

Green Light PBS Limited







Bigwig House

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	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We announced the inspection visit two days in advance. This was because this is a small service and we wanted to ensure people would be available to talk with us. Bigwig House was last inspected in July 2013, no concerns were identified at that inspection.

Bigwig House provides accommodation and personal care for up to three people with autism or Aspergers syndrome. On the day of the inspection visit three people were living at the home. The home had a registered manager. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of the inspection the registered manager was in the process of leaving the service and the deputy manager was running the service. The Care Quality Commission (CQC) had been properly notified of this arrangement. The deputy manager would be applying for the position of registered manager for Bigwig House.

People were relaxed and happy on the day of the inspection. We saw staff talking with people in a friendly manner. We saw they assisted people as they needed whilst encouraging people to be independent.

We saw care records were of a high standard and contained detailed information to guide staff who were supporting people. Risk assessments were completed and regularly reviewed. We found people were supported to live full and active lives and access the local community. People were able to take part in a varied range of activities which reflected their individual hobbies and interests.

Staff demonstrated a caring attitude towards the people living at Bigwig House. People were supported to maintain strong relationships with their families. People's preferred method of communication was taken into account and respected.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development.

There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to develop their independence. We saw the service was organised to suit the needs of the people who lived there.

The service was well-led. Accidents and incidents were appropriately recorded and analysed. There were robust quality assurance systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe because staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

We found the service managed risk well whilst ensuring people led a full life.

Good



Is the service effective?

The service was effective. In addition to training essential to the service staff received additional training in areas specific to the people they supported.

Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

People had access to a wide range of healthcare services which meant their day to day health needs were met.

Good



Is the service caring?

The service was caring because there was a calm and friendly atmosphere within the home and staff helped people maintain their privacy. This showed us people's dignity was protected and respected.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively. This showed us staff were able to respond to people's needs.

Good



Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted to be supported.

People's individual methods of communicating were identified and respected.

People had access to a wide range of meaningful activities and were supported to be involved in their local community. Staff were aware of what mattered to people and ensured those social needs were met.

Good



Is the service well-led?

The service was well-led. We found there was an open and positive culture within the home. Staff and relatives told us the manager was approachable if they had any concerns or suggestions.

The views of people connected with the service were actively sought out and people told us they felt listened to.

The service had links with other health care professionals. This showed us they were able to identify best practice.

Good



Bigwig House

Detailed findings

Background to this inspection

We visited Bigwig House on 17 July 2014, we phoned the home two days before our visit to let them know we would be coming. This was because Bigwig House is a small service and we wanted to make sure people would be at home to speak with us. The inspection was carried out by one inspector.

On the day of the visit we spoke with the three people who were living at Bigwig House, three care staff, the acting manager and Green Lights operations manager. We observed people being supported in the home and saw a range of records including two care plans, policies and procedures, staff records and records pertaining to the homes quality assurance systems.

Before our inspection we reviewed the information we held about the home. We reviewed the Provider Information Record (PIR) and previous inspection reports before the

inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while.

Following the inspection visit we spoke with two relatives of people using the service and two health care professionals from outside the organisation.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the acting manager. They demonstrated an understanding and knowledge of the requirements of the legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Applications under DoLS had been made and subsequently authorised and the provider was complying with the conditions applied to the authorisation. We looked at training records for the staff team and saw all staff had received training in the MCA and DoLS. Staff told us they had a basic understanding of the principles underpinning the legislation. This helped ensure staff would know what the legal requirements were if someone's freedom was restricted.

Relatives told us they were happy with the support their family member received and believed it was a safe environment. One commented; "He's always happy to go back."

During our visit we spent time in the communal areas with people and staff. Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. We observed people were relaxed and at ease in each others company. We saw that when people needed support they turned to staff for assistance without hesitation.

