People in Action

People in Action - Barnfield

Inspection report

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Date of inspection visit:
13 September 2016

Date of publication:
11 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 September 2016 and was announced. We gave the provider 24 hours' notice of our visit to the service. This was to ensure people and staff would be available for us to speak with.

This service was last inspected on 29 May 2014 and we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Barnfield is registered to provide accommodation and personal care for up to five people with a learning and/or physical disability. At the time of our inspection five people lived at the home.

The home is required to have 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager who had been in post since July 2016. The registered manager told us they managed another service and split their time between both services. The registered manager had a system where staff could contact them in emergency or when required.

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People received care that enabled them to live their lives as they wished and people were supported in line with their agreed care plan decisions. Relatives told us they were involved in care plan reviews and were kept informed when their relations needs changed.

Care plans contained relevant information for staff to help them provide the individual care people required. However some care plans required improvement to ensure some important information was easily identified so staff could provide consistent care and support.

People's care and support was provided by a consistent, experienced and knowledgeable staff team who knew people well.

People were encouraged and supported by a caring staff team. Relatives told us they felt their family members were safe and well cared for at Barnfield and staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions to take if they had any concerns for people's wellbeing or safety. Staff received training in how to safeguard people, and had access to the provider's safeguarding policies and procedures if they had any concerns.

People were administered medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any errors were identified and action taken as a result.

Staff received training to meet people's needs, and effectively used their skills and knowledge to support

people and develop trusting relationships.

People were supported to pursue their hobbies and interests which enabled them to strengthen and build relationships within the home and wider community. Potential risks were considered positively so that people did things they enjoyed and kept in touch with those people who were important to them. Where potential risks to people's safety were identified, staff had relevant information that helped protect people from risks which helped keep them safe.

There was enough staff to meet people's needs, numbers of staff were increased to support people effectively and when people had planned appointments or activities away from the home.

Some people were considered to lack capacity to make day to day decisions such as what to eat, what to drink, what to wear. This had been assessed so staff knew how much support people needed with decision making. Staff had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people wherever possible.

Staff treated people with dignity and were respectful of people's decisions, when they decided if they wanted to be involved or not.

People had meals and drinks that met their individual requirements and people received support from other healthcare professionals that ensured any risks related to eating and drinking were minimised.

Relatives told us they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable. Relatives felt confident they would be listened to and actions would be taken.

The provider had quality monitoring processes which included audits and checks on medicines management, health and safety checks and care records. Recommended actions were clearly documented and acted upon. Additional checks through unannounced provider visits checked improvements had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe living at the home and they were supported by enough staff who were available to provide their care and support. Staff understood their responsibilities to report any concerns about people's safety. People received their prescribed medicines from trained staff and regular medicines checks ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and knew people well so they could effectively meet their individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before supporting them with personal tasks. The registered manager understood and worked within the principles of the Deprivation of Liberty Safeguards. Staff referred people to healthcare professionals when needed and worked closely with other professionals involved in supporting people's care and support.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's personal preferences, how they wanted their care delivered and how they wanted to spend their time.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of the needs of the people they were caring for. People felt able to speak with the registered manager and raise any issues or concerns knowing their concerns would be listened to. People were supported to maintain important

relationships and were involved in care planning decisions.

Is the service well-led?

Good

The service was well led.

People were pleased with the service they received. Staff felt supported, valued and confident in the provider's ability to support and listen to them. The registered manager and staff team worked well together and people had opportunities to share their views about the service and make suggestions that improved the quality of the service.

People in Action - Barnfield

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.

This inspection took place on 13 September 2016, was announced and completed by one inspector.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We were unable to speak with people who used the service because of their complex health conditions and limited ability to communicate. During our inspection visit we spoke with two relatives and asked them for their thoughts and experiences of the quality of care their family member received. We spoke with the registered manager and two staff who provided people's care and support.

We looked at two people's care records and other records including quality assurance checks, medicines, care plans, monthly audits and incident and accident records.

