Homestead Homes Limited

The Homestead

Inspection report

6, Elwyn Road
Exmouth
Devon
EX8 2EL
Tel: 01395 263778
Website:www.homesteadhomes.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection on 21 and 23 October 2015.

The Homestead provides care and accommodation for up to 24 people. The house is a large detached property situated in a residential area of Exmouth, Devon. On the first day of the inspection there were 20 people staying at the service.

We undertook an inspection in July 2014 and found the service was compliant in the outcomes inspected.

Prior to the inspection we received three concerns relating to the management of the service, staff recruitment and staff levels. As a result of the concerns we brought the planned inspection forward and made the decision to visit the service unannounced early in the morning. These concerns were not substantiated at this inspection.

The service had a registered manager. 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'.

Summary of findings

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. Everyone was positive about the registered manager and felt they were approachable and caring. The registered manager and the deputy manager were very visible at the service and undertook an active role. They were very committed to providing a good service for people in their care and demonstrated a strong supportive approach to staff.

People were supported by staff who had the required recruitment checks in place. Staff had shadowed senior staff at all times while waiting for all employment checks to be completed. Staff received a full induction and were knowledgeable about the signs of abuse and how to report concerns. The majority of care staff had undertaken recognised national qualifications in health and social care. Staff had the skills and knowledge to meet people's needs. There were adequate staffing levels to meet people's needs.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported to eat and drink enough and maintained a balanced diet. Following concerns about the food the provider had been working closely with people and staff to provide a menu that all people at the service would be happy with. Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff supported people to follow their interests and take part in social activities. A designated activity person was employed by the provider and implemented an activity programme at the service.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had responded to a concern appropriately. The premises and equipment were managed to keep people safe.

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 were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place and staffing levels met people's needs.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Good

Is the service effective?
The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

People's health needs were managed well.

The provider was working closely with people to maintain a balanced diet which they enjoyed.

Good

Is the service caring?
The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

People were able to express their views and were actively involved in making decisions about their care, treatment and support.

Good

Is the service responsive?
The service was responsive to people's needs.

Care files were personalised to reflect people's personal preferences.

A range of weekly activities were available. Visitors were encouraged and always given a warm welcome.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People's and staffs views and suggestions were taken into account to improve the service.

Incidents and accidents had been analysed to see if there were patterns or themes which could be avoided.

The provider's visions and values centred on the people they supported. A number of effective methods were used to assess the quality and safety of the service people received.

The Homestead

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 unannounced inspection took place on 21 October 2015. We returned on 23 October 2015 as arranged with the registered manager. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed most of the people who lived at the service and received feedback from nine people who were able to tell us about their experiences. We also talked with one visitor.

We spoke with 13 staff, which included seniors, care staff, support staff, the deputy manager, the registered manager and the provider.

We looked at the care provided to four people which included looking at their care records and observing the care they received at the service. We reviewed the medicine records of four people. We looked at four staff records and their training certificates. We reviewed a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Before and after our visit we sought feedback from seven health and social care professionals to obtain their views of the service provided to people and received feedback from four.

Good

Is the service safe?

Our findings

People said they felt safe and were happy at the home. Comments included, "I feel safe, the fire (call) bell was checked in the night" and "I feel safe but not always happy, I have no problem with the carers, I ring my bell and they are here in no time." People were protected by staff that were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They knew how to report abuse both internally to management and externally to outside agencies when necessary.

People received their prescribed medicines safely and on time. We observed people being given their medicines and staff demonstrated a good knowledge about people's medicines. People said they were happy with how they received their medicines. Comments included, "I know exactly what I am taking, and they watch me take them every time". I have my tablets when I need them" and "The girls come around with my tablets, I call it pill patrol, they are very good". Staff were trained and had been assessed to make sure they were competent to administer people's medicines and understood their importance. Medicines were managed, stored and administered to people as prescribed and disposed of safely where they were no longer required. Medicines which required refrigeration were stored at the recommended temperature. Medicine administration records were accurately completed and any signature gaps had been identified by the senior staff and action had been taken to ensure people had received their medicines. Monthly audits of medicines were completed by the deputy and registered manager and records showed actions were taken to address issues identified. There were no protocols in place to guide staff when it was appropriate to use 'when required' medicines. The registered manager said they were confident that all staff who administered medicines were aware of why people had 'as required' medicines. However they said they would look at introducing a written protocol to guide staff in respect of each individual.