Staff told us they had received updated safeguarding training and the records confirmed this. We spoke with three members of staff about safeguarding and what they would do if they suspected abuse was taking place. All told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on. They all said if they were not satisfied their concerns were being dealt with they would report their concerns elsewhere. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We saw restrictions were in place in respect of one person. Specifically a door alarm on an external door close to the

person's room which meant staff would be alerted if the person left the building. We discussed this with the acting manager who explained the restrictions were necessary in order to give the person opportunities to spend time on their own stating; "X likes his alone time. I wouldn't like someone watching me all the time." We saw the correct procedures had been applied when taking the decisions to place these restrictions. Mental capacity assessments had been carried out and subsequent best interest meetings held involving managers, staff, families and social workers. We saw from the records that decisions were reviewed appropriately. This showed us the service was able to work in line with the legislation laid down by the MCA.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding signs of anxiety were recorded in people's individual care plans. This meant staff were guided as to what signs might indicate when someone was becoming stressed. We heard contradictory information about the consistency of support. A family member we spoke with told us about an incident when their relative had started to present behaviour which challenged. They said staff had responded calmly and managed the situation well. They added; "They all do it the same as well. It doesn't matter who is working with them, their approach is the same." However, a professional from outside of the organisation commented; "At times there appears to be a lack of consistency/cohesion between different staff members. This is significant given their client group is people who have Autism." During the inspection visit we did not observe any incidents of inconsistent support.

Another professional from outside the organisation told us they had seen staff respond to an incident quickly and appropriately. They told us; "They did everything necessary to keep me and (the person using the service) and themselves safe."

We looked at the care records for two of the people who lived at Bigwig House. We saw they contained risk assessments which were specific to the care needs of the individual. For example risk assessments regarding the use of restraint in a vehicle. The assessment identified who might be at risk, described the risk and gave clear guidance

Is the service safe?

on how to minimise it. We saw minutes for associated best interest meetings involving Bigwig House staff, family members and professionals from other organisations. This showed us risks were clearly identified and managed.

We spoke with the acting manager and staff who told us whilst they were aware of the need to assess and monitor risk they adopted an approach which allowed people to take informed risk and try new experiences which might otherwise be closed to them. For example we were told one of the people using the service enjoyed exciting outdoor activities. An adventure holiday had been arranged for them at a centre for people with disabilities which would allow them to take part in a range of activities.

People were supported because there were sufficient numbers of staff on duty. We saw people received care and support in a timely manner and staff were not rushed. The manager told us the home was fully staffed and people were supported according to their needs. Staff told us there were always enough people on duty to support the people

living at the home effectively. The registered manager and deputy manager had dedicated administration hours. This meant they were able to carry out their management duties effectively. It also meant they were available to cover shifts in case of an unexpected emergency. Relatives told us there were enough staff to meet people's needs.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. We checked the medicines for two people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MARS). At the time of the inspection no-one at Bigwig House was taking controlled drugs. Arrangements were in place for their storage if required. We saw, from the homes training records, all staff had received up to date medicines training. There was a named member of staff with responsibility for the auditing of medicines. This helped ensure there was accountability for any errors.

Is the service effective?

Our findings

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and Makaton. **Makaton** is a method of communication using signs and symbols and is often used as a means of communication for those with learning difficulties. Staff all said they had enough training to do their job properly. We spoke with one member of staff who had only been with the organisation for six weeks. They told us the two week induction was “comprehensive” and covered a wide range of topics. There was a period of shadowing more experienced staff prior to working alone. They told us they had felt confident and competent to start supporting people when the induction period was completed.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

Staff told us they were supported by management to develop their skills and were able to request additional training if they felt they would benefit from it. For example one person had asked for training in the sensory differences experienced by people with autism and this had been provided. The manager told us the staff member would share what they learned with their work colleagues. They would also feedback to the organisations training co-ordinator who would then consider making the training available to a wider range of staff.

One member of staff told us they had been encouraged by their manager to apply for a more senior position within Green Light. They had subsequently done so and achieved a promotion. Another member of staff was undertaking

training in Positive Behaviour Support. This is a way of supporting people who exhibit behaviours which could be described as challenging. This would enable them to become an in-service trainer. This demonstrated the home supported staff in their personal career development which could help them become more effective when carrying out their roles and responsibilities.

We discussed with the operations manager and acting manager how staff were selected to work at Bigwig House. We were told people were recruited to work with Green Light but no decision was taken as to which of the homes they were to work at until after their induction started. This was to allow management to get to know people better so they were able to make a more informed judgement as to where they would fit best and who they would support well. For example they could take into account people's hobbies and interests when matching them up with people. This showed us the provider took steps to help ensure people were supported by staff who understood their preferences and therefore might be more likely to build a strong relationship with them.