Good

Is the service safe?

Our findings

Relatives told us they knew their family member was safe living at Barnfield. We asked one relative why they felt confident and they said, "They are absolutely safe, there's always two on hand to support and there is back up (staff) if needed." Speaking with one relative they explained that knowing their family member was safe and protected, gave them comfort and reduced any anxieties they had. They told us, "They are perfectly safe because no one interferes with each other, so there is no threat." During our inspection visit, although people could not verbally communicate, we saw people were relaxed and comfortable around staff, responding positively when staff spoke with them or helped them.

Staff knew how to keep people safe and protected from abuse or poor practice. Staff told us they received safeguarding training and regular refresher training that provided a constant reminder to make sure they continued to keep people safe. Staff understood what their responsibilities were when following the provider's policies and procedures, should they be concerned that abuse had happened. Staff told us they would report any concerns immediately to the provider or registered manager. One staff member said about abuse, "It's not right…I would make sure they were okay, tell the on call (emergency support) and tell safeguarding." Staff were clear they would escalate their concerns if no action was taken, although staff said they had not seen anything that caused them concern. The registered manager knew what action to take if they saw, or if a staff member informed them of any allegations where people were at risk of abuse. The registered manager said their priority was to keep people safe.

Risks associated with people's health and wellbeing had been assessed, and care files informed staff how to manage them. These included risks associated with people's mobility and if they required equipment to help them move, what equipment was needed. Pressure area management procedures were in place for people at risk of skin breakdown. This included regular checks by staff on people's skin condition, and specialist equipment to minimise risk such as pressure relieving mattresses and cushions to place around people to prevent further skin breakdown. People who spent time in bed were repositioned regularly to relieve pressure. Staff told us people were repositioned as required and staff knew how to reduce potential risks. One staff member said, "I know what to do if I have any concerns about people's skin, I look in the care plan, they are very detailed and if concerned, speak with other staff or the registered manager." People who were assessed at risk of choking had been referred to speech and language therapists (SALT) and where prescribed, specific dietary requirements such as pureed diets and thickeners in drinks were followed by staff. Staff knew the risks associated with people's care, they told us, "Everyone has risk assessments, I do read them" and "If there are any changes to people's care and risk assessments we are told at handover."

The registered manager monitored health and safety risks and potential risks within the home environment. For example, regular equipment checks on hoists and slings meant equipment people used on a regular basis continued to be fit for use. Water quality checks, electrical checks and water temperature checks were completed and the registered manager made sure any maintenance issues within the home were completed as quickly as possible, reducing potential harm to people using the service.

Systems were in place to keep people safe in an emergency. These included regular fire alarm testing and

fire drills so staff knew what to do to evacuate the building. Each person had a personal evacuation plan that provided the emergency services with important information about people such as their mobility and any equipment they used. The registered manager said, "We don't just do it at times staff are prepared, we do it at random times, like it would be in the real world."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager said the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home.

There were enough staff to support people safely. Relatives we spoke with confirmed this and said they had no concerns about staffing levels. Both relatives said staff were always available to spend time with people and visitors, however they said there was a shortage of employed staff which meant there was a lot of agency staff, although they were usually 'familiar faces' and relatives said, "They fit in well."

Staff said there was enough staff to provide the care and support people needed. However, staff told us a lack of permanent staff had caused some additional pressures because agency staff were not allowed to do certain tasks, such as medicines and supporting people at risk with foods and fluids. This minimised potential errors in providing the specialist care some people needed. Staff said there was enough staff during each shift to provide safe care for people and staffing levels meant people did not wait for assistance.

The registered manager said it was usual to have three care staff on duty between 8am to 10pm. They said this was increased to four care staff for certain periods of time to allow people to go out on trips or to go to planned appointments. During our inspection visit, four staff, plus the registered manager were on duty because two people were going out for lunch. The registered manager told us they used approximately 180 hours agency use per week but were confident people received a continuity of care from the same agency staff. The registered manager was recruiting for additional care staff. They told us this would provide them with greater flexibility by having a core team of staff that could provide all aspects of people's care and would ease the pressure on existing staff.

