Linkage Community Trust Limited(The)

Weelsby 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?	**Outstanding**
Is the service well-led?	**Good**

Overall summary

Weelsby View is registered to provide accommodation and personal care for up to 10 people with learning disability and/ or autism who are in further education. The home is a detached house which has been extended. Accommodation is provided over two floors with stairs access to the first floor. Local facilities and amenities including the college are within walking distance.

The service had a registered manager in post. 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.

This inspection took place on 22 May 2015. At the last inspection on 22 January 2014, the registered provider was compliant with all the regulations we assessed.

Summary of findings

Each person received continuous support from staff and needed to be supervised whenever they went out. The service promoted an ethos of learning and individuality. They worked with people to develop and equip them with skills for life.

The people who used the service had complex needs and were not all able to tell us about their experiences. We relied on our observations of care and our discussions with people's relatives and staff to form our judgements.

We found people lived in a safe environment. Risk assessments were completed to help minimise risk in specific circumstances such as when supporting people in the community or with day to day support within the home.

There were policies and procedures in place to guide staff and training for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse.

There were sufficient staff on duty day and night to meet people's needs. There were additional staff on specific days to support people with activities outside the service. There was a range of training and support systems in place to ensure staff were knowledgeable and skilled in supporting people who used the service.
Pre-employment checks were completed on staff before they were judged to be suitable to work at Weelsby View.

We observed people being treated with dignity and respect and enjoying interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for. People's independence was encouraged and supported. We found the staff approach to be caring and friendly.

People had their health and social care needs assessed and personalised support plans were developed to guide staff in how to care for people who used the service using the least restrictive options. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns. Some people were supported to shop for food supplies and some people were assisted to prepare meals.

People participated in a range of vocational, educational and personal development programmes at the organisation's college facility. They also accessed a range of community facilities and completed activities with the service. They were encouraged to follow and develop social interests and be active and healthy.

There were systems in place to monitor the quality of the service, such as observations of staff practices, audits and surveys. A complaints process was in place which was accessible to people, relatives and others who used or visited the service.

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.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

There were sufficient staff to meet people's individual needs and keep them safe. Safe recruitment practices were followed.

People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were supported to develop their independence and to maintain a lifestyle that was meaningful to them by staff that were appropriately trained and supported to carry out their roles.

Arrangements were in place for people to have a healthy, nutritious diet and receive appropriate healthcare whenever they needed it.

Staff understood the Mental Capacity Act, 2005 (MCA) which meant they could take appropriate action to ensure people's rights were protected.

Good

Is the service caring?
The service was caring.

People who used the service were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

Staff had developed positive and caring relationships with the people they supported.

Staff were highly motivated to provide people with good quality care which enabled them to live a fulfilling life.

Good

Is the service responsive?
The service was responsive.

People who used the service and everyone who was important to them were involved in developing and reviewing how their support was provided. Individual goals were developed, agreed and reviewed.

There were arrangements in place to ensure people had the opportunity to engage in activities, interests, educational and vocational programmes that were meaningful for them and promoted their independent living skills, inclusion and confidence.

The organisation had a transition team which worked with people who used the service, families, outside agencies, college and care staff to coordinate effective admission and discharge arrangements.

Outstanding

Summary of findings

Is the service well-led?

Good

The service was well-led.

The management of the service promoted strong values in the service.

There were effective systems to assure quality and identify any potential improvements to the service.

The registered manager promoted an ethos of teamwork and staff felt they were supported.

Weelsby 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 was planned to check 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.

The inspection took place on 22 May 2015. We gave notice of the inspection the day before so staff could inform the people who used the service and provide appropriate support. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We requested information from professionals involved in the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with one person who used the service and three people's relatives. We spoke with the registered manager and two care support workers.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to the three people who used the service such as their medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

Good

Is the service safe?

Our findings

Relatives told us there were enough staff to support people in meeting their needs and staff knew how to keep people safe. Comments included, "Yes the service is very safe, I wouldn't have left him here if not", "No issues with safety here; staff assess risks and support people properly" and "Always have enough staff, both here at the service, at college and when they go out for activities."

All the people who used the service had limited language and communication difficulties associated with their autism. As a result of this we were not able to have conversations with them about their experiences. We relied on our observations of care and our discussions with people's relatives and staff to form our judgements.

