Kisimul School Holdings Limited

Tigh Sogan

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

This inspection took place on 20 October 2015 and was unannounced.

Tigh Sogan is a residential home which provides care and accommodation for up to six adults with learning disabilities, autism and who may display behaviours that challenge others.

The home was registered in February 2015 and this was their first inspection by the Care Quality Commission (CQC). There was a registered manager in post, who was present on the day of the inspection visit. 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.

People told us they felt safe in their homes because of the staff support they received; it was tailored according to their needs and abilities.

People and their relatives were fully involved in planning their care which was seen to be person centred and

Summary of findings

individualised. Care plans included information about people's abilities, likes, interests and background and provided staff with sufficient information to enable them to provide care effectively.

Family members told us they felt confident in the fact their relatives were developing more independent living skills; and they were well supported.

Risk assessments considered individual needs, strengths and areas where support was required. Support arrangements were in place to help people manage these as safely as possible. The service encouraged and empowered people to develop independent living skills, promoted positive risk taking and did not restrict people's interests but encouraged them to try new things.

Recruitment processes were robust and only suitably vetted staff were employed. Staff told us they received essential training but also training specific to the needs of people they were supporting. We saw that health and social care professionals were regularly involved where needed and staff followed their advice and recommendations. Staff had undertaken relevant training on the Mental Capacity Act 2005 so that they understood the issues faced by people who may find it to make informed choices about their care.

The service had systems in place to safely support people who may behave in a way that put themselves or others at risk of being physically harmed. People exhibiting behaviour that challenged the service were carefully supported by staff who were trained and competent is using detailed positive behaviour support plans.

The service worked in collaboration with other agencies and health and social care professionals, ensuring care was effective and any specialist input was obtained where necessary. Relatives said they were pleased with the support the home provided and felt confident they would listen to their views and respond appropriately when they had any issues or concerns.

Staff supported people to fulfil individual passions. The service worked with people to arrange and support them to try new things. Activities and opportunities were varied and regular. Staff supported people to achieve personal goals such as developing more skills and confidence building.

Staff provided encouragement and support that enabled people give their views and make their wishes known. Staff were able to interpret and understand non-verbal communication and cues that indicated people's wishes and aspirations. People's preferences, interests, and diverse needs were recorded and care and support was provided in accordance with their wishes. The provider had quality assurance processes in place that identified any shortfalls and drove improvement in the service. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

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?

Good

The service was safe.

The service made sure any risks were identified and managed appropriately. Care arrangements promoted people's independence, and balanced safety with people's rights to make informed choices.

There were processes in place to help make sure people were protected from the risk of abuse. Staff understood how to recognise abuse and took effective action to keep people safe.

There were sufficient numbers of suitable skilled staff available to support people safely. Medicines were managed safely, and people were supported to be as independent as possible in managing their medication.

Is the service effective?

Good

The service was effective.

Staff received suitable training that enabled them to support people with complex needs. Additional, service specific, training was provided to staff.

Support plans were written around people's individual needs and behaviours. People received support that promoted their health needs and were assisted to access healthcare professionals.

Staff supported people in a way that helped them understand information about their care and support in accordance with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People experienced care and support which reflected their individual needs and preferences. The staff team were caring and thoughtful and promoted consistency of care by working to the same boundaries and guidelines.

Staff adopted a caring, nurturing approach which had improved people's behaviours. Staff respected people's wishes to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care and care records were detailed sufficiently to inform staff about the care and support arrangements which were in place.

Staff were responsive to people's changing needs and circumstances and took appropriate action as necessary.

People received support to take part in activities that were interesting and motivating, and they had opportunities to learn new skills.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People told us about the positive culture and support that was promoted and this had contributed to positive outcomes for people. Staff told us how they were encouraged to share their views and felt supported by an open positive culture.

The provider had effective systems to regularly assess and monitor the quality of service that people received. Since the service opened six months ago audits and feedback from people using the service and their relatives were used to improve the quality of support they received.

Tigh Sogan

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us.