Staff told us they completed training to administer medicines safely, which was followed up by the registered manager observing staff administering medicines to check they did so safely. Staff said once they had been assessed as competent to administer medicines, their competence was checked annually to ensure they continued to administer medicines safely and as prescribed.

Each person had their own medicines records which included information about the medicines they were taking and what they were taking them for. The MARs were checked daily against the medicines stocks to ensure people continued to receive their medicines as prescribed.

Some people took medicines on an 'as required' (PRN) basis, guidance was in place for staff to follow so staff knew safe limits and doses within specific periods of time. Where 'as required' medicines had been prescribed, such as to manage bowel movements, this was reviewed and reduced according to the person's condition with guidance from the GP. This meant staff were proactive in supporting people before administering medicines which for some people, may not always be required.

Where PRN medicines had been given, this was recorded on medication administration records (MAR) sheets and people's medicines were counted on a daily basis .These measures meant that people were not

being given PRN medicines unless they needed them. MAR sheets were accurate and robust procedures were followed to check accuracy. Medicines were stored safely and securely.

Good

Is the service effective?

Our findings

Relatives told us they were confident staff 'knew what to do' when supporting their family member and had no concerns with staff's abilities. One relative said staff were, "Really patient and attentive, I have never had any worries."

Staff told us they had the right skills, training and experience to carry out their role effectively. Staff said they completed an induction which involved working alongside experienced staff members before they provided care on their own. Staff said, "I have moving and handling training so I know how to hoist and transfer." Staff said the training was good and gave them the information they needed to support people. The registered manager explained the induction saying although staff had a corporate induction, "Here the induction is about each person living here." They said staff were introduced to each person, then shadowed first, before acting as a second care staff member. They told us once the staff member was confident, they then provided support as the lead staff member. The registered manager said they needed to be confident staff knew how to support people given their complex health and mental conditions.

One to one supervision sessions were used as an opportunity for staff to discuss the training they had received. For example, one staff member said this was an opportunity to discuss people they supported, any training and their own health and welfare.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible to comply with the Deprivation of Liberty Safeguards (DoLS). People were treated under the Mental Health Act, but we found people had capacity to make their own decisions. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's freedoms were effectively supported and protected.

The registered manager understood when and how to apply for a DoLS authorisation. Since they became registered manager in July 2016, they realised people required a DoLS. They told us for all five people, it was not their choice to live at Barnfield so was in the process of submitting applications to the local authority by end September 2016. In the meantime, the registered manager understood some people were vulnerable in different ways and protected people where possible, for example supporting people to go out of the home with a staff member to ensure they remained safe.

Staff told us they received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care in line with the principles of the MCA. One staff member told us, "I want to give choices because if it was me, I would want a choice." We saw staff asked people for their consent before supporting people, for example to go into the garden or into the kitchen. Staff talked through the process and reassured people at each step, even though people could not respond verbally. Staff recognised each person's own communication styles and knew if people wanted to do

something or not.

Staff knew when they needed to make some decisions on a person's behalf. For example one member of staff said people could not make decisions for themselves, so staff supported them to do this, for example, what they wanted to eat. Staff understood these decisions were made in their best interest to make sure they had enough to eat and drink. Some people had family who supported with other decisions, in one example a best interest meeting was held with input from a family member and other healthcare professionals. For people without family, we were told some people had access to an advocacy service who helped people with important decisions, such as financial matters.

Care plans included a section for 'mental capacity assessments' but these were not always completed to show what support people required to make certain decisions. However, some individual care plans such as personal care, eating and drinking and mobility described what people could and could not agree to. We discussed this with the registered manager who agreed to ensure mental capacity assessments recorded what specific decisions people needed help with which would make it easier for staff.