We saw medicines were managed well and people received their medicines as prescribed. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the registered manager. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. Daily checks on the medicine records were completed to ensure the systems were safe and any errors would be identified and dealt with quickly. Relatives we spoke with confirmed their family members did not take many regular medicines and any changes were discussed with them.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risks to the running of the service, such as the need to evacuate the premises due to a power failure or flood. People's care records showed risks to their safety and welfare had been assessed and planned for. There were individualised management plans for areas of risk such as eating and drinking, participation in community based activities and developing personal support skills. Risks within the environment had been considered and planned for to protect people from unnecessary harm. Chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign in when they entered the home. Fire equipment was regularly serviced. Regular checks on utility systems, equipment and vehicles were in place to ensure that risks were minimised.

We saw the registered provider had policies and procedures in place to safeguard vulnerable people from harm and abuse. Records showed all the staff had received training in safeguarding vulnerable adults and refresher courses were scheduled. Staff were able to describe to us what types of abuse may occur and what signs to look for. They also said they were confident the management would act appropriately and swiftly to address any concerns they raised. Staff were aware of the registered provider's whistle blowing policy and how to contact other agencies with any concerns.

There were enough staff on duty to meet people's individual needs. Staff told us the staffing levels were sufficient, based on the number and dependency of the people who used the service. The people who used the service received care support from care staff based at the service and from independence tutors who worked in the service, at the organisation's college facility and in the community. The registered manager told us the service was fully staffed and people were supported according to their needs. Some people were funded for one to one support in the service and this increased to two to one when in the community. The registered manager explained how they worked the hours out to ensure the shifts were covered and extra staff were provided to support activities, trips into the community, and if people were unwell and required increased support. Checks on the rotas confirmed this. Staff absence due to sickness and holiday was covered by a team of bank staff.

Many of the staff had been employed at the service for some years and had worked with the people who used the service since they moved there in 2012. This meant people had received good continuity in their care which is beneficial for people with autism.

We reviewed two recruitment files which showed staff were recruited safely. We saw references had been checked and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service [DBS] before commencing their employment.

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Good

Is the service effective?

Our findings

Relatives told us they thought staff were well trained and were able to meet the range of people's needs. When asked if they thought staff had sufficient skills to support people, one relative said, "Yes definitely. Right from day one they had the right approach. Staff were not in his face. They take a step back, take time. Some staff in particular are really switched on and really seem to connect with him." Another relative said, "The staff all seem very well trained. They all know [Name] really well as a person and also about all his care needs. They all work very well as a team and provide good continuity of care."

People's relatives also told us how their family members liked the meals at the service and had made progress with the variety of foods they would now eat. Comments included, "He has a much better diet now than when he came. There has been a dramatic improvement with his willingness to try and taste different foods. I can't describe how significant this is" and "The meals are good. [Name] is totally in control and has made real improvements. We see this when he comes home and will eat meals with us that he always refused before. He constantly surprises us now, it's wonderful."

Staff supported people who used the service with their healthcare needs. Each person had a health action plan in pictorial format, which detailed the support they required from health care professionals in the community. Care records showed when people became unwell; staff arranged for them to see their doctor and also accessed any emergency treatment they may require. Records and discussions with staff showed two people stayed at the service during the college term time and routine appointments with health professionals such as their dentist and optician were made during the college holidays by their families. The third person who used the service visited home for shorter periods and records showed staff routinely sought advice and support from a range of external professionals such as the dentist, optician and speech and language therapist to support the person's health and wellbeing.

People had individualised plans and strategies to enable them to express themselves and overcome their limited verbal communication skills. Staff used a variety of different communication techniques appropriate to each person's needs. This included signing, the use of pictures and symbols and electronic aids to assist with understanding and enabling people to communicate more effectively. Pictures were used to help people express their feelings and emotions as well as their physical needs and preferences. The registered manager and staff gave examples of people who had extremely limited communication skills when they first moved to Weelsby View, and did not interact with other people. They told us they were now interacting more with their support staff, other people who used the service and other students at college.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the service acted within the code of practice for the Mental Capacity Act 2005 [MCA] and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for the three people who used the service.

