

Carmand Ltd

Amber House

Inspection report

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Ratings

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|---------------------------------|------|---|
| 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

The inspection took place on 19 November 2014 and was unannounced. We previously visited the service on 2, 3, and 17 June 2014. We found that the registered provider did not meet the regulations that we assessed in respect of consent, care and support, keeping people safe, medicines, staff recruitment, staffing levels, staff support, supervision, monitoring the quality of the service and the reporting of notifiable incidents and we asked them to take action. Following the inspection the registered provider sent us an action plan telling us about the improvements they were going to make. At this inspection we found that appropriate action had been taken to make the identified improvements.

The service is registered to provide accommodation for persons who require nursing and personal care and treatment of disease, disorder or injury. Amber House can accommodate up to five people with a learning disability and mental health diagnosis.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 8 June 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are; 'registered

Summary of findings

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.

When we had previously visited the service on 2, 3, and 17 June 2014 we found that the registered manager was working part time at the home. A new manager had been appointed in late July 2014 to manage the day to day running of the service. The new manager has applied to become the registered manager of the service and when the registration process has been completed the current registered manager intends to de register from this role.

When people were assessed as lacking capacity to make their own decisions, meetings were held with relatives and health and social care professionals to plan care that was in the person's best interests.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health based professionals in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to the local community and planned preferred activities.

People lived in a safe environment. Staff knew how to protect people from abuse and equipment used in the service was checked and maintained. Staff made sure that risk assessments were carried out and took steps to minimise risks without taking away people's rights to make decisions.

Medicines were stored, administered and disposed of safely. Training records showed the staff had received training in the safe handling and administration of medicines. Staff administering medicines had also had competency checks before being approved to administer medicines.

People's nutritional needs had been assessed and people told us they were satisfied with the meals provided by the service.

Staff had been recruited following the service's policies and procedures to ensure that that only people considered suitable to work with vulnerable people had been employed.

Staffing levels had been increased day and night to meet people's needs. Staff received training and support to enable them to carry out their tasks in a skilled and confident way.

The management arrangements at the service were more consistent than we had seen at the last inspection. A manager had been appointed in July to deal with the day to day management of the service along with a further two deputy managers and this meant there was a manager on duty over a seven day period.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had received training in how to recognise abuse and how to keep people safe from harm.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation.

We found there were sufficient numbers of staff employed to ensure that the needs of the people who used the service could be met. Staff were recruited following policies and procedures that ensured only those considered suitable to work with vulnerable people were employed

Risk assessments were in place which were reviewed regularly so that people were kept safe.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Good



Is the service effective?

The service was effective. Staff received appropriate up to date training and support.

Systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

People's nutritional needs were assessed and met and people told us they were happy with the meals provided by the service.

People had access to health care professionals when required.

Is the service caring?

The service was caring. People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on the day of the inspection.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people we spoke with.

People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

Good



Is the service caring?

The service was caring. People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on the day of the inspection.

Good



Summary of findings

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people we spoke with.

People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

Is the service responsive?

The service was responsive to people's needs.

People's care plans recorded information about their previous lifestyle and the people who were important to them. Their preferences and wishes for their care were recorded and known by staff.

People were supported to visit their families and visitors were made welcome at the home.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good



Is the service well-led?

The service was well-led.

The service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

A full time manager had been appointed and two deputy managers and this meant that there was a manager on duty over a seven day period.

There were sufficient opportunities for people who used the service and relatives to express their views about the care and the quality of service provided.

The premises and equipment were regularly checked to ensure the safety of the people who lived and worked there.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

Good



Amber House

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 was planned to check whether the registered 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 19 November 2014 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the service and information from health and social care professionals. This was a follow up visit so we

did not request a provider information return (PIR) from the registered provider. 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.'

On the day of the inspection we spoke with two people who lived at the service, three members of staff, the registered manager and the manager.

We spent time observing the interaction between people who lived at the service and staff. We looked at all areas of the premises including bedrooms (with people's permission) and office accommodation. The care records of the two people who used the service were reviewed in order to track their care. We also spent time looking at records, which included the communication book, handover records, accident book, and recorded incidents. Later in the day we visited the head office of the organisation to look at policies and procedures, staff training and recruitment files, supervision records, staff rotas and quality assurance audits and action plans.

Is the service safe?

Our findings

At the last inspection of the service on 2, 3 and 17 June 2014 we had identified that the practices within the service did not protect people who used the service, staff or visitors from the risk of harm. Serious concerns were raised regarding the lack of guidance and training for staff to support people safely and to manage their behaviour appropriately when it was challenging to the service or others.

