Avenues South East

Avenues South East - 492 Maidstone Road

Inspection report

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Ratings

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

Overall summary

We inspected this service on 01 July 2015. This was an unannounced inspection.

492 Maidstone Road is a residential home providing care and support for four people with severe learning disabilities. People who lived in the home had autism, cerebral palsy, communication difficulties, visual impairment, challenging behaviour and PICA, which is the persistent eating of substances such as dirt or paint that have no nutritional value. The service is part of a group of homes managed by the Avenues Trust. At the time of our visit there were four men living in the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's needs and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Staff were caring and we saw that they treated people with respect during the course of our inspection.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Health care plans were in place and people had their health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

People were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

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.

Good

The provider had taken reasonable steps to protect people from abuse. Staff demonstrated they understood the importance of keeping people safe.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

People received their prescribed medicines in a safe manner.

Risks to people's safety and welfare were assessed and managed effectively.

Is the service effective?
The service was effective.

Good

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were supported to maintain good health and had access to healthcare professionals and services.

People's human and legal rights were respected by staff. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to maintain a well-balanced diet and to maintain their health.

Is the service caring?
The service was caring.

Good

People were supported by caring and attentive staff who showed patience and compassion to the people they were supporting.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?
The service was responsive.

Good

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported.

People took part in activities which were of interest to them and were involved in activities within the local community.

The provider had a complaints procedure, which was followed in practice.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager had an open and approachable manner and demonstrated a good knowledge of the people who lived at the home.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided.

Avenues South East - 492 Maidstone Road

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 checked 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 01 July 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

People were not always able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

During our inspection, we spoke with two support workers, the deputy service manager and the service manager who was the registered manager. We also contacted health and social care professionals who provided health and social care services to people.

We looked at records held by the provider and care records held in the home. These included two people's care plans, health care records, risk assessments and daily records. We looked at a sample of audits, customer satisfaction surveys, two weeks of staff rotas, minutes of meetings and policies and procedures. We also looked around the home and the outside spaces available to people.

We asked the registered manager to send additional information after the inspection visit, including staff training records, two staff recruitment records and an induction pack. The information we requested was sent to us in a timely manner.

At our last inspection on 13 June 2013 we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

One person said, "Yes, I feel safe here". Most people were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home.

Relatives told us their family members were safe. They said, "Yes, I found that people receive safe care in the home". Relatives told us they had no concerns about the care provided to people.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "No member of staff would hesitate to speak out". The registered manager told us, "We encourage all the staff to voice any concerns they may have, individually during supervision and at our monthly meetings". This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

There was an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority safeguarding policy, protocols and guidance. This meant that staff had relevant guidance and information on how to recognise and protect people from abuse.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home and outside in the community. People's individual needs were assessed before people moved into the home and this information was used to calculate how many staff were needed on shift at any time. This showed that staff were available to respond promptly to people's needs and ensure their safety.

Our observations indicated that sufficient staff were deployed in the home to meet people's needs. Eleven permanent members of care staff, the registered manager and deputy service manager were included in the staffing rotas. We saw that the staff shift pattern provided continuous cover to respond to people's needs. Additional staff were deployed to meet people's individual requirement when necessary, for example for one-to-one support, activities in the community and medical appointments. The registered manager determined the number of staff deployed according to people's dependency levels. Staff rotas were planned in advance to ensure sufficient staff were deployed. The registered manager told us, "We have a stable team with staff members who have been with us for many years; we rarely use agency staff to supplement holiday or sickness cover. If required, I normally step in to provide support". The provider was currently advertising for more permanent staff due to recent staff vacancy.

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. For example, a person who was at risk of displaying a behaviour that challenges in the community had been accompanied by two members of staff for an activity. This ensured there were enough staff to meet people's needs.

We checked staff files sent to us after the inspection to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New recruits were subject to a six months' probation period before they became permanent members of staff.

Avenues Group Operations Development manager told us, "We are on track to launching the Care Certificate and associated training and assessment processes following our 'Care Certificate Briefing Sessions' to all of our Service Managers this month (July 2015). We will then be 'going live' with the Care Certificate from August 2015". The care certificate is designed for new and existing staff and sets out the learning outcomes, competences and standard of care that care homes are expected to uphold. Disciplinary

Good

Is the service safe?

procedures were in place if any staff behaved outside their code of conduct and these procedures had been followed appropriately. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. Some people could display behaviours that could impact on the wellbeing of others as well as their own health. The staff team worked closely with psychology professionals to produce guidelines to manage those behaviours to keep people and others safe. A healthcare professional said, "They seem to respond quickly to signs of distress from clients and attend quickly to people needing their attention". Records showed that where there were any incidents of concern, guidance was quickly sought from psychology colleagues to see whether the guidelines needed to be changed.

