Voyage 1 Limited

Mimosa Lodge

Inspection report

Winchester Road
Boorley Green
Botley
Hampshire
SO32 2DH

Tel: 01489789612

Date of inspection visit:
22 January 2016
02 February 2016

Date of publication:
02 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 22 January 2016 and 2 February 2016 and was unannounced.

Mimosa Lodge provides accommodation and personal care for up to eight people who have learning disabilities. At the time of our inspection eight people were using the service. Seven people were living in the main house and one person was living in a separate annex which was not connected to the main house.

Mimosa Lodge has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. Staff were aware of how to protect people from abuse. Relatives told us their family member felt safe.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk of harm from participating in a large number of everyday activities. Staff were aware of the risks and knew how to mitigate them.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. Where necessary investigations were carried out to ensure the risk of repeat incidents was reduced.

There were enough staff on duty to meet people's needs. The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. Emergencies such as sickness were covered by staff working extra shifts, and sometimes the use of bank and agency staff. The registered manager told us the home was currently recruiting for extra care workers. The provider had a service level agreement in place with the agencies that provided staff to ensure that appropriately trained and qualified staff were engaged to support the home. Recruitment procedures were carried out safely to ensure that potential members of staff were suitable to work in the home.

Medicines were administered safely by staff who had been trained to do so. Medication competencies were checked by the registered manager annually to ensure staff were knowledgeable and skilled to continue. Medication Administration Records (MAR) were kept for each person and completed fully. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly and monthly.

People were asked for their consent before care or support was provided and where people did not have the

capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. People were given dietary supplements when needed. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had promptly responded to people's health needs and this had ensured people's safety and welfare was maintained.

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who listened and responded. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role.

The service maintained a detailed system of quality control in order to ensure the quality of service was maintained and improved. This included daily checks weekly checks and quarterly provider audits. Actions were identified as a result and included in a consolidated action plan which was regularly monitored by the registered manager to ensure actions were being completed within appropriate time frames.

Staff said they had been involved in the development of the home. Most recently there had been a consultation about the development of the lounge into two separate rooms. Evidence demonstrated that people and staff had been consulted.

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.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by staff.

The registered manager sought and responded to feedback from people, relatives and staff.

Appropriate action was taken in response to people's health needs.

Is the service well-led?

Good

The service was well led.

We found the home had an open and transparent culture.

People and staff were encouraged to be involved in the future development of the service.

Effective quality assurance systems were in place, to ensure a continuous and consistent quality of care.

Mimosa Lodge

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 was carried out on 22 January 2016 and 2 February 2016 and was unannounced. The inspection was carried out by an inspector.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. The provider submitted a Provider Information Return (PIR) prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with three relatives and one person. We also spoke with the registered manager and three support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences, we used other methods to help us understand their experiences, including observation. We were able to communicate and interact with three people using communication plans within their support plans.

We last inspected the home in July 2014 and found no concerns.

Good

Is the service safe?

Our findings

One person told us they felt safe living in the home. They said "Staff help me to be independent and safe." All relatives agreed their family members felt safe. One relative, when asked if their relative felt safe, said "Yes, absolutely, it's the best place (my relative) has lived in. The home is a real comfort to (my relative.)"

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings. Cards were handed out to staff entitled 'See something, say something.' The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk of harm from participating in a large number of everyday activities. The plans described how people were involved in developing the support guidelines. Risk rating definitions were categorised as 'stop', 'think', 'go' where a categorisation of 'stop' required a risk consideration meeting with the wider support team and a 'think' required a risk consideration meeting with the immediate support team and 'go' meant that risks had been mitigated. Risks identified included behaviours, car travel, bathing and various activities. Staff were aware of the risks and knew how to mitigate them. For example, one person told us they liked going swimming and there was a support guideline in place identifying the risks to the person of participating in that activity. A member of staff clearly described these risks and how they mitigated them when supporting the person to swim. This matched the guidance within the support plan. There was a system in place to ensure that staff were informed about updated risk assessments. This included handover meetings, a communication book and regular staff meetings. This meant that there was a system in place to address individual risks, review these risks and update plans to ensure they were specific to the person and the activity.