Some incidents had resulted in verbal and physical abuse between people who used the service. These had not always been reported to the local authority safeguarding team and the Care Quality Commission had not been informed. Not all staff had received training in how to manage safeguarding concerns in order to protect vulnerable people from the risk of abuse or harm.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. The manager told us that since their appointment they had worked with the local authority safeguarding team and the local police liaison officer, to review all historical incidents and had conducted investigations of these. In addition to this they and their deputy managers had worked with the local authority safeguarding team to improve the reporting of and content of safeguarding referrals. The local authority safeguarding team confirmed the level and content of recording had improved considerably and was now in line with the current framework for this.

In discussions with two care staff, it was clear they were aware of the safeguarding policies and procedures. The staff confirmed they had completed safeguarding training. They could describe the different types of abuse, what signs to look for and what actions to take should they become aware of poor practice. Staff said they would take action to protect the person at risk, report concerns to their line manager and make a record of the concern. They said, "We have had a lot of training in this area and we have information guiding us in our responsibilities and numbers of who we should contact in such situations."

Documentation showed us staff completed safeguarding awareness training in the induction process and a further training course on adult abuse on an annual basis.

We saw some people had additional health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks.

In one care record we found appropriate risk assessments to promote people's safety in the service and within the community. Risk assessments included those for attempted suicide, behaviour that which may challenge the service, risks to others, physical aggression and verbal aggression.

Risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive and proactive care reducing the need for restrictive interventions.

Care plans and risk assessments made reference to the National Institute for Health and Clinical Excellence (NICE) guidelines for the short term management of disturbed and violent behaviour.

The risk assessments for the second person could not be located in the service at the time of the inspection visit. We spoke with two care staff on duty who told us that they had seen the risk assessments before they had gone off duty after their previous shift. They told us the risk assessments for the second person included; nutrition, safety of their wheelchair, falls, moving and handling, pressure care and physical health.

We spoke with the manager about the missing documents and they arranged for a copy of these to be sent from the head office to the service and these were made available to the inspector for review. The manager told us that as a result of this incident the monthly audits would be increased in frequency, to ensure all documentation was available to staff at all times.

The two people who used the service who we spoke with told us, "Although we do not always agree with everything that is in our risk assessments, we know that it is there for a reason to keep us safe. When I was ill I tried to do things that I maybe wouldn't do at other times. As I have got better I look at the risk assessments with the manager and talk with my keyworker about them and sometimes things can be changed, which is good." The second person told us,

Is the service safe?

“It is there to keep us safe and to help us stay independent. They lowered the worktop so that I could have a kettle to make my own drinks, but we did a risk assessment to make sure I wouldn’t burn myself.”

Risk assessments were updated monthly to ensure they reflected any changes in people’s needs. We saw that when risk assessments had been changed amendments had been made to the care plans also. The frequency of incidents in the service had also reduced since the risk assessments were put in place.

We had also found at our previous inspection of the service on 2, 3 and 17 June 2014 people’s medicines were not always managed safely. At this inspection we found that appropriate action had been taken to make the identified improvements in this area.

Medication practices have been improved, which has included the review and update of medication policies and procedures and additional training for staff, followed by assessment of their practice to ensure their competence following this.

Staff spoken were knowledgeable about the use of the prescribed medicines in the service and side effects they needed to be aware of. People spoken with at the service were also able to tell us what their medicines were prescribed for.

A medication trolley was in use and we saw that the trolley was locked, as well as the door to the in the office, where it was stored. We noted that staff did not sign the MAR chart until they had seen the person swallow their medication.

We saw there was a medication administration record (MAR) chart book in place and a protocol and risk assessments in place for ‘as and when required’ medicines. These documents described the trigger point for the use of the medicine which was to be used only as a last resort.

Staff spoken with were able to describe the system they used to order medication and to check the medicines prescribed by the GP were the same as those supplied by the pharmacy. Medication was supplied in blister packs that were colour coded to match the colours recorded on the MAR chart. This helped identify for staff the correct times of administration and helped to reduce the risk of errors occurring.

At our previous inspection of the service on 2, 3 and 17 June 2014 we found there were not always enough staff on duty to keep people safe and staff were not recruited following policies and procedures that ensured only those considered suitable to work with vulnerable people were employed. We found that appropriate action had been taken to make the identified improvements in these areas.

Staff rotas showed that the two people who used the service were cared for by two staff during the day, with a third staff member providing a further six hours support for activities. A further two staff provided support during the night. One member of staff told us, “Things are so much better now, we have the staffing in place so that we can support people properly and we are not trying to split ourselves between the two people as we were previously. Yes it is much better for everybody and now we have very few incidents or altercations between people.”