Each person had their own 'behavioural plan' which contained a range of strategies and interventions designed to reassure and support people to prevent and manage any anxiety or agitation. The plans advised staff how to manage behaviours in specific situations such as in vehicles or on public transport. The plans ensured staff used the least restrictive way to maintain people's safety so they could develop and maintain positive relationships with the people they supported.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. Safe storage and administration meant that people's health and welfare was protected against the risks associated with the handling of medicines. Some people required medicines to be administered on an 'as required' basis. There were detailed protocols for the administration of these medicines; together with records of the circumstances when they had been given. This ensured they were given safely and consistently. Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This meant that staff continued to manage medicines to the required standards.

There was an emergency plan which included an out of hour's policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

Good

Is the service effective?

Our findings

People indicated they were happy with the staff who provided their care and support. A relative told us, "The management communicate effectively with me by email, post and telephone as necessary".

A healthcare professional commented, "I can always tell when I walk into the home, the staff are more confident and competent. I never have to chase them for actions".

New staff received an induction to the home which included a period of observation and working alongside more experienced staff. This ensured new staff had a good understanding of the individual needs of people before working alone.

Staff had received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they had training specific to the needs of people who lived in the home such as autism and epilepsy. As some people could display behaviours that could be challenging, staff had received training in managing behaviours, de-escalation, diffusion & breakaway techniques every year. Following this training, the registered manager and the deputy service manager had developed individual behavioural plans with external professionals for each person who lived in the home. These plans included specific strategies that worked effectively for each person so the use of physical restraint was minimal.

Staff felt supported by the registered manager, they received regular supervision and appraisal. The regular supervision named '1 to 1 meetings' were held at least once every six/eight weeks. One member of care staff told us "The manager listens to what we have to say and they do take on board our contributions. She supports us very well".

We discussed the requirements of the Mental Capacity Act 2005 MCA with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. People's mental capacity had been assessed appropriately. One person had undergone a mental capacity assessment which confirmed they did not have capacity to understand and retain certain information. For example, about restrictions regarding the use of the electronic lock on the front door for their safety. When people had been assessed as not having relevant mental capacity, meetings were held in their best interest to decide the way forward using the least restrictive option. Independent mental capacity advocates (IMCA) had been called to attend these meetings to represent people's views when appropriate. An IMCA who acted for one of the people in the home who was subject to a Deprivation of Liberty Safeguards (DOLs) authorisation in the home told us that they had no concerns about the home.

We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. The registered manager recently made Deprivation of Liberty Safeguards (DOLs) applications to the local authority. This was carried out after a best interest meeting was held. It was decided that it was in the person's best interest to lock the front door in order to keep them safe, which was granted. People's rights were considered and the registered manager understood their responsibilities in relation to this.

Staff sought and obtained people's consent before they helped them. People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. A person had changed their mind about having their weight checked and the staff had re-arranged their plans to accommodate this wish. A member of staff told us, "The residents' consent is paramount; nothing happens without it, they are totally involved with any actions we take".

People were supported to have enough to eat and drink. During our visit we saw people had breakfast prepared with their involvement and sandwiches at lunchtime and cold and hot drinks were available throughout the day and upon request. Where possible, people were encouraged to tidy the kitchen with support afterwards. The registered manager told us "Meals are planned on a weekly basis. We use pictures of different foods to enable people to make a choice". Staff promoted the eating of fresh fruit and vegetables. We saw fresh fruits for people in the kitchen and people eat some of these during our Inspection. People's nutritional needs were met effectively.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers

Good

Is the service effective?

and a staff communication book to ensure information about people's support was communicated effectively between shifts. We observed handover taking place. Concerns about one person's behaviour, people's enjoyment at certain activities and a reminder for a person's medical appointment were shared and recorded. This system ensured that updates about individual needs were effectively communicated and discussed to ensure continuity of care.

