with the aim of preventing future re-occurrences.

We looked at the minutes from various team meetings, which had taken place. This provided an opportunity for staff to raise concerns and voice their opinion about how the service could potentially be improved. Topics of discussion included positive experiences which had occurred, such as new members of staff completing their probationary period, night shifts, people's routines, missing persons procedures, infection control, key worker expectations and infection control. A member of staff said to us; "They are pretty regular. They make an effort to include people who can't attend as well such as if they tend to work at weekends".

We found appropriate notifications were sent to CQC by the provider as required in relation to events such as deaths, police incidents, safeguarding events and injuries.