We spoke with one newly appointed member of staff who described how they had been recruited into their role safely. They told us they had their references checked and were cleared by the disclosure and barring service (DBS) before commencing their employment. Records confirmed this.

The manager had plans in place for foreseeable emergencies. First aid kits were available and each person who used the service had a personal emergency evacuation plan in place, in case of a fire emergency.

Is the service effective?

Our findings

At the last inspection of the service on 2,3 and 17 June 2014 we had identified there was little direction and support for staff, and the support to people who used the service was inconsistent and unstructured. The service was for people with complex needs around their learning disability and/ or their mental health; people often presented with behaviours that challenged the service.

Systems had not been put in place for all persons to safely manage these behaviours, to recognise triggers or to encourage positive behaviour. There were gaps in staff training and development programmes with a large number of staff not having received training to meet the specialist needs of the people who used the service.

At this inspection we found appropriate action had been taken to make the identified improvements in these areas.

We looked at staff training records and saw that staff now had access to a range of training both essential and service specific. Staff confirmed they completed essential training such as fire safety, food hygiene, moving and handling, health and safety and safeguarding. Records showed that staff had participated in additional training to guide them when supporting the mental health care needs of people who used the service and this included mental health awareness. 10 of the 13 staff working at the service had received training in mental health awareness and the remaining three had this training booked for them to attend in December.

Staff confirmed they had supervision meetings and had received an initial appraisal from the manager soon after they were appointed. This assisted staff and management to identify training needs and development opportunities. Staff told us, "Working here is so different now. On my second day I burst into tears and wasn't sure I would come back, there had been an incident and it wasn't handled very well. I made myself come back and haven't regretted it. Everything is so much better now and XXXXX is brilliant and gives us lots of support." Another staff member told us, "We have had a lot of training, MCA and DoLS, updates in mental health and safeguarding. We have supervision every three months and we get feedback on how they think we are doing in our role between these sessions. Staff meetings are held and we are given a copy of the minutes if we are unable to attend. We have an information sharing

book, which staff write in every day. There is also a diary and a white board in the office. Communication is so much better, things get passed on now and we are kept informed of any changes. Things are one hundred percent better than before."

We reviewed the care plans of the two people who used the service and saw they showed consent had been sought on how treatment was provided. People had signed their care plans where they were able to do so. The manager and care staff spoken with understood their responsibility around protecting people who did not have the capacity to consent. The records also showed that meetings had taken place with relatives, other agencies and care staff for specific people to discuss important decisions made in their best interests. Health and social care professionals we spoke with confirmed they had been given detailed information by the staff to inform their decision making and their client was making progress. When best interests meetings had been held we saw that relatives of the individual and their representatives were involved in the decision making process. The manager confirmed that in situations where there was no family, an advocate would be sought.

Records showed staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty.

The Care Quality Commission monitors the operation of the Deprivation of liberty safeguards (DoLS) which applies to care homes. DoLS are part of the Mental capacity act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

Discussion with the manager showed they understood the principles of the MCA and when it would be appropriate to submit a Deprivation of Liberty Safeguard (DoLS) authorisation application to the local authority for them to consider whether the measures taken by the service to keep people with a mental health condition safe were in accordance with the MCA. At the time of our inspection we found that one person was subject to a DoLS authorisation. We found the authorisation records were in order and least restrictive practice was being followed.

Is the service effective?

We saw that care plans included details of a person's medical conditions and the special care needs they had to maintain their general health. Information had been obtained about specific conditions to ensure that staff were aware and well informed, and this was included in the person's care plan. People's assessments and care plans were reviewed on a regular basis to ensure there was an up to date record of their current health needs.

There was a record of any contact people had with health professionals, for example GP's and, community nurses. This included the date, the reason for the visit/contact and the outcome. We saw advice received from health care professionals had been incorporated into care plans. Details of hospital appointments and the outcomes of tests/examinations were retained in people's care records.

Further records of psychology input and subsequent meetings with an assistant psychologist were also available.

Since our last inspection, two assistant psychologists had been recruited by the registered provider. As well as having responsibility for psychology input and support, they had been allocated additional responsibilities. One assistant psychologist had taken the lead on healthy eating. There had been concerns about the quality and variety of diet that people had been having, with people preferring take away food from local outlets and less healthy options opposed to a more balanced diet.