There were arrangements in place to address any foreseeable emergency, such as a fire. For example, there were 'grab sheets' in place for each person. Grab sheets provided key information about each person which would be needed in the event of an emergency or an admission to hospital. They included person centred information and the person's diagnoses. Evacuations of the home were practised monthly so that people and staff knew what to do in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. Where necessary investigations were carried out to ensure the risk of repeat incidents was reduced. A recent incident had been investigated by the manager of another home nearby, under the same provider. Appropriate actions had been taken and learning disseminated as a result. This meant the provider appropriately identified and

documented incidents and accidents, analysed the cause and took action to reduce the risk of further incidents and accidents.

The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. This meant that three members of staff were on duty on morning and afternoon shifts and two were on a waking night shift. In addition the registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix required to keep people safe. Emergencies such as sickness were covered by staff picking up extra shifts, bank staff and sometimes the use of agency staff. The registered manager told us the home was currently recruiting for extra care workers. The provider had a service level agreement in place with the agencies that provided staff to ensure that appropriately trained and qualified staff were engaged to support the home.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

Medicines were administered safely by staff who had been trained to do so. Medication competencies were checked by the registered manager annually to ensure staff were knowledgeable and skilled to continue. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly by staff. A monthly audit of medicines was carried out to ensure they were safely stored, administered and where no longer required, disposed of appropriately.

Medicines were stored safely in a locked cabinet in a locked room and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. Each person had individual records kept in relation to their medicines. These included a photograph, medical history, details of any allergies, how the person likes to take their medicines, guidelines for medicines which needed to be taken 'as required' and how the person would indicate they were in pain. A selection of medicines from the cabinet were checked and all were within date and had the date they were opened recorded. This meant that the shelf life of the medicines could be easily reviewed identifying when they were no longer effective.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said "They do understand (my relative). They know how to read (my relative)." Another relative said "Staff are doing a splendid job." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as first aid, mental capacity and fire safety. There was also training about nutrition awareness, allergen awareness and equality and diversity. Staff had regular supervision meetings and said they felt supported.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. Records were kept about how people liked to make specific decisions such as choosing activities or choosing what to eat. For example one person's support plan stated that the best way to present choices was to use objects of reference or pictures backed up with verbal communication. An object of reference is an object which has a particular meaning associated with it. For example, a fork may be the object of reference for dinner. The plan also described how the person indicated yes or no. This meant there were systems in place to ensure that people were given the best chance of being able to make a decision for themselves.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. For example, a mental capacity assessment had been carried out for one person who required a blood test to determine whether they could agree to this course of action. We found that staff had received training in the MCA and were able describe the principles. People were supported to make their own decisions where appropriate through decision making profiles within their support plan. This showed that the registered manager had understood the MCA and had abided by its principles.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood when an application should be made and was

aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Observations indicated the staff knew the people they supported well, enabling their skills and focussing on the positive as well as supporting their needs. For example one person's support plan described how the person enjoyed having a bath and made 'happy noises'. We heard 'happy noises' when the person was supported to have a bath during the inspection.

Menus were chosen by people on a weekly basis by pointing at pictures of different kinds of food. Staff managed the food pictures to ensure that the overall weekly menu was healthy and balanced. The menus were displayed on a board in the dining room so people could see what they were going to eat that day. There were seven people in the main house, which meant that each person was able to choose the menu for one day per week. People were able to choose alternatives on the day if they didn't want what was on the menu. Two people had been referred to a dietician and staff were following dietician advice in relation to their dietary need, for example ensuring a smaller portion size was offered. One person described to us, how they had a choice at mealtimes and were able to choose alternatives if they did not want what was displayed on the menu board. We saw that people were offered drinks and snacks in between meals. People asked for snacks or indicated when they would like to choose one. Everyone was supported at least once a week to visit the shops to choose their own snacks. These were kept in a special 'snack' fridge which people could access when they wanted something additional to eat.

Health professionals were appropriately involved in people's care. Records showed that health needs were met. For example, records showed that a chiropodist and dentist had visited the home and people had been supported to attend optician appointments. One person had received support and advice from a physiotherapist. One person was supported to visit their GP during the inspection. Another person said "If I need to go (to the GP), they get me an appointment."

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care their family member received at Mimosa Lodge. One relative said "I know (my relative) likes it because (they) rush in without a backward glance, when I take (them) back." Another relative said "They do their absolute best. They all have a very good understanding (of people's care)." All of the relatives told us that their family member had had other placements but Mimosa Lodge was the best.