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People received food and drink which met their needs. People were supported by staff who knew how their food and fluids needed to be prepared, for example pureed or softened to reduce any potential risks to their health. Information in the kitchen provided guidance to staff on menu choices and how people's food and drinks needed to be prepared. Only employed staff, not agency, prepared peoples meals and supported people to eat and drink who were at risk, to limit any potential risks of choking.

Everyone needed assistance to eat, and staff supported people at their preferred pace. Staff said they knew people's likes and dislikes and meals were specifically prepared to meet those preferences, with any specialist aids people required. For example, one person sat at a table which we saw had been raised so their wheelchair could fit under the table and they could eat more comfortably with others.

People had access to, and used the services of other healthcare professionals. Care staff arranged healthcare appointments if people's health conditions or behaviours caused them concern. Records confirmed people received care and treatment from other health care professionals such as their GP, SALT, district nurses, opticians, physiotherapists and chiropodists. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. The registered manager and care staff told us any advice was followed.

Good

Is the service caring?

Our findings

During our inspection visit, people and staff were comfortable and respectful in each other's presence. Relatives said they liked the way staff spoke with, supported and encouraged their family members to do things they wanted to do. One relative said, "Staff are so patient, you can't fault that. Staff are very pleasant and I feel so relaxed knowing [person] is being well looked after." They went on to say Barnfield, "Was like a family" because everyone, people and staff all get on with each other. We saw people liked to spend their time with staff whether inside or outside in the garden area. During our visit, people were supported by staff to go out into the garden area to enjoy the good weather and we saw staff talking and laughing with people.

Relatives spoke positively about the caring nature of staff. One relative said, "They (staff) are very caring, you can tell." They told us staff were attentive to their family members needs and knew how to care for them that fitted in with their relations routines or how they wanted to do things. Both relatives told us staff were patient and did not rush people, which reduced people's anxieties because things were done at a pace they controlled. Relatives noticed staff treated everyone as individuals and communicated in ways that each person understood. One relative said, "I know [person's name] is very happy because the care is excellent."

Relatives told us how important it was to them and the families, knowing their relations were well cared for. One relative explained they had always struggled with the decision, knowing one day they would be unable to provide the support their family member needed. Having made this important decision, they said, "I feel so relaxed knowing [person name] is well looked after" and "I was lucky to get [person name] into Barnfield, you couldn't find a better place."

Relatives we spoke with were complimentary about the caring attitudes of staff, with one relative saying, "They are super caring." Relatives spoke highly of staff and explained that staff saw everyone living in the home as individuals and respected their individuality. Staff told us how everyone was unique with their own personalities, behaviours and routines so it was important to respond to people individually.

Staff recognised caring for people was important, one care staff member told us how much they enjoyed looking after people and described to us how this made them feel. They said, "I have a lot of loyalty here, I really enjoy it, looking after them and at times it can be hard." We asked why it was hard, they told us, "Seeing people change over time, some people we have lost (passed away)." They explained how it could be emotionally difficult when caring for people whose health condition was getting worse, but said when people were happy, "They make the good days' worth it." It was clear from our conversation, this staff member and others we saw during our inspection visit were committed to caring for people.

Throughout the inspection visit, staff knew people well. For example, we were told about one person who became anxious and upset whenever new people visited the home. Prior to our inspection visit, we gave 24 hours notice to tell them of our visit. Staff realising this, arranged for this person and another person, to go out for a meal therefore reducing the time they spent in the home while we were present. Additional staffing was allocated to make sure staff continued to care for people.

Staff provided choices to people without people's levels of communication becoming a barrier. People were given choices about how they lived their lives and received support in line with their preferences. For example, people had preferred routines throughout the day which staff respected. One person after lunch, wanted to go back to bed and staff made sure they followed their wishes. We saw the person was in bed in the early afternoon and staff had positioned specialist equipment to keep the person comfortable.