A pictorial folder identifying the nutritional values of food, ingredients required and instructions on how to prepare food had been developed in consultation with all people who used the service. The book was used weekly to facilitate meetings to discuss menu planning and develop menus for the service. Following this further discussions were held so people could express their views about the food. Food input was also recorded by staff and reviewed by the psychologist.

Is the service caring?

Our findings

At the last inspection of the service on 2, 3 and 17 June 2014 we had identified staff were supportive and attentive to the people who used the service, however, there was a lack of evidence to show that people's preferences, interests, aspirations and individual wishes were recorded. There was little evidence to demonstrate care and support was provided in accordance with people's wishes and feelings.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

People told us staff cared about them. One person said, "Of course they do – they are very caring. When I first came I didn't trust them, but now I do. I can talk to them and they listen to me and help me in any way they can. They are a real good bunch."

People told us they had a keyworker, who they were able to identify by name. They told us their keyworker met with them regularly to discuss choices, which could be anything from what they liked or disliked to eat to what they wanted to raise at their care reviews or change in their care plan. Records of these meetings were kept and kept in individuals care records.

People told us they had regular reviews and they were involved in these. Care records detailed pre progress review action plans, which showed people were asked how they were feeling and what they wanted to raise at their meeting or any areas they would like to discuss.

Throughout the day of our inspection we observed staff consistently interacting with people. Some staff were involved in one to one sessions, for example supporting with the promotion of independent living skills such as meal preparation and domestic tasks.

Staff were observed respecting people's privacy and dignity, for example knocking on people's doors and waiting for a response before entering. They were seen to speak to people in a calm and sensitive manner and engage them in conversation as well as involving them in decision making. For example, we observed staff asking one person what activity they wanted to participate in and asked them what time they would prefer to take a bath.

Another staff member was seen encouraging a person and offering them reassurance about a new activity they had requested to try, but were now having second thoughts about this. The staff member talked them through the activity explaining to them what time they would need to be ready for, what method of transport they would use and the time the journey would take. They then continued to explain what would happen when they arrived at the activity and what would happen afterwards. The person appeared reassured by this and told the staff they had been concerned about missing another activity planned for later on in the evening, which they now realised they would be back in time for.

Staff we spoke with were clear about how they would treat people as individuals and promote their independence. They told us that the care plans gave them sufficient information about people and they were encouraged to read them regularly to ensure they knew people well. When care plans were updated in response to changing needs staff were told us they were informed of this and they were asked to read and sign care plans to show they were aware of the changes that had been made in order to offer continuity of support to people.

People who used the service told us that their relatives were free to visit at any time. They told us they were also supported by staff to visit their relatives at their homes.

Is the service responsive?

Our findings

At the last inspection of the service on 2, 3 and 17 June 2014 we had identified key information about people's care needs was not available to staff who were supporting them. Staff told us there were times they supported people based on verbal information received from head office, or other staffs previous knowledge of people's needs.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

We looked at the care plans for the two people who used the service and these showed evidence of people's needs having been re-assessed since our last visit and how people's assessed needs could be met at the service. Following this, staffing levels had been increased to ensure there were sufficient staff available at all times to meet people's identified needs.

Care plans had been developed to support all areas of need, including for example personal care, health and well-being, continence, medication and behaviour that challenged the service and others. The care plans indicated preferences for how delivery should be carried out and provided staff with guidance to meet people's needs. Life history records were completed in each of the files seen: this provided staff with information about the person's background and an insight into them as an individual; their behaviours, values, interests and people who were significant in their lives.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that care plans had been reviewed regularly to ensure people's choices, views and health care needs remained relevant to the person.

Assessment tools had been used to identify the person's level of risk and included areas such as those for the risk of suicide, falls, medication and self-harm. Where risks had been identified, risk assessments had been completed that recorded how the risk could be managed or alleviated. Assessments and risk assessments had also been reviewed on a regular basis.

We observed staff were able to recognise changes in a person's behaviour that indicated they were not well. Staff

were aware that people needed different levels of support on different days or at different times of the day, due to their fluctuating mental health needs or capacity for decision making.

Since our last inspection of the service two assistant psychologists have been appointed. Each has taken on designated responsibilities within the service. One of these responsibilities was for the development of activities and the people who used the service told us about the activities that had been planned. They gave examples of bingo and games nights, outings, shopping trips, meals out and a baking club. We were told by staff that work placements were also available for those people who wanted to participate in this.

The manager told us about plans to promote further events evening and invite other services from outside of the organisation to give people an opportunity to socialise and develop their social circles. People who used the service told us they were consulted about activities they would like to participate in an asked for new activities to introduce into the activity plan.