Safe recruitment processes were in place. Staff files including the most recently recruited staff included completed application forms and pre-employment checks, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager had ensured where they had not received the DBS check back new staff did not work unsupervised. The registered manager said they had needed to fill quite a few vacancies recently and had tried to ensure new staff were of good character. Where new staff had not demonstrated the standard required the registered manager had made the decision to end their employment.

People and one visitor felt there were enough staff to meet their needs. Comments included, "On the whole very good, they come immediately you ring your bell, they are very friendly and they have a giggle." "I think there are enough staff at night time they come if you ring." "They work hard here but there is always someone around, the girls are very nice, very friendly." During the inspection, staff responded to people's needs in a timely way. Staff took time to engage with people and interact with them in a friendly manner. The registered manager said they had no staff vacancies and were looking to put in place a night bank staff team for holidays and unexpected absences. Over the past few months there had been a few staff vacancies which had caused staffing difficulties at the home and they had needed to use day staff to fill in night shifts.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition; pressure damage and falls. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks. For example, where a person had lost their appetite resulting in weight loss they implemented weekly weighing and made a referral to the local GP and implemented supplement drinks.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to manage the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff recorded repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

Emergency systems were in place to protect people. There were personal emergency evacuation plans (PEEPs) in

Good

Is the service safe?

place to identify people's needs in the event of an emergency. Learning from incidents and accidents took place and appropriate changes were implemented. Staff had accurately recorded all incidents and accidents at the time of the incident.

The home was clean and odour free. Staff said there were always plenty of personal protective equipment (PPE's), soaps and cleaning chemicals at the home. Staff were knowledgeable about dangerous chemicals and were aware of the location of the Control of Substances Hazardous to Health (COSHH) folder to guide them in the event of a spillage. The provider recorded in their PIR that the home underwent a six monthly deep clean program.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service. Staff said they found the training provided helped them to fulfil their role. Records showed staff had completed the provider's mandatory training which included, moving and handling, infection control, emergency first aid, Dementia awareness, fire, MCA and DoLS safeguarding and food hygiene. The majority of care staff had undertaken recognised national qualifications in health and social care.

Staff had completed an induction when they started work at the service, which included the mandatory training. The induction required new members of staff to be supervised by a nominated mentor; an experienced member of staff. This was to ensure they were safe and competent to carry out their roles before working alone. The mentor completed a report about the new staff member to advise the registered manager of their suitability. They also highlighted any areas which they might need further support. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service.

The provider was in the process of implementing a new personal development plan to be used for new staff, which was being trialled by an existing member of staff. The staff member worked through a workbook alongside people's care records to identify their care needs, understanding risk assessments and completing accident records. The staff member was pleased to be trusted with the pilot and said, "I like being the guinea pig, I have found it really good".

Staff received a formal one to one supervision every six months and had the opportunity to discuss their practice and identify any further training and support needs. Staff said they felt supported by the registered manager and deputy manager. Staff files and staff confirmed that supervision sessions and took place on both a formal and informal basis.

People who lacked mental capacity to make particular decisions were protected. The registered manager and deputy manager demonstrated they had the necessary knowledge about the Mental Capacity Act 2005 (MCA) to guide staff. Staff had received appropriate training on the MCA 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of how these applied to their practice. The MCA 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People's consent for day to day care was sought.

The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager and deputy manager were aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. There was nobody at the service subject to an application to deprive them of their liberties.