Staff had received training in the MCA and they were clear about how they gained consent to care and support prior to carrying out tasks with people who used the service. Staff told us most people were able to make day to day decisions about their support and gave examples of how they assisted people to make choices with regards to clothing, meals and activities. This was confirmed by people's relatives. One person's relative told us, "The staff support this really well. I can tell now, [Name] is wearing his favourite tee shirt, he loves that one."

People were involved in decisions about what they ate and drank. Their dietary preferences were recorded and any support they needed with eating and drinking. Weight records identified any new risks; the majority of people were encouraged to eat healthy meal options to prevent excess weight gain.

Good

Is the service effective?

All the people who used the service had individual dietary preferences and routines associated with their autism. Discussions with relatives and staff confirmed how much progress individuals had made since moving to the service in areas such as the different food groups and textures they would eat and also their behaviour around food. Staff gave an example of how one person would often grab food when in the kitchen, especially loaves of bread. Now staff always ensured there was a packet containing one or two slices of bread which they could offer the person and staff reported there had been much less incidents. This meant the person's behaviour was being more positively managed. We also observed staff supporting one person with their breakfast routines. Staff described how the person was now offered a greater variety of food options which was helping to reduce the time spent on ritualised behaviours.

Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. Records were held on a computerised system, which the registered manager had devised and we saw this was updated when training was completed; the system indicated when refresher courses were required. The registered provider's learning and development team sent out the dates for the training courses which the member of staff or the registered manager then booked. The registered manager explained how a new eLearning programme had been provided and staff were also using this for some refresher training. Checks of the training matrix showed there were some gaps where staff had not completed some refresher courses within the timescales identified by the learning and development team. Following the inspection we received confirmation the courses had been booked and would be completed by July 2015. Records showed all the support staff had completed a national qualification in care at levels two or three.

Staff told us they had been trained to deliver 'positive behaviour support approaches' to manage behaviours that challenged the service or other people. These minimised the use of restrictive practices and reduced the use of physical interventions. It was British Institute of Learning Disabilities [BILD] Accredited. Staff we spoke with described the care interventions used which supported least restrictive practice. Records showed the number of incidents had significantly reduced since people's admission to the service. The registered manager confirmed restraint records were currently being reviewed to include 'debrief ' sections for staff and people who used the service.

Records showed each member of staff had regular supervision meetings including an appraisal with their line manager throughout the year. This showed us there was a system in place to support staff and help them develop. One member of staff told us, "The manager is great and really proactive about training. He encouraged me to do my degree and helped organised my shift pattern so I can attend my tutorials."

Good

Is the service caring?

Our findings

Relatives told us the staff team knew people's needs very well and treated people with patience and kindness. Comments included, "The staff are amazing; very kind and patient", "From day one we have seen how good the staff are. Nothing has ever been too much trouble, they focus on the detail with excellent results" and "They really 'get' him; they have shown a lot of effort and commitment in getting things right. This has really paid off with the ways he is developing and maturing" and "They respect his choices, one time he wanted to grow a moustache and they supported him with this."

Relatives told us the staff supported their family member to maintain relationships with them and to visit when possible. They said they were kept informed about important issues that affected their relative and were invited to review meetings to discuss the care provided to them. One relative said, "They keep me informed about everything. Also if I mention something, it's always passed round to everyone. Communication is excellent" and "We have regular reviews and updates. The reviews are really detailed and comprehensive." Another person said, "I can ring anytime, and often do. The staff are all great and always know everything that has been happening."

We observed positive interactions between staff and the people they supported. There was a key worker system where people who used the service were allocated specific members of staff to support them. The staff took time to build up relationships and trust with people and their families. In discussions with staff it was clear they had a good understanding of people's personalities, interests, their aspirations, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. Staff spoke about people in a compassionate way that demonstrated empathy and affection for them.

The registered manager confirmed the people who currently used the service had support from their families to make decisions. The service had used advocacy services in the past and would arrange these where necessary.

We saw people's privacy and dignity were respected. Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring people were encouraged to wear appropriate clothing and allowing private time in the bathroom. One person did not like to have curtains up at their bedroom window and staff had provided an opaque screen for the glass to protect their privacy. Similarly staff and people who used the service had completed a colourful mural on a corridor window to afford more privacy for people in this area.