Specific communication methods were used by staff. For example, a person who did not talk communicated with their hands. This was recorded in their communication care plan and staff were aware of what each gesture meant to say. Staff were able to interpret people's body language and conversed at times with people without words, using eye contact, pointing, nodding, and mirroring their body language. People were given time to express themselves. Encouragement was provided and we observed staff and people laughing together in mutual comprehension when people were unable to talk. People had 'communication passports' when needed. These passports contained information to explain the most effective methods to communicate with people. People's voice could be heard effectively.

Records showed people had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Appropriate and timely referrals had been made to make sure people received the necessary support to manage their health and well-being. A healthcare professional commented, "The staff team do whatever we ask, and they ask good questions. I was especially impressed on a recent visit to reassess the safer eating advice for people that it was hard to get them to eat. They provided a healthy and tasty food for people and staff engaged with people's speech, recognising its meaning which was rather different to its content. The staff support was warm and fun and/but to the point".

People were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied. When staff had concerns about people's health this was reported to the registered manager, documented and acted upon. A person who felt unwell had been referred to a GP with their consent for a review of their medicines. All the people living in the home had annual 'well-being check ups'. A visiting IMCA told us, "The home ensures that my client maintains his health. I have been advised of GP visits for minor ailments such as a cold or skin rash and I am aware that my client is supported to attend well man clinics annually".

Good

Is the service caring?

Our findings

People's relatives told us they were happy with the staff who worked at the home, as they displayed caring attitudes towards their family members. One relative said, "They clearly care for their service users and do their best with the means available to them". Healthcare professionals commented as follows: "When they visit our clinic, clients always appear well looked after and supported by caring staff members", "From my visits, I have seen good interaction between staff and service users, with staff treating people respectfully and maintaining their dignity at all times" and "Structured, compassionate and good sense. It cheers me up going to this home".

People were well presented, and they looked happy and well cared for. Staff interacted with people in a polite, caring, pleasant and respectful manner. There was a calm, happy atmosphere within the home, and people appeared very comfortable in the presence of staff. Staff engaged with people when delivering care and support, and they were not rushed when assisting them. Staff informed people what they were going to do in advance of any interactions with them and people were involved in their care. For example, we saw and heard one member of staff kindly ask one person if they could take their cup to the kitchen to be washed as they had finished their drink. In another example, one person was kindly asked by a staff member if they would mind vacating the chair they were sitting in, so that a different person could use the seat. The person willingly stood up and moved to another chair.

Relatives told us that they felt informed about 'their relations' care. Comments from relatives included, "They keep me informed" and "I always get an update about my relative and I am told about everything that has happened via telephone calls". Staff were knowledgeable about people's needs, their likes, dislikes and the activities they liked to pursue. One staff member said, "X (person) loves to go to swimming" and we observed that the person went swimming on the day we inspected the home. During the day we saw people were able to carry out many aspects of their own personal care. People participated in domestic tasks around the home including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the home.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. All members of staff, and the provider, regularly interacted with each person who lived at the home, throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Staff told us that communication systems within the home worked well and the registered manager passed messages amongst the staff team as and when required. A communication book was in use where important messages could be passed between changing staff shifts. One healthcare professional told us following our inspection that communication between the service and themselves "Has always been satisfactory". Another said, "The staff are always focused and ready to engage with me and my team".

Our observations confirmed that people's privacy, dignity and independence was promoted by staff. For example, they encouraged people to assist with their own personal care tasks wherever possible, in order for them to remain as independent as possible. We observed one person was given privacy in the bathroom. In another situation, we were politely asked to wait for response from people to our request to view their rooms before we could do this. Staff encouraged another person to put their own shoes on independently, but when they needed assistance to tie their laces, this was promptly given.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the home. The registered manager told us that while some people had an advocate acting on their behalf; others had family members who were actively involved in their care. We contacted an Independent Mental Capacity Act advocate who told us, "I have had no problems in communicating with this home".

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations.

Good

Is the service caring?

All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used.

Good

Is the service responsive?

Our findings

People's relatives told us they were satisfied that the service responded to any changes in people's needs. One relative told us, "People are supported to maintain good health, have access to healthcare services and receive on-going healthcare and other support". Healthcare professionals said, "They support clients well in accessing necessary services" and "The calm of the present day does not hint at the turbulent life the residents have led before, in other settings. The staff are focused and I never have to chase them for actions".