People were supported to eat and drink enough and maintain a balanced diet. When we arrived early on the first day of our visit, breakfast trays were set up with individual cards with people's preferences. Staff said that they were only a guide and changes people had requested had been recorded on the white board in the kitchen. Staff said that five people usually chose to come to the dining room for a cooked breakfast each day.

People gave us mixed views about the food at the service. Positive comments included, "The food is very good". "The food is alright, plenty and the quality is ok, I could ask for something else." "The food is acceptable it satisfies me, on the whole it is very good, the quantity is no problem and the quality is pretty good." "Food is very good generally quite a well-balanced diet. Other less positive comments included, The food is not as good as it should be, the portions are small, I suppose I could ask for more but I don't like to. We are asked three days in advance of what we would like to eat so by the time we have the meal I have forgotten what I ordered." "Everyone here is kind and good it's just the food" and "The food is acceptable it satisfies me."

The provider had been working closely with people at the service to ensure they had been involved in decisions about the food they ate. This was in response to some concerns raised by people about the food at the service. The provider had put into place measures to monitor people's views about the food. The provider visited the service every few weeks and observed a mealtime to ascertain people's views and to ensure the quality was

Good

Is the service effective?

maintained. Every month the registered manager and deputy manager visited everyone at the service individually to ask their views on the menu and food and made changes as required. At the time of the inspection the summer season five week rotating menu was coming to an end and a new autumn menu was going to be implemented. The provider was seen discussing with the chef some new additions to the menu and the practicality of producing different meals. The provider had recorded in their PIR, 'food choices include multiple choices and the six monthly menus is guided by resident surveys to ensure we design menus that fit their preferences (as much as possible given multiple opinions)'.

We observed two lunchtime sittings, people were seen enjoying their meals, the atmosphere was calm with some light music playing in the background and was unrushed. Staff walked around calmly serving people sauces and plenty of drink options and offered seconds when everybody had been served. The registered manager said people tended to choose the same seating position and that each table was served in turn and each Wednesday the tables were alternated. People chose not to chat amongst themselves but responded to staff when they went around offering sauces, drink and additional helpings. As people left the dining room they said they had enjoyed their meals and one person on both occasions made a point of thanking the chef. People said staff went around three days earlier to request their meal choice. Three people said they had forgotten their meal choice. One person said, "I forget until I get down there… although the vegetables are unsalted they are cooked beautifully and we are always asked if we would like seconds." We raised this with the registered manager and by the second day of our visit a white board had been placed in the dining room reminding people of the meal choices. The registered manager said that some people had a copy of the menu however others had chosen not to have one.

Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in people's physical or mental health. Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said they felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care folders and demonstrated they had been contacted in a timely way. For example, GP, dietician, psychiatric nurse, speech and language (SALT) and the district nurse team. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Staff actively involved health professionals and took action. For example, one person had fallen several times. The staff had contacted the eye care team who had visited, the GP had been requested and a referral to the local falls team had been made for an assessment. They had also checked the person's urine for any signs of infection which might have caused them to be unsteady on their feet. A second example was heard at the handover we observed, where staff were very knowledgeable about people's medicines and the pain relief they were taking and its effectiveness. They discussed that one person who had medicines for pain relief was still having breakthrough pain and that their GP needed to be contacted to review their medicines. One person said, "If I am unwell they are quite quick to get the doctor for me."

Good

Is the service caring?

Our findings

Throughout the inspection there were positive interactions between staff and people. Staff were kind and caring towards people, talking to them in a kind and friendly manner. Staff had an in depth knowledge of people and were able to describe their likes and dislikes and their preferences and personal histories. Staff were available in communal areas of the home and helped to create a happy and friendly atmosphere. People were very complimentary about the staff comments included, "Very happy, I feel I am being looked after, the girls are very nice and cheery." "The staff are marvellous, very helpful because I can't do much for myself, very caring." "The staff are very good, I want for nothing, the girls are superb all of them. I have been very impressed by them all, how conscientious and caring they are no matter what age they are, lots of banter. I have seen staff receive snappy comments from some clients but there is never any snappiness in response."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet by covering them with a towel and gaining consent before providing care.