During our inspection, we observed staff and people who used the service interacting together. We found the atmosphere was calm and friendly and there were relaxed conversations and interactions taking place, even though people were excited to be going home for the college holiday. We overheard staff spoke to people in a polite and friendly way and they provided explanations prior to tasks. We saw staff were patient in their approach. People were given time to process information and communicate their response. Where people became excited or anxious we observed staff provided positive support and direction to calm them. For example, during support to eat their meals at breakfast and when their parent arrived to take them home.

Staff told us they consulted with people on an on-going basis about the activities they wanted to do and the meals they wanted to eat. Staff told us meals were planned from these discussions but were always open to change. Some people used the PECS [Picture Exchange Communication System] which uses symbols and pictures of objects to replace words, such as someone's favourite food. Staff confirmed the PECS aided people's understanding and had increased their involvement, choices and confidence.

Outstanding ☆

Is the service responsive?

Our findings

All relatives we spoke with gave us very positive comments about the consistent care and support which had led to significant improvements with behaviour management, involvement, independence and an overall improved quality of life. One person said their family member had developed a really good social life which they never had before. They now enjoyed some group activities and had experienced new opportunities and activities such as visiting discos and fun fairs. Comments included, "His timetable has been very structured with all his lessons and he goes out regularly in the evening; it has all been very positive and he is so much more independent now" and "We have noticed massive improvements; his speech has really come on and he is much more independent. His diet is much more varied and he is able to manage his behaviour so much better." Relatives told us they felt confident any complaint would be addressed.

We saw records of assessments, risk assessments and care support plans. These were person-centred and included important information about how the person preferred to be supported by staff. We saw a full range of risk assessments had been completed and contained detailed information for staff, on how the risk could be reduced or minimised.

We saw care plans contained, "All about me" information. This covered information about likes and dislikes, and preferences for how the person wished to be supported. This was collated from discussions with the person, their relatives and observations from staff who supported them. It included a lot of pictorial information and photographs of the person's families, things they liked and of them participating in activities they enjoyed. This showed us people were involved in the planning of their care. Care plans focussed on people as individuals and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and wider community.

We found the daily records staff made about the care and support they provided were linked to people's care support plans. They contained a range of daily entries such as support with personal care tasks, activities of daily living, use of community facilities, the provision of meals, monitoring of health needs and, contact with family and health and social care professionals. In addition, there was a six weekly review of the care support plan. This ensured staff kept them updated when the person's needs changed.

People's care files contained a one page profile which gave a brief outline of the person, what people appreciated about them, what was important to them and how they would like to be supported. Under the section, "What people like about me" staff had recorded, "My cheeky smile" and under the section, "How best to support me" they had recorded, "I only eat dry foods and raw fruit and vegetables."

Care files contained Health Action Plans [HAPs] which detailed how people were being supported to manage and maintain their health. They also had communication passports which contained information about the person's health and how they communicated their needs and wishes. Staff said they used these records to provide important and useful information to other services, staff and professionals.

The registered provider's transition team worked with the college and service staff to complete assessments for all the new students and also to support them moving on to new placements or home when their courses completed. Two people were due to leave the college this summer and transition arrangements were in place. One person was awaiting funding agreements with their placing authority but a new placement had been found. Another person's transition was more advanced and the care manager from the new placement had visited the service to meet the person and review their care records. One person's relative said, "We are extremely sad he is leaving Linkage, it has been fabulous, but we want him nearer home. They [Linkage staff] have liaised well with the social workers and everyone to support [Name] and all our family."

Staff told us that routine was very important to the people who used the service and so care plans and timetables were carefully followed. We also established the activities programme was flexible and people's wishes were respected if they did not wish to participate in planned activities. Care files we looked at contained individual programmes to help people to plan their day; these were in line with their known likes, preferences, abilities and aimed to maximise their independence.

Outstanding ☆

Is the service responsive?

The three people at the service all attended the college on a week day or accessed support at the service from independence tutors; they participated in a range of vocational, educational and personal development programmes tailored to the individual. Staff described how one person was now able to go to the college dining room for their lunch with support, which was a major achievement, given their previous sensitivity to noise and crowds of people.

We found people were encouraged to promote their life skills within the home and the community. Staff gave us lots of examples of how each person's independence had developed during their stay at the service. People had made progress in areas such as managing their personal care and dressing, assisting with cleaning and laundry tasks and making sandwiches and hot drinks safely. In the community, examples were more awareness of road safety and sitting safely in the service vehicles.