We spent time in the kitchen whilst one person was supported to make their lunch. We saw the food was appetising and nourishing and the person was involved in choosing their lunch and preparing it. Staff said people had access to good quality food and there was plenty of choice. We saw the fridge was well stocked with a range of fresh food. We were told by the acting manager and staff that people chose two evening meals each per week and on a Sunday there was either a roast dinner or a barbeque. If people did not like what was offered or did not want it they were offered an alternative. There were pictorial prompts to aid people to pick meals and a pictorial menu was on display in the kitchen. Fresh fruit was available and people could access snacks and drinks throughout the day. We were told by staff and families that two people had been overweight when they first started using the service. They had been encouraged to lead a more healthy life style and eat a balanced diet and this had resulted in them losing weight. One family member commented; “They’ve slimmed down lovely.” This showed us the service was able to meet people's individual needs in respect of their diet.

We saw people had access to healthcare services. Care plans contained contact details for other professionals such as optician, chiropodist and GP. On the day of the inspection one person was supported to attend a dentist

Is the service effective?

appointment. One person had spent some time in hospital. The service had planned for this and had liaised with the learning disability nurse based at the hospital to ensure the person's needs were taken into account.

We saw from one person's care file they had specific health care needs and forms were in place to monitor the associated symptoms. These forms were analysed and the

information used to compile a monthly report which was then sent to a specialist nurse from the local health team. We saw correspondence from the nurse congratulating the team on the quality of the reports. This demonstrated the home was able to meet people's health needs and were committed to taking preventative action.

Is the service caring?

Our findings

During our visit we observed staff and people using the service interacting together, for example preparing food and making preparations to go out. We saw the atmosphere was calm and friendly and there were relaxed conversations taking place. We saw staff were gentle and unhurried in their approach. People who used the service were given time to process information and communicate their response.

We observed staff relationships with people living at Bigwig House were strong, supportive and caring. Staff told us the best thing about their work was; "...seeing people develop skills. X at first was very unsure. As we've got to know each other his vocabulary has expanded so much." Another member of staff who was leaving to work in another Green Light home told us the only negative was that they would miss the person they supported.

We looked around the home. On our arrival people were out at various locations and staff awaited their return and then asked people if they would mind showing us their rooms. This demonstrated staff respected people's privacy. Rooms had been decorated to reflect people's personal taste and there were photographs and other personal mementos on display. Communal areas also contained photographs of people taking part in various activities.

We observed people were involved in making day to day decisions. For example we saw one person choosing items from the fridge to make their lunch with. During the day we saw people arriving back at the house from various places and choosing either to go to their room or spend time in communal areas. This demonstrated people had control over their day to day lives.

We saw people were supported to maintain their independence and the acting manager told us they encouraged staff to 'do with' people rather than 'do for'. For example we saw people had a rota to carry out various chores. One person's care plan stated they were able to make their own breakfast with support. There was detailed information for staff on how to support the person to choose what they wanted for breakfast. This was followed by clear guidance on how to support them to prepare it.

For example; "Support to spread the toast but this should be hand on hand support allowing (the person) to complete as much as possible and improve independent living skills."

People's privacy and dignity was respected. People chose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. We saw there was a room available if people wanted private conversations or time alone with visitors in an area other than their bedroom.

Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. They showed pride when describing people's achievements. For example we heard how one person had been reluctant to walk anywhere when he first arrived at Bigwig House and was consequently unfit and overweight. They told us they had recently supported them to attend a sporting event which entailed a mile walk from the park and ride scheme to the sports arena. They said the person had done this happily and enthusiastically. The staff member commented: "It's such an achievement."

We were told by staff and a relative that one person particularly liked a fictional sci-fi character. A member of staff come into work dressed up as the character. The relative told us "He was beside himself!" They told us staff had sent them photographs of the occasion which helped them feel they shared the experience.

We saw the service was innovative and creative when identifying ways to enable people to express their views. Around the home there were various examples of the use of pictures and symbols to help inform people and involve them in day to day decisions. For example we saw pictorial menus, activity rota's and easy read versions of people's individual care plans. We noted the service did not take an overarching approach to communication but worked with people to identify their preferred method and style of communication. For example one person who had limited verbal skills used sequence strips and photographs to aid communication. Sequence strips use simple pictures to provide a visual image of forthcoming events. We saw examples of this in their room and saw the pictures used were quite large. The acting manager told us they also had a key ring with a selection of small photographs on it attached to their belt which had been developed for them to use whilst in the community. We were told, and saw that they used this to effectively communicate with staff. As this

Is the service caring?

was quite a small and discrete tool the person's dignity and privacy was protected whilst using it in the community. We saw the person also used a few Makaton signs and observed staff allowed the person to lead in how they wanted to communicate and adapted to that method. This meant people were supported to use the method of communicating they found most useful at any time.