We visited the service on 20 October 2015. Our visit was unannounced and the inspection team consisted of one inspector. On the day of our visit six males were using the service and three were able to share their views with us. Some people living at the home had complex needs and were not able to verbally communicate their views and experiences to us. We observed their interaction with staff and spoke with their family members. We also spoke with their social workers responsible for their placements.

During our inspection we spoke with five care staff and the registered manager. We observed care and support in communal areas, and looked at the care records for three people. We met with the human resource manager and also looked at records for seven staff members. We examined records that related to how the home was managed. After the inspection visit we spoke with the parents of four people who use the service, a challenging behaviour specialist and two social workers.

Good

Is the service safe?

Our findings

People told us they felt safe and had confidence in the service. One person said, "I can talk to staff if I have any worries." People spoke of the things that helped them develop their independence. For example, there was always a member of staff available if they needed support. One person told us they were aware of some of the risky areas 'like going out alone' and in making choices about how to stay safe when participating in activities such as swimming.

The provider had clear procedures in place on safeguarding adults including how to recognise abuse and what steps to take. There were posters and leaflets in the communal areas to help people understand what abuse was and how they should report it. The leaflets were easy to read and set out the safeguarding arrangements in place and included contact telephone numbers. Safeguarding was discussed regularly at staff meetings and at the monthly resident's meetings. Staff were clear about their role in responding to safeguarding concerns.

Staff had pre-admission information about individuals that included their history which helped them develop suitable support plans. Staff supported people and helped raise their awareness about abuse and keeping safe in their home and in the local community. One person told us they were unhappy in a previous setting as they had experienced a degree of bullying and felt helpless. They told us their new home offered them an environment free from any form of harassment and where they felt able to share any concerns. They said, "I am able to make plans about what I should do or avoid and staff support me to do this." Staff alerted people's social workers and other healthcare professionals involved in their care if they had any concerns about a person's safety or welfare. At the time of our inspection there were no safeguarding concerns.

The care and support experienced by people was planned and delivered in a way that promoted people's safety and welfare. Care records contained individual assessments undertaken before the person came to the service and showed an overview of their care needs. Risk assessments were in place to identify the risks to people in relation to issues such as travelling and self-injurious behaviour. Actions required to reduce these risks had been clearly identified. Care plans were in place which identified the person's needs and gave detailed information on the support the person needed and their preferences. Care plans covered communication, mobility, transfers and nutrition/hydration and specific information such as the need for night checks for people. These were reviewed and updated as necessary. This meant care was planned to meet people's individual needs and reduce the risks of unsafe care.

Risk management plans included personal care, behaviour management, vulnerability, accessing the home / wider community and epilepsy. The support plans in place showed how to support people with staying safe and becoming more independent. During our visit we saw that each of the five people who went out to activities were supported by a member of staff. Staff supported people with managing these risks while balancing development of their independent living skills. For example, a staff member supported a person in the kitchen while they helped them prepare a sandwich.

People were kept safe because assessments of the risks to their safety from a number of foreseeable hazards were developed; such as bathing, shopping and community activities. Care plans and risk assessments showed that people who required one to one supervision received this, for example when walking to the shops, having a bath, or engaging in activities. A staff member told us they had read and understood the risk assessments. For example they confirmed they were aware of the risks presented by a person who experienced seizures and were always supported discreetly when having a bath. The records also demonstrated this.

We saw from needs assessments that some people using the service may behave in a way that put themselves or others at risk of being physically harmed. People requiring this degree of support had a 'positive behaviour support' plan (PBS) which helped staff recognise when behaviour may become challenging. Positive behaviour plans were in place for people and included strategies and interventions for staff to use to help distract the person and diffuse the situation. Staff told us they followed the management plans and had the opportunity to discuss risk management at shift handover and in team meetings.