People were individually and smartly dressed and relatives commented how their family members were always dressed appropriately, in clothes that were clean and went well together. Relatives told us they were kept informed whenever changes in their family member's health were noticed. One relative said, "They always let me know what's happening," Relatives said they were involved in making decisions about the care being delivered. One relative said, "[Person] had a review a few weeks ago, the social worker and I was involved and I was listened to."

People were treated with dignity and respect. Relatives told us they felt people were treated with respect, one relative said, "They are always very good." Staff told us whenever they carried out personal care, they always made sure doors were closed. One staff member said they recently started to lock the door (communal toilet) as one person would come in to the toilet, not knowing anyone was in there. Staff told us personal care was delivered in a way that respected people's privacy, such as covering people as much as possible and ensuring all curtains and doors were closed. Throughout our inspection visit we noticed that staff were polite, respectful to both people and each other in an environment that felt relaxed.

Good

Is the service responsive?

Our findings

Relatives were complimentary about the support care staff provided. The registered manager had a detailed knowledge of people who lived in the home, their history, needs, likes, dislikes and preferences. This meant they were able to provide guidance and direction to care staff where issues were raised regarding people's care, or if people's health had declined. The registered manager told us the induction that new staff received, which included a specific induction to support each person's individual needs, meant staff were more responsive to each person's needs.

Relatives told us they were involved in care plan decisions and felt staff used this information to meet people's needs, especially when their needs changed. Care plans we looked at provided staff with good information about people's needs and the tasks required to meet their needs. Plans were individualised and included people's preferences, past history and how they would like their care provided. These records also provided staff with people's routines, such as when they got up, what support was needed and how they needed their personal care provided. Not all the care plans had been reviewed and some important information from other healthcare professionals was not easily found because some records contained a lot of past information. However, there was up to date information about changes in risks to people. For example changes to moving and handling risks had been recorded and passed to staff, so staff continued to have accurate information to support people safely.

Staff knew the people they supported because they followed care records to find out people's needs. Staff handover meetings at the beginning of each shift provided staff with updated information about people. One care staff member said, "I do the handover, mine are probably to in depth." They gave us an example, "[Person] had not drunk enough so it's nice to have this said verbally – means staff can help [person] catch up on their fluids, it's important." They told us they discussed what people had done, how people were feeling and what they had planned, such as activities or appointments. Staff attending handovers said they found them useful because they provided a picture of how people were feeling, both emotionally and physically.

No one living at the home could verbalise what they wanted, however staff knew people's individual behaviours and non verbal signals which they responded to. For example, staff told us how some people pushed things away, put their fingers to their mouth, or turned their head away which showed whether people wanted something or not. Staff said because they worked at the service for some time they had got to know people well which helped them become responsive. One care staff member told us about one person who pointed to their waist, meant they needed personal care. Staff said recognising this meant they could respond and support people with dignity.

Barnfield had their own vehicle so could take people out when required. Staff told us they used the vehicle to take people out, visiting local places of interest or to go to the pub for a meal which people enjoyed. Barnfield had built important links with the local community. For example, one person delivered a local newsletter to houses within the village, the local pub provided drinks to people which staff ensured met their specialist requirements. A queen's birthday celebration saw people from Barnfield engage with people

from the village.

Staff supported people to access the garden and had recently erected a large gazebo so people could enjoy the hot weather, without being at risk of sunburn. Some people enjoyed walking to the local church and around the village with staff. Some people went out with family members and staff made sure people were ready in time. Staff told us some people enjoyed and benefitted from sensory activities. We saw people had sensory equipment in their rooms such as a bean bag that vibrated and played music, water lamps and flashing lights. Staff spent time with people and we were told some people had hand massages which helped them remain calm and relaxed.

Staff told us about two people who liked to go swimming, although a relative said their family member had not gone out as much as they wanted them to. The registered manager confirmed this person went swimming three times in August, but had not gone in September 2016. They said improvements in recruiting staff would ensure the person went swimming whenever they wanted but recognised staff levels may have had an impact on this.