Another person living at Bigwig House used some Makaton when communicating. We saw staff had received training in this and also observed staff using it when talking with the person. We saw written in one person's care plan; "X's family use clear uncomplicated languagethe team

should adopt the same approach." This demonstrated Bigwig House identified people's preferred communication methods to help ensure they were able to say how they felt about the care they received.

Relatives we spoke with told us they visited the home regularly and were always made to feel welcome. Although the majority of visits were planned people told us they had in the past, arrived unexpectedly and had never had any cause for concern. One person told us they used to deliberately do this but said; "To be honest I don't feel the need to."

Is the service responsive?

Our findings

We found the service was responsive because people received care and support specific to their needs. Throughout the day staff responded to people's need for support in a timely fashion. People were protected from the risk of social isolation because the service supported people to have a presence in the local community. We were told one person had paid work delivering newspapers and leaflets. A relative remarked how pleased they were with this. Staff told us people were involved in the weekly shop for the home. They said they used the local butchers and other small businesses in the nearby town as well as the supermarket. This showed staff were able to support people to access meaningful activity in the local community.

We looked at care plans for two people living at the home and saw they contained detailed information about people's health and social care needs. We saw the plans were individualised and relevant to the person. For example in one plan we saw there was information regarding the importance of tactile stimulation for the person. It described how the person would seek this out and how staff could support them effectively.

The care plans were clearly set out and contained relevant information. There were sections on people's health needs, routines, communication needs and personal care needs. We saw clear guidance for staff on how people liked their care to be given and detailed descriptions of people's routines. For example we saw recorded in one person's records; "They will make it clear when they want to get ready for bed by getting their pyjamas out." We saw the plans were regularly reviewed and updated to reflect any changes in the care and support given.

Staff were kept aware of any changes in people's needs on a daily basis. This was supported by a system of daily records which were filled out three times a day and contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal handovers when staff teams changed over. Staff told us there was good communication within the team.

Following the inspection we spoke with a professional from outside the organisation who told us staff were willing to listen to new ideas about how to support people well and were open to suggestions. This demonstrated that input from outside organisations was welcomed and respected.

We saw from records that where people's behaviour had started to challenge others there were efforts to identify the cause of the behaviour and reduce it. For example the acting manager told us one person had started to exhibit behaviours which could be challenging. They had worked with other health professionals to try and identify patterns of behaviour. We saw daily records were linked to incident sheets where these events were recorded. We saw an analysis of the incidents was carried out which resulted in the person's medicines being altered. Once the behaviours had decreased we saw the medicines prescribed were looked at again and reduced. This showed us the service was able to respond to people's changing needs appropriately and continually monitor those needs.

We saw the service took steps to ensure adjustments were made in order that people had the equipment they needed to support their independence. For example we saw a specially adapted shower had been installed in one person's bedroom which allowed them to sit down whilst showering. Staff told us this was how the person preferred to shower.

People had access to a wide range of activities which suited their individual interests. For example one person had an interest in history. Staff told us a holiday was being planned to Dover which would allow them to visit a tank museum and travel over to France to visit Normandy. People attended college during the week and also had access to additional activities in the evenings and weekends and out of term times. These included swimming, cinema, visiting local amenities and social clubs. One person enjoyed horse riding and we were told that a member of staff had identified and booked a course for them entitled 'equine therapy for people with autism'. This showed staff were willing to try innovative ways of supporting people.

On the day of our visit arrangements were taking place for a 21st birthday party at the weekend for someone living at Bigwig House. A member of staff encouraged and supported the individual to tell us about the event. They told us they were looking forward to the event. A relative told us they had been invited to attend. This showed the service included people's relatives when planning

Is the service responsive?

arrangements. Another relative told us their family member was a Michael Jackson fan and staff had supported them to go to a Michael Jackson themed evening at a local pub. The relative told us they would have been nervous about doing this but staff had been “wonderful” and the night had been a success with the person participating in the dancing and even getting up on stage at one point. This showed us staff supported people to try new activities in the local community.

Relatives told us Bigwig House communicated well with them and supported them to maintain a strong relationship with their family member. One person told us their relative loved strawberries and the staff had taken them fruit picking and then supported them to make jam. When they had next visited their family they had brought with them scones, cream and their home made jam for a family cream tea. The relative said; “There’s no need for them to do that. They go the extra mile.” This showed us the service respected the person’s role as a family member and were able to support them to do something for the family.