In discussions with staff they told us they had handovers at each shift change. They used the time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people in their care. There were information sheets in care files for use when people were admitted to hospital to provide staff with important information about people's health and emotional needs, medical conditions and medication they were taking.

We saw that monthly meetings were held to review people's care and support in addition to the annual review held for each individual. Minutes of these meetings were available in individual care plans and any changes made were seen to have been identified and incorporated into individual's care records.

People told us they would know how to complain if they needed to. One person said, "I would talk to staff or the manager if I wasn't happy about something." A copy of the complaints log showed there had been two recent complaints and the action the manager had taken in response to these.

During our inspection visit we noted that the lounge carpet was stained. Before we had the opportunity to raise this with the manager a handyman arrived with a carpet

Is the service responsive?

cleaner and the cleaning materials to shampoo the carpet. When we spoke to the manager, they told us that this had already been identified through their audit process and action had been taken as a result of this.

Is the service well-led?

Our findings

At the last inspection of the service on 2, 3 and 17 June 2014 we identified there was no clear leadership in the service. Staff were given conflicting guidance from the management team and this information was not always written down which led to confusion and inconsistency with the care provided. We also found that the registered provider had failed to notify CQC of notifiable incidents in accordance with CQC registration requirements.

The registered manager had a part time job elsewhere and had appointed an acting manager from within the organisation, but following a high turnover of senior staff they had told us their workload had increased considerably and they needed additional support in order to fulfil their role.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas. A new experienced manager was appointed at the end of July, in addition to this two deputy managers, a clinical lead, a psychologist and two assistant psychologists had also been appointed. Each of these senior staff members had all been given designated responsibilities within the organisation. In addition to this there was also a home co-ordinator at Amber House.

Checks on staffing rotas showed that during a period of time when a person's mental health had deteriorated, qualified nurses had been used to support staff.

We found there were effective systems in place to monitor the quality of the service and people who used the service were included in the day to running of the service. We saw that meetings were held every Thursday with the people who used the service and they had further one to one sessions with their keyworkers and psychologists. This gave them different opportunities to raise any concerns and express their wishes and preferences. Records of all of these meetings were maintained and showed that people were consulted about their care, meals, activities and other topics.

We asked people if they had been consulted about their care via surveys or questionnaires. One person told us, "Yes I have and I fill it in with help from staff." The manager told us one of assistant psychologists had taken on the lead for quality review. We spoke to the assistant psychologist who showed us their annual plan of quality review, the

completed satisfaction surveys their action plan, and where areas of improvement had been identified from these results. For example, following this, nutrition had been looked at within the organisation and a more healthy eating system introduced, with clear instructions on how meals were prepared for those staff who were less skilled in this area. The people who used the service were familiar with this and told us they used the folder to plan menus and had enjoyed the food that had been prepared.

The members of staff we spoke with told us the management of the service was good; comments included, "It is one hundred percent better since xxx came" and "We see her all the time and her door is always open. I have a lot of confidence in her." We found the service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

The manager showed us a copy of a monthly quality audit which checked the environment including, cleanliness, décor, fire checks, and health and safety. We saw that the audit had identified the lounge carpet needed to be cleaned and during our visit a carpet cleaner and cleaning materials were delivered for this purpose. Further checks were completed of medication. We saw that the system looked at the 'weekly medication tally audit' identified any discrepancies and if so, to whom this had been reported and what action was taken following this.

Records showed incidents and accidents were recorded and appropriate immediate action taken. An analysis of the cause time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. A record of the frequency of incidents was maintained and this showed the frequency of incidents had reduced since our last inspection. Following any incident a de-brief was held between staff, the person who used the service and an assistant psychologist or the manager. Staff told us that this was a welcome introduction. It made them feel valued and listened to and they no longer felt they were dealing with things on their own as they had the training and support to enable them to do their jobs.

We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

Records showed staff meetings and meetings for senior staff took place regularly. Comments from staff members

Is the service well-led?

included, “Yes they are useful, if we can’t make it we are sent a copy of the minutes, so we know what has been discussed and we can seek clarification about anything we are unsure of.”

A clinical governance meeting was also held on a monthly basis. Minutes of this meeting showed that evidence based practice was looked at in line with relevant guidance such as NICE guidelines. Incident trends, whistleblowing,

safeguarding referrals and regulatory notifications were also looked at and discussed. Staffing, training, service user experience and regulatory issues were also covered. This meeting was an additional tool used to drive the quality of outcomes for the people who used the service and ensure that senior staff were fully aware of any current issues or trends and what action was being taken to resolve these.