We saw examples of PBS plans were seen on the inspection visit. During our inspection one person became anxious and staff responded calmly and reassured the person. The person went for a walk with staff to manage his feelings when he became agitated. Staff told us this was one of the

Good

Is the service safe?

coping mechanisms developed between the person and the behaviour specialist. Health professionals told us staff had completed relevant training on how to respond positively when a person became upset or angry, and they had taken on board recommendations made. A behaviour specialist told us they had delivered training to staff from the home.

There were arrangements to deal with foreseeable emergencies. There was always an out of hours manager on call that staff could contact in emergency. The service maintained records of all accidents and incidents and informed all relevant parties. Appropriate investigations and follow up actions were taken following incidents.

People were supported by sufficient numbers of suitably skilled and experienced staff that met their needs and enabled them pursue a fulfilling lifestyles. Staffing levels were organised flexibly and according to people's needs. People told us they had sufficient numbers of staff available to assist them and provide the support they needed. Staffing rotas showed each person had one to one support during the day, at night there were three staff on duty. As the service was newly registered the staff team included a combination of newly appointed staff and senior experienced staff from another home run by the provider. Newly appointed staff had shadowed senior experienced staff in getting to know the people using the service as they moved in.

The recruitment process was thorough. Records of staff recruitment showed that only suitably vetted staff were employed. Pre-employment checks were obtained prior to people commencing employment. These included three references, (one being from their previous employer), a satisfactory Disclosure and Barring Service check, and proof of eligibility to work. This helped to reduce the risk of the service employing a person who may be unsuitable to work at the service. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

People were protected from risks associated with their environment. The premises were clean and well maintained and infection control measures were in place. The kitchen surfaces and equipment were visibly clean and the food was stored and dated appropriately. Temperature checks for the fridges and freezers were recorded daily and were within an acceptable range. Staff had attended food hygiene training and were conversant with the food handling requirements. The service had recently been awarded five stars by the environmental health officer. Staff carried out checks to make sure people's surroundings were safe and clean and well maintained. People had accommodation that was well-maintained.

Medicine procedures were safe. Medicines were stored, administered and managed correctly. Medicine administration records (MAR) were all signed appropriately. Regular monthly medicine audits were conducted, these identified if there were any gaps in recording or in the supply of medicines available. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Medicines received into the home were checked and recorded. Medicines were administered by senior members of staff who were trained and assessed as competent in following the home's medicine procedures. We checked records against stocks held and found them to be correct. None of the people currently using the service were assessed as competent to take their own medicine. Staff administered all prescribed medicines. Each person had a medicine profile in place recording the medicines prescribed, any allergies and contra indications to using the medicines. According to medicine administration records people were given their medicines at the correct times. We saw that medicines were reviewed at consultations with the GP or the psychiatrist. This showed us that people had received their medicines as prescribed and that staff managed medicines safely and appropriately.

Good

Is the service effective?

Our findings

People received effective care and support from staff, because they had the skills and knowledge to meet their needs. People and their relatives spoke positively about their experiences living in the home or visiting the home, and were complimentary about the staff who supported them. One person's parent told us, "My relative has done well since moving to Tigh Sogan. Staff know and understand how to look after them, and as a result they respond well to staff." We saw the home promoted the ethos of an ordinary lifestyle by making the home a homely family style environment rather than a residential care setting. Two of the relatives we spoke with told us the care provided was far better than in other care settings where their family members had lived because it was like a family home. All the people we spoke with told us this relaxed environment was one of the strengths of this service and contributed to individuals integrating better with their peers.

Records confirmed that the manager had carried out a 'transition plan' with the person when they first started using the service and this was confirmed by social care professionals and relatives. This included gathering information about the person's background, areas of independence and areas where support was necessary, needs and aspirations and preferences in their daily lives. One family member commented that lessons were learned by staff and management as a result staff of some issues that came to light in the early days when their relative moved in.