Bigwig House backs onto a beach and people frequently took advantage of the location. Staff and a relative told us one person was energetic and liked to always be “on the go.” It was important to the person that they were given the opportunity to be physically active. We were told, and saw from the records they were asked most mornings if they wanted to walk on the beach or go for a drive. We saw they

usually chose to go on the beach. A relative said; “They run up and down those dunes. I would struggle to walk up them!” This showed us activities were structured to meet people’s individual needs.

Whilst being shown one person’s room we saw there was an activity rota for the day on the wall and the person had access to a variety of laminated photographs enabling them to say what they wanted to do. The member of staff with us remarked that the person had changed the rota since the morning. This showed us the tool was meaningful for the person and they were able to use it to communicate their wishes to staff.

We saw there was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. The acting manager told us people had an easy read version of the complaints policy given to them when they came to live at the home which they kept in their rooms. Staff told us they knew the people they supported well and would know from their behaviour if they were unhappy and might want to make a complaint. None of the relatives we spoke with had needed to make a complaint. However, they all said they would have no hesitation in doing so and had confidence any concerns would be acted on promptly. One person told us; “Any niggles, I’ve always spoken to the manager. It’s instantly explained and, if need be, changed.”

Is the service well-led?

Our findings

During our inspection visit we saw there was a positive and open culture within the home. Staff told us they found the management at the home “supportive” and felt the staff team were close. A relative commented: “It’s a very good atmosphere. The staff team support each other, they’re all friends.” Another relative said the acting manager would make themselves available to discuss any ideas, concerns or suggestions. We found the service was focussed on the needs of the people who lived there.

The acting manager told us Green Light was a supportive organisation to work for with established values which ran from the top of the organisation down to grass roots. The induction process for new staff members included a session on introducing staff to organisational values. Staff were motivated and showed a commitment to the people they supported and the values of the organisation. One member of staff told us: “It’s (the organisation) very forward thinking especially with their Positive Behaviour Support. Least restrictive is their thing, it’s all person centred.” Positive Behaviour Support is recognised nationally as good working practice when supporting people whose behaviour may challenge services.

The acting manager told us that, as part of the quality assurance systems within the home, staff were assigned to be responsible for particular areas. Every few weeks the areas rotated in order that staff could become familiar and skilled with different aspects of the service. For example people had responsibility for audits regarding medicines, food hygiene, fire safety and evacuations and vehicle maintenance and mileage. This meant there was a named individual whose responsibility it was to check the audits were properly carried out ensuring clearly defined lines of accountability. We looked at the audit for medicines and saw this had been completed appropriately. The acting manager told us the audit reports were analysed regularly in order to highlight any trends and pinpoint any areas where improvements could be made. This showed the service had clear systems in place to continually review aspects of the service.

The service was proactive in seeking out the views of people who used the service and the people that mattered to them. People living at the home were asked on a

monthly basis whether they were satisfied with the service. This was done using a survey which had been adapted to take into account people’s limited verbal skills. The survey used pictures and symbols to assist people to respond. There were also clear guidelines for staff on how they should use these tools and ensure people were given time to process information and respond. Recent surveys had not identified any need for changes to people’s support.

Relatives were also consulted regularly. This was in the form of an annual satisfaction survey as well as regular and on going contact. They received monthly reports via a password protected email and those we spoke with told us they had regular telephone contact. One relative commented on the high standard of the monthly reports and added that any queries were answered quickly.

Staff meetings were held regularly. We saw the minutes for a recent meeting which covered topics such as practicalities around house maintenance as well as discussions regarding individuals and any concerns or ideas in respect of their support. Staff told us the meetings were an opportunity to raise new ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support.

There was a system in place for recording accidents and incidents. These were linked to people’s individual care plans and daily logs where appropriate. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded and analysed to identify any patterns.

There were emergency plans in place for all individuals. For example care plans contained details of how to support people in the event of fire. Fire drills were held weekly and these always involved an evacuation. The acting manager explained this was so people would never be in any doubt as to whether to evacuate or not.

We saw health care professionals from the local speech and language team were scheduled to attend a staff meeting later in the week. This was to develop new ideas about how to interact more effectively with one of the people living at Bigwig House. This demonstrated the service worked alongside other organisations in order to develop and improve the service.

Is the service well-led?

The acting manager told us Green Light was a supportive organisation and they attended monthly senior management meetings. They told us these were an opportunity to learn about any new guidance or developments and keep up to date with best practice.