We saw people had personalised support plans to help them access community facilities and to participate in individual or group activities. These included: bowling, swimming, shopping, horse riding, trips to the cinema and discos, and having meals out. Staff described how they had supported two people to visit 'Disney on Ice' and how much planning and support this had involved. They had obtained a seating plan of the venue and a lot of images of Disney characters. Most evenings staff would talk with the people going on the outing about the travelling, seating arrangements and characters they would see. Staff confirmed both persons had really enjoyed the outing and no issues had arisen with the journey, crowds and noise levels. They considered the success of the outing was mainly due to the time spent in the planning so people were properly prepared and supported.

One persons' relative described how much they had enjoyed a group outing to a local theme park with all the people at the service and the staff. They told us the home staff were really well organised and how much fun everyone had. They said, "I was really impressed with how much effort staff made to ensure each person enjoyed themselves, it was a brilliant day out."

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been no formal complaints received about the service. The registered manager confirmed they discussed concerns and issues with the people who used the service on a regular basis and would support them to make a complaint where necessary.

Good

Is the service well-led?

Our findings

When we asked people's relatives about the management of the service, all the comments we received were positive. One person's relative told us, "The manager is visible, approachable and knows my son's needs very well. The service here is excellent." Another person said, "I'm a really fussy mum and I've had no concerns and only praise for this service. His placement here has been so worthwhile. If we turned back the clock three years I would make the same decision to send him here." They added, "We will be so proud at the graduation ceremony, he has achieved so much."

The registered manager was experienced and had managed this service and others within the organisation for a number of years. People who used the service and their relatives knew the registered manager and we observed how people who used the service approached the registered manager and their responses to them. It was clear the registered manager knew people's needs well and had positive and caring relationships with them.

We spoke about the culture of the organisation with members of staff. They said, "It's an open culture; the manager listens and makes changes in people's best interests" and "Great place to work. We have an awesome team. Linkage hasn't lost the 'family feel' and is a great example of 'saying and doing', we achieve some amazing results."

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. The organisation also had 'Investors in People', which was an accreditation scheme that focussed on the registered provider's commitment to good business and people management. The most recent Ofsted Inspection in 2013 rated the college as 'Good with outstanding outcomes for students.' The co-founder of the organisation and Director of Care, Rex Richardson had recently won a national award. This award is presented to an individual who is judged to have made a long-term outstanding contribution to the lives of people with a learning disability and/or autism.

Staff were provided with information when they started working for the organisation which explained what the expectations were of their practice. It also described the organisation's vision. This was described as promoting a 'society in which disabled people are seen as people first and are able to live fully- integrated lives.' The mission was to 'deliver excellent education, employment, care and support by providing flexible services to meet individual needs, reflecting individuals' uniqueness, their personal aspirations and goals, and giving them optimum control over their lives.' Staff received remuneration for long service within the organisation.

We spoke with the registered manager and they were aware of the importance of effective communication with the people who used the service, relatives, external agencies and staff. They told us they had regular one to one meetings with staff and as a group. We looked at the minutes for the team meeting held on the 31 March 2015 which showed topics such as home issues, training, staffing, students, health and safety and resources were discussed.

The registered manager told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. The registered manager told us the meetings were a place where they could share best practice and discuss ideas to improve the service.

There was a system in place to monitor the quality of service people received. This included a range of audits, meetings and surveys to obtain the views of people who used the service and their relatives, and observations of staff practices. The registered provider had developed a new five year strategic plan.

An annual survey had been carried out in 2014. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The majority of responses were very positive, for example 95% of people considered they felt safe in a Linkage residence. The registered manager confirmed that any areas which had received a more negative response were followed up in the self-assessment audit process. We found the results for the relative's surveys weren't linked to specific services. We discussed with the registered manager, the advantages of having more service specific surveys and he confirmed he would discuss this with the senior management team.

Good

Is the service well-led?

The quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. These quality reviews were generally completed every three months and covered all aspects of service provision. We looked at the latest review which was carried out in December 2014. This showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the registered manager regularly completed a range of internal checks of areas such as care plans, personal finance accounts and medicines management. The medicines systems were also checked each year by the contracting pharmacy. The results of these internal checks were positive.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.