Relatives knew how to complain about the service. A typical comment was, "If we need to contact somebody, we would speak with staff or the manager." Relative's comments demonstrated they felt confident to raise concerns and knew action would be taken. Information that told people how and who to complain to was not displayed in the communal areas. The registered manager had a pictorial 'how to complain' poster but this was not displayed. The registered manager said people living at Barnfield could not understand it, however from our discussion they agreed to display it so it acted as a visual prompt.

We looked at how written complaints were managed by the service. Records showed the provider had not received any formal complaints in the last 12 months. The registered manager said if they did, these would be monitored and managed in line with the provider's written policies and timescales, and actions would be taken to minimise further similar complaints being received.

Good

Is the service well-led?

Our findings

Relatives told us staff and the registered manager were approachable and if they had any questions or concerns, they were listened to. Comments made were, "[Registered manager name] is very pleasant and approachable" and "The staff are very good, they always listen and include me." One relative felt the service was very inclusive and not just supportive of their relative's needs. They told us whenever staff took their family member out for a trip or outing, "They always included me." They explained how this made them feel part of the home. They said communication within the home was 'two way' meaning both sides listened and acted when important information was discussed. This relative said, "You are included in everything." Another relative told us about some ideas they had to support their relative and felt confident to discuss their ideas with the registered manager.

Relatives had opportunities to provide feedback about the service by way of annual surveys but said when they visited the home, the registered manager was available to speak with. For example, one relative said they had recently raised questions with the registered manager and staff about the frequency of some activities for their family member. The registered manager was aware of this, and told us there continued to be on-going discussions to find solutions and inform each other about what was best for the person in supporting them in line with their individual needs.

Staff were clear about their own roles and responsibilities. More experienced staff led the shift and provided a structured handover to the staff member responsible for the following shift. Staff said they knew who to speak with if they had any concerns whilst on duty. The registered manager provided day to day management of the service and when they were not in the home, on call arrangements meant staff could contact them when required. One staff member told us there had not been a deputy manager in post for a few months and this presented some challenges when they needed information or advice quickly. We discussed this with the registered manager who said this was a temporary situation. Plans to recruit a deputy manager were underway which would provide stable management in the event the registered manager was away from the service.

Staff felt engaged and involved and said the registered manager was approachable and supportive. Staff said they had opportunities at one to one supervision meetings and staff meetings to share feedback about the service. We looked at a sample of team meeting minutes which showed that these meeting took place regularly. This provided assurance that staff were given the opportunity to make their views known and for management to share information about the service.

Staff said the registered manager wanted 'things done right' and said they liked 'a lot of detail.' Staff said this was good because it meant there was better information that showed how each person was supported and records of the action taken to care for people.

The provider had a series of audits and checks in place which assured people continued to receive a quality of service. Experienced staff checked medicine administration records (MAR) daily, this enabled them to analyse and identify any trends in errors and to ensure stocks accurately balanced. The registered manager

showed us a recent external pharmacy audit which gave positive results and no recommendations.

Regular health and safety checks were completed which meant people received care and support in a safe environment. Maintenance issues were quickly identified and action was taken to complete any repairs to minimise potential risk to people. Specialist equipment people required such as hoists and slings were regularly checked which ensured they remained fit for use.

Incident and accidents were recorded and analysed to prevent further incidents. Records of incidents and accidents were sent to the provider who monitored them for any trends or emerging patterns. The registered manager was satisfied people falling in the home was minimal but said this was under continuous review and if action was required, it would be taken to help keep people safe.

The provider completed regular checks on the service provided. We saw a check in July 2016 was completed by the operations manager and looked at areas of the service, such as fire evacuation procedures, medicines, supervisions and risk assessments. The registered manager said this visit had identified areas that required improvement and action was being taken. The registered manager said a further visit would be completed to check improvements had been made.

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office so that only those who needed it, could access those records. People could be assured their records were kept confidential. Staff updated people's records daily, to make sure that all staff knew when people's needs changed.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.