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. One person said, "I can have a shower every day if I want and I can go to bed when I like." People had been asked formally about whether they required checks during the night and 12 people had signed an agreement setting out their wishes not to be disturbed once they were settled.

The night staff were very clear about who they were allowed to check and had a designated list of people who required a check every two hours. Another person said "I asked could I be washed earlier, they said yes of course, so the night staff do it now".

People were as independent as they wanted to be, they were able to choose whether to remain in their rooms or use communal areas. One person said, "I can't go to heaven as I am already here. This room is wonderful, it is set out so I can do everything myself. There are grab rails in the right place in the bathroom, I can pull myself up quite easily."

In the main entrance there was contact information displayed for local advocacy services for people who needed someone to speak up on their behalf.

People were involved in decision making. The keyworkers met with the people they had been assigned each week. People were able to tell us who their designated keyworkers were and said they came and had a chat with them each week. One person said the keyworker had discussed the need to dry themselves more carefully and had arranged that each morning staff would come and support them.

People's relatives and friends were able to visit without being unnecessarily restricted. People said they were happy their relatives and friends were made welcome when they came to visit. Comments included, "Visitors can come any time and are made welcome" and "My family are made to feel welcome, they are given a cup of tea and things" "If anybody comes in relatives or friends, they always ask if they want a tea or coffee. My family are very pleased with it here."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Before people came into the service the registered manager or deputy manager would undertake a pre-admission assessment to ensure the service could meet their needs. A care plan was developed when people arrived at the service. Care plans gave information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and family members. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Care plans are a tool used to inform and direct staff about people's health and social care needs. People's care plans covered people's nutritional needs, communication needs, continence, sleep, mobility, personal hygiene, oral hygiene, hand and foot care and eyesight and hearing. This enabled staff to know what kinds of things people liked and disliked in order to provide appropriate, personalised care and support.

Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's needs. They went on to say that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care plans were reviewed monthly by staff and people and/or their nominated family members as often as they liked. Where people had been involved in the review they had signed their agreement to the content. One person said, "My care plan was done with my daughters, with my agreement."

People were supported to follow their interests and take part in social activities. The provider employed an activity person who worked three days a week. There was a program of activities developed with people at the service on the notice board and in the lift which included holy communion, yoga, afternoon tea, sing song and the Homestead shop. We joined in one activity which seven people had decided to attend. Led by the activity person they were reading the local paper and discussing different stories. People were seen putting forward their thoughts and cheerfully laughing about the local night life in the area. The activity person undertook one to one visits each Wednesday to people who had chosen to stay in their rooms and chatted with them. They showed us some new documentation they had started to use to record the activities people had participated in and the outcomes. People spoke positively about the activity person and the activities available. However most did say it was a shame they were not there more often. One person commented, "When the lady is here she does some nice things with us it is a shame she isn't here a bit more."

The provider had put in place a monitoring sheet that staff completed four times a day recording how many people were using the communal spaces at the home, to ensure people were not being socially isolated. In their PIR they had recorded, 'Encouraging staff to get residents into the community has been a new system and has increased the attendance in communal activities to 70-80% of the house from 30-40% three months ago'. Records showed that each day between 14 and 17 people chose to eat their lunch in the dining room and 14 to 16 their supper. People who chose not to come to the main areas said they were quite happy in their rooms and that they had made the decision not to go downstairs. People were able to have the daily newspaper delivered to the service which was taken to them with their breakfast trays. One person said, I have an activity timetable, I choose what I would like to do… Nothing is too much trouble they tend to the little things

People were happy they could raise a concern if they needed to and were confident the registered manager and deputy manager would listen and take action if required. Comments included, "The manager is a wonderful woman, she goes out of her way to sort things out, they will all do anything for me" and "I would tell (the registered manager) if I had a problem." "If I had a complaint I would raise it with any of them." The registered manager or deputy manager met with everybody at the service each month to ensure they were happy with the service they received and gave people the opportunity to raise concerns. In the last year there had been three complaints raised at the service. Two