People told us they thought staff provided them with the kind of support they needed, and recognised when they were improving their independent living skills. One person said, "I am more able now to express myself and feel more confident, staff have given me encouragement to reach this stage." We saw numerous examples of progress made by individuals in adapting to a lifestyle they enjoyed and where they took more control over their life. One person said they were responding well to their new surroundings and to the encouragement and support by staff. We saw how they responded when a staff member redirected them to another area of the home when the main hallway was busy with people returning from events. Their family member told us they had seen the person made great progress, and that previous hospital settings had not provided their relative with the most appropriate support. A social worker told us of a person known to them, they had transitioned well from previous placement. They said staff had got to know the person and took the time required to enable them settle in. As a result they felt the person had overcome a number of obstacles in their life, with significant reductions in episodes of challenging behaviour.

Staff had the appropriate skills and training to carry out their role effectively. In addition to basic training staff also undertook specific training relevant to communicating with people who lived in the home, such as Makaton (a form of sign language) and other communication techniques, behaviour support, epilepsy, restraint and mental health. Training records confirmed that training had taken place.

Staff told us the training gave them confidence to undertake their roles effectively. The service had a system in place for monitoring when staff training was due. The manager shared with us the induction process for new employees; it was comprehensive and covered all mandatory training. A member of staff told of completing the induction programme, and as part of their induction the manager completed direct observations of their practice. Staff development plans were in place and staff training needs were discussed within their supervisions.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Staff had undertaken relevant training on the Mental Capacity Act 2005. Staff told us this helped them understand challenges faced by people who may find it difficult to make informed choices about their care. People who were able to told us they consented to the care and support they received. Staff told us they assumed people had the mental capacity to consent and used their knowledge of people's communication needs to explain choices to people and assist them to make decisions. There was comprehensive documentation which detailed the way in which decisions had been made in the person's best interests when they were unable to give valid consent. Some people had a Lasting Power of Attorney or a court appointed Deputy in place to speak on behalf of the person when they could not make decisions for

themselves. This meant the rights of people using the service were protected and where people were unable to give informed consent decisions were made in accordance with the law.

Staff had been trained in the use of restraint, on occasions this had been necessary using the methods recommended. Records were maintained of any such occasion. Any such practice was reflected on later in staff meeting, and also monitored by senior management at monthly quality assurance visits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. The aim is to make sure that people in care homes are supported in a way that does not inappropriately restrict their freedom. The registered manager and staff demonstrated an understanding and knowledge of the requirements of the legislation. The manager informed us they had made applications to the relevant local authorities for all six people. Four of these standard authorisations had been approved. Staff understood why these were agreed and followed the plans in accordance with the regulations. All relevant parties were kept informed in accordance with legislation.

Staff were supported to deliver care and treatment to an appropriate standard. Staff told us they received regular supervision from their manager which gave them the opportunity to discuss their performance and to identify any training needs. The manager held staff meetings but these were not as frequent as they had planned due to the demands of the service, each person needed one to one support each day. The manager acknowledged that more frequent team meetings were necessary and agreed to schedule these. There was evidence that a manager checked the competency of staff to carry out their duties. For example, the manager made reports on the observation and assessments of staff practice whilst the staff member administered people's medicines. Staff told of effective teamwork; they felt supported and were able to discuss any problems with the manager. A staff member said, "My colleagues are a lovely group to work with, we get on well as a team and this creates a positive environment."

Care or support was planned and delivered in a way that ensured people's health and welfare. We saw there were noticeboards displaying communication aids, PECS (Picture Exchange Communication) and sign language symbols which people who used the service and staff used to help communicate with each other. Staff told of the training they had on communication tools and felt confident in using these when communicating with people. A staff member told us they involved people in the everyday tasks of running the home. This meant people got involved with some cleaning, laundry and preparing meals.

One staff member told us how they used PECS to help plan the weekly menus and how one person enjoyed shopping on line and choosing items for the home. People told us they were able to have food and drink of their choice, staff involved them in choosing meals, and assisted them with shopping. The specialist communication needs of people were considered and people were given a choice by using pictorial and suitable formats for meal planning. Records of care showed the service had asked people about their food preferences and clarified whether they had any health needs, such as diabetes, which had implications for their diet. There was also information on allergies people experienced, the storage systems staff used ensured food was labelled clearly to avoid serving unsuitable food to people. One person told us the food was healthy and said, "I have been overweight but staff have encouraged me to eat more healthy food and I now feel better." Staff told us their training and induction had covered how to meet people's nutritional needs. Staff sought guidance from health professionals in relation to people's diet when they had any concerns.