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff and care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care people received. The care plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

Care was person centred. We observed one person being asked by the registered manager what drink they would like and refusing two different options offered to them, by shaking their head and making a particular noise. The registered manager proceeded to get another different flavoured drink, which they chose. Staff told us they could tell when people were not happy and some people communicated via specific sounds or body language, the meaning of which staff had learned to interpret.

People's care records were individualised and provided the reader with information about the person, including their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medication needs and goals for the future. Staff were armed with the key information they needed to ensure the care they delivered, was both appropriate and safe. The home operated a keyworker system where individual staff members were allocated to different people living at the home. A keyworker is someone who co-ordinates all aspects of a person's care in the home. These staff members held the responsibility for ensuring that the person they were keyworker for, received the most appropriate care for their needs and that their care records were up to date. There were minutes of key worker meetings which showed us the actions taken in response to people's ideas or concerns. This showed that people had been listened to and staff acted on their views.

We observed staff promoted choice throughout our inspection and people were offered options around what they ate for lunch and whether they went out to socialise within the community. People were enabled to maintain relationships with their friends and family members and take part in activities which were of particular interest to them. The provider had a system of 'opportunity sessions', which was used to try out different types of activities with people until the person finds what they are interested in. A healthcare professional commented about this system and said, "I also like their system of 'opportunity sessions' where they try out new experiences over several sessions to help a resident learn about it and make a decision about whether they get something from it. This makes sense" and "They support clients well in accessing necessary services". People pursued a range of activities individually, and sometimes together, and the registered manager and staff told us that extra staff were brought in to enable people to go out in the local community, or further afield, for a day visit or afternoon out. For example, one person went out with staff for shopping during our visit and another went swimming accompanied by staff. This showed the registered manager and staff supported people to pursue activities they liked, which in turn developed their social skills and involvement within the community.

We reviewed how the provider handled complaints received within the home and found that there had been one complaint since our last inspection. This complaint had been from a neighbour regarding possible rat infestation in the garden. Records held within the home showed the registered manager and staff had worked closely with the neighbour, and investigated the matter accordingly, taking the necessary action such as pest control professionals visiting to investigate further, thereby bringing the matter to a close. The provider had a complaints policy in place and this was followed in practice. Families and healthcare professionals told us they have no concerns about this home and services to people. Comments included, "I have no concerns about the service, and feel able to raise any issues with a member of staff, confident that this will be looked into" and "No concerns that I can think of".

Good

Is the service responsive?

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. For example, everyone was asked 'How would you rate the quality of the support that we provide?', 65% said the service was excellent, 35% good and 5% said it was average. When asked if the service was safe, 100% said yes. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

Good

Is the service well-led?

Our findings

People's relatives, staff and external healthcare professionals, overall, gave positive feedback about the registered manager and provider. Comments included, "I think that the service manages clients who have a number of behaviours which can challenge a service" and "I really rate this home, which I have known for many years".

The management team encouraged a culture of openness and transparency. Their values included 'Pride in what we do; Respect (treating people properly); Integrity (doing the right thing) and Excellence'. Staff demonstrated these values by being complimentary about the management team. A member of staff said, "I do get support from the manager. I can go to her anytime. She is approachable and does listen". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. We observed this practice during our inspection. The registered manager told us they were well supported by the area manager who provided all the resources necessary to ensure the effective operation of the home.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews and quickly identified and responded to any gaps in records, changes in quality, issues about care or any other matter which required addressing. Care plans and risk assessments were reviewed on a monthly basis and any concerns were acted upon straight away. The registered manager told us that people and their relatives or representatives were invited to attend people's reviews. At the reviews people could share their views and say whether they were happy with the care and support people received.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services. This also enabled the provider to refer to the data and employ trained, knowledgeable and skilled staff in order to meet people's needs. Staff had undergone annual training in topics such as first aid, health & safety, medication administration, supporting people with epilepsy and safeguarding amongst others.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The registered manager said, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the area manager who will go through and also report it to higher management if need be". Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. One member of staff told us; "I know I have to report if something wasn't right. I can whistle blow if nothing was done about it".

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. One staff member said, "We get supervision and an appraisal where we go through my performance and the manager lets me know if there are any problems with my work". Staff competency checks were also completed via observation by the registered manager. This

Good

Is the service well-led?

was to ensure that staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

Communication within the home was facilitated through monthly team meetings. We looked at minutes of June 2015 meeting and saw that this provided a forum where areas such as risk assessments, staff handover, activities and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service to people and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.