Good

Is the service responsive?

of these were regarding the food provision and the third regarding staffing. The registered manager and registered provider had looked into the concerns and had taken appropriate action where required.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was experienced and suitably qualified. People and the visitor were positive about the registered manager. Comments included, "(the registered manager) is very nice." "I would tell (the registered manager) if I had a problem." "I call them Charlie's angels and that includes (the registered manager)." The registered manager said "I have an open door policy and staff can ring me at any time."

For five months of this year the registered manager had been assisting the registered provider with a new residential service. This had meant the deputy manager had been taking the lead at the service until the last month when the registered manager had returned to her role at The Homestead. The deputy manager said she had found the experience rewarding and had learnt a lot but was pleased to have the registered manager back and to return to their supporting role. The registered manager said they had a good working relationship with the deputy manager and that they worked well together and were both open to criticism. Both said how supportive the provider was their comments included, "Is brilliant, we could not wish for a better provider we can call when needed… very patient."

In the PIR, the provider outlined a clear vision and values for the service. This included, 'All residents explicitly treated as equals. We aim to accommodate all where possible and go with choices that will maximize happiness across as many residents as possible.'

The registered manager along with the deputy manager were in day today control at the service. We observed there was a positive culture at the home and a pleasant atmosphere amongst the staff. Staff respected the leadership at the service and were happy to approach the registered manger if they had a concern or a question and had a clear understanding of their roles and responsibilities.

Staff worked well as a team, there were good communication systems in place for staff through daily handover meetings and six monthly staff meetings. Staff had a routine sheet for each shift along with a check list to remind them of their responsibilities on each shift. For example, to check cream sheets were completed and empty the tumble dryer filter daily. Staff felt well supported, were consulted and involved in the home. The last staff meeting held in October 2015 was well attended and discussed, completing documentation, safeguarding, mental capacity and whistle blowing and team work.

The provider encouraged open communication with people who use the service, those that matter to them and staff. People's views and suggestions were taken into account to improve the service. For example, monthly resident meetings took place to address any arising issues. The registered manager ensured they or the deputy manager spent time with people each month on a one to one basis. For example two people said, "Once a month they come around and have a chat about the care." "The manager and deputy manager come around and have a heart to heart."

The record of the last residents meeting held in September 2015 showed people had discussed an open day which was being arranged at the home, ideas for the new winter menu, staffing arrangements and what action to take in the event of a fire. In addition, surveys had been completed by people using the service, relatives, friends and health professionals. The survey asked specific questions about the overall experience at the home, cleanliness, activities, food and the care provided to people. The results of the survey dated February 2015 recorded that the overall ratings for each question was excellent or very good. Comments recorded included, 'The summer menu is very good' and 'all staff treat you with respect they are all so positive and smiling'. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

As well as seeking feedback from people and relatives the service assessed and assured the quality of the service. The registered manager had a monthly specific task list. For example, in October, deliver appraisals, launch winter menu and plan Christmas events. The provider conducted a six monthly audit at the service which included looking at care plans, care delivery, management, medication processes, catering department, infection control and maintenance. As an outcome of the audits the provider had put in place actions for the registered manager and staff to complete.

Systems were effective to monitor all aspects of health and safety. The registered manager completed what was

Good

Is the service well-led?

referred to by the provider as 'the manager's folder' which contains numerous audits which includes infection control, health and safety, care plan audits, medicine audits, monthly safeguarding and risk assessments. As part of the tool, each day at one o'clock the registered manager does a health and safety tour of the service, inside and outside, which she refers to as 'Buckingham palace walk'. The registered manager said the tool helped her do her role effectively. Each week the registered manager completes a report for the provider to keep them informed of staff changes, accidents at the service, concerns etc.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.