People told us their day to day health needs were met. Health action plans were in place for people which showed appointments and consultations with health and social care professionals. People were registered with a local GP. The manager told us that annual health checks were planned for people in their first year in the home. Staff supported people to attend other appointments when needed. The service had also developed a 'health passport' with each person which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after, and informs them of communication needs.

Good

Is the service caring?

Our findings

People's privacy and dignity were respected. When staff were introducing us to people using the service they explained our role. In doing this they showed respect for people's privacy and dignity. People told us they were treated kindly. Those unable to speak indicated to us they were happy by gesturing and body language. Staff were observed to work in a way that maintained people's dignity and promoted respect. We heard and observed caring interactions between people and staff. One person was agitated was seen to be gently redirected back to a lounge by a staff member at the pace that was suitable for them.

Staff were familiar with the people who used the service well and had positive relationships with them. They provided encouragement and support to enable people to give their views and make their wishes known. Staff were able to interpret non-verbal communication and cues to indicate people's wishes. The care records showed that advice was received from a challenging behaviour specialist and staff used this to influence the care arrangements.

People using the service told us that staff respected their privacy and dignity. We observed the staff knocked on doors before entering people's rooms. Care plans included information about people's rights to privacy and how staff should support them. Staff had received training on the principles of privacy and dignity, and person centred care and adopted a person centred approach. Staff were aware of their role and opportunities to make positive contributions to a person developing more confidence and self-worth. They acknowledged people as individuals who advanced at their own pace and responded to events very differently. One example of how this was done was where one person was encouraged and supported to accept that the results of competitions were not always to their liking.

People were relaxed and comfortable with staff around who engaged with them. The rapport with staff was good. We saw a staff member supported one individual whilst encouraging them to be independent and make decisions throughout the morning. The person displayed ritualistic behaviour which staff understood. They took on board recommendations received from professionals and gave the person the space they required to carry out these rituals. We saw this had worked as the person was calm and responsive to staff. A relative told us their family member was comfortable in the house and described staff as "understanding and caring people."

Staff told us the training had emphasised the importance of understanding people's backgrounds, preferences and how to communicate with people. Care records included this type of information and staff said they read these records, it made a positive difference to them and they could care for people appropriately. A member of staff told us, "Understanding a person's past experiences helps us to get to know a person and provide a more person centred support." People's diversity, values and human rights were respected. We saw that staff attended training on equalities and diversity. Records included details about people's ethnicity, preferred faith and culture and staff used this information to respond appropriately to people's needs. We saw that one person's records indicated they responded best to praise and encouragement, and needed lots of reassurance. This approach worked well in one to one discussions with staff when the person could look at and share with staff in a positive way why they exhibited inappropriate behaviour.

We saw records to confirm people were consulted about their care. The manager said, "We recently had [name of person's] review which involved the parents." Relatives confirmed they were also involved where needed. One relative said, "We've been involved from the beginning and we're always kept in the picture. "

Staff worked together with people to enable them develop social and emotional skills. People said that staff helped them to learn new skills such as mixing within their own community with their peers, and also integrating into the wider community. People travelled outside using their own minibus generally. One person said, "I am supported to become as independent as possible by the staff, that is my goal and I am getting the encouragement and support to get there."

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. A social worker said, "This service supports people well who have complex needs, they have a high staff ratio due to the needs of people with learning difficulties and behaviours."

To ensure the service accepted appropriate placements the manager assessed people's needs prior to them offering a place in the service. This helped them make proper provision in advance for planning support arrangements, and staff resources before people were admitted. The assessment considered all aspects of a person's life, including their strengths and weaknesses, social needs, health and personal care needs, and the individual's ability to take positive risks. There was information from health and social care professionals to inform the staff team on specific areas. One comment from a social worker stated, "Staff understand the needs of the person and respond accordingly, the person has established a good rapport with staff who respond promptly to their needs."

Staff took prompt action if there were any concerns about a person's health. Referrals were made to appropriate health care professionals and staff advocated for people to ensure they got the treatment they needed. Records showed the involvement of a wide range of health professionals and it was evident that people's health care needs were constantly monitored and addressed and responded to appropriately. A family member told us, "I find it reassuring to know [my relative] has a degree of independence and that he is effectively supported with their healthcare needs." Where needs had changed, there was evidence that people's support and risk management plans were updated to reflect changes to care arrangements." This showed that the service worked well with other professionals as necessary to respond and deliver the care people required.

People's diversity, values and human rights were respected and responded to appropriately. Staff attended training on equalities and diversity which helped them understand and respond appropriately to the diverse needs of people. Care records included details about people's ethnicity, preferred faith and culture and staff used this knowledge to respond and support people with these needs. One relative told us their family member was responding well since coming to live at Tigh Sogan as their keyworker shared similar cultural heritage and thus could relate well to their needs.

People were supported in promoting their independence and community involvement. We reviewed some of the activity timetables which people had created with their key workers. These were done in a format the person understood, and reflected a range of activities based upon personal choices and interests. During our inspection five of the six people went out to activities by minibus and each one was supported by a member of staff. One person attended college, another person spent time in the home engaging with a member of staff. A person who had recently moved into the home had chosen to stay indoors to get familiar with their new environment. Throughout the day we observed the keyworker was regularly engaging and interacting with the person and encouraging dialogue.

During our visit, we saw that staff supported people with their daily routines and in making choices about what to do. One person told us they were going to visit their parents for the weekend and were preparing their clothes and weekend bag for this. We saw that these activities corresponded with the person's activity planner.

There was a complaints procedure in place and this was explained in pictorial format on noticeboards in the home. People were issued with the complaints procedure as well as terms and conditions when they moved into the home. Relatives told us their experiences of raising issues with management. They found they were responded to promptly and actions were taken to address issues that needed to be improved. Individuals had opportunities to express to their keyworker about anything they were unhappy with.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. A relative we spoke with said, “This is a well-managed service, with the same aspirations as we have for our family members.” Another relative commented positively on the support and reassurance they received from the trainee manager.

People using the service, their relatives and other stakeholders such as behaviour specialists and social workers were given satisfaction surveys since the service opened and their feedback was analysed. These reports were positive about the quality of the service. A person using the service stated, "Any issues I have are most of the time sorted out for me." A social care professional wrote that the service was good at "managing and supporting appropriately people with complex and challenging needs."

There was a manager in post since the service opened; she was also responsible for managing another service 12 miles away. She was skilled and experienced in managing services for people with learning disabilities, and was supported by a trainee manager. A social care professional spoke positively of the management of the service in its first six months of operation. Staff told us there was good teamwork; they said they were well supported, that management was open and could discuss any problems with the manager. The manager shared with us the work she was doing to further develop the service. All five staff were positive about the management. A relative we spoke with said, “I see the staff team as enthusiastic.”

Internal auditing and monitoring processes were in place to identify any shortfalls and to drive improvement. A manager visited the service and carried out a monthly quality assurance audit. The reports showed that the provider closely monitored service provision, for example to check whether an individual’s health and social care needs were met or if there were outstanding issues. Any areas for improvement were identified in an action plan and their progress was followed up, and these were kept under review on the next monitoring visit. Where shortfalls in service quality were found, there was evidence that corrective action had been taken in a timely manner. The manager undertook other quality audits, these included checks of care plans and electronic care records, medication, health and safety and infection control.

There was evidence of learning from incidents / investigations took place and appropriate changes were implemented. The service maintained records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The service has kept us promptly informed of any reportable events. Records were kept securely and confidentially.