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. One person told us that regular communication with their family was important to them. They said that staff supported them to make regular telephone calls. Another relative described staff as "incredibly supportive." They explained that there had been times when they had been unable to visit their relative, but staff had ensured there was regular contact by bringing their relative to visit them in their home. One person's support plan described how they liked coffee and music. One member of staff said "I bring (the person) a hot drink. We put the music channel on and sit together having a cup of coffee and singing along. It's brilliant." A member of staff described how they had recently purchased a new larger television for the person because they had noticed that the person was struggling to see the smaller screen. They had done this in their own time because they wanted to support the person to enjoy the television, which was one of their favourite things.

Support plans included a 'relationship circle.' The circle recorded important relationships such as family members, keyworkers, friends within the home and also other friendships outside the home. One person spoke about their friends and said they were invited to the home for parties and 'pizza nights.' Everyone was encouraged to have regular contact with family and friends and some people enjoyed weekend visits to stay with family. One relative said "The staff ring us and keep us well informed." Another relative told us "I work very closely with the home and we communicate all the time."

The home had carried out a recent family feedback survey. Positive comments had been received from relatives and these included "Caring, warm-hearted, professional family atmosphere" and "My relative feels at home, is extremely happy and well cared for." One family member reported how their relative had gone from "Strength to strength" since living in the home. The registered manager described how one person had been supported to reduce their medicines. As a result he said the person now needed less prompts, will instigate conversation and in general is more enthusiastic and less anxious.

The registered manager told us that staff received regular supervision meetings with their line manager. The supervision included a practical observation of the staff member supporting people, followed by a discussion about what was observed, what worked and what could be improved. This meant there was a system in place to observe how staff interacted with people, and ensure that people were supported in a caring and effective way.

Staff showed that they understood people and how to support them if they were upset or distressed. One member of staff said "If anyone gets upset we get the foot spa out and spend one to one time with the

person." They went on to described how one person found it calming to have their hair brushed and plaited when they were upset.

People's rooms were personalised according to individual taste. They included areas of interest such as Disney and also home-made decorations. One person had a new carpet in their room, which they told us they had chosen themselves. Their room included lots of photographs, cushions, flowers and home-made crafts. One person had a low bed which was their preference.

Staff made every effort to maximise people's dignity. They spoke to people with care and respect, taking account of their wishes and personal preferences and ensuring they were happy and comfortable. Staff described how they respected people's dignity by ensuring that doors and curtains were closed when people were receiving personal care. One member of staff described how extra care needed to be taken with one person who was not aware of how to protect their own dignity. Staff needed to pre-empt what action the person might take in order to protect their dignity. This matched descriptions in the person's support plan. We noticed that people took pride in their appearance and staff supported this by assisting people to do their hair. We saw that some people accessorised their outfits with matching jewellery. People who liked jewellery had a selection available in their room to choose from. The registered manager told us that he has agreed to be a dignity champion for the home. He was awaiting training to progress this.

Support plans included a section entitled 'What people like and admire about me.' These included information such as 'my smile,' 'my singing,' my helpfulness.' This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident and important.

People were involved in developing their support guidelines. Each support plan included a section detailing how the person had contributed to the plan. Relatives told us they had attended regular review meetings and felt involved in their family member's support.

People were supported to be as independent as possible. Everyone was supported to tidy and clean their room and to take their clothes to the laundry room to be washed. People were involved in putting together weekly menus and sometimes were able to help with food preparation. Staff described how they used verbal prompts to support people in carrying out tasks for themselves. One person's support plan included a section entitled 'How to support me well.' As part of supporting the person well, it stated 'Do not do everything for me as this will de-skill me.' This part of the plan also informed staff that the person needed to be challenged. This ensured that staff supported people to carry out everyday activities rather than doing it for them.

Good

Is the service responsive?

Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Support plans included a range of documents which included person centred planning tools, support plans and risk assessments. Each support plan file contained a range of personal details and information. These included a relationship circle, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile, reviews and updated records, person centred review and outcomes plan. The support plans correlated with health actions plans and observations. This demonstrated how people's assessed needs, wishes and skills translated into support plans. Support was delivered by staff who had a thorough knowledge of people they supported.

We visited a person with complex needs, who lived in a separate annex. Although the person did not feel confident to meet us, a member of staff described the person's needs and how they supported the person. This matched information in the person's support plan. For example, the person spent a lot of time in their room where they felt safest. When they ate meals, they didn't want staff to be in the same room as them. Staff respected this and waited in the kitchen during this time. The kitchen had been specially adapted so that staff were still able to observe the person from the kitchen in order to keep them safe. The member of staff demonstrated that they knew and understood the person well.

People were supported to enjoy activities of their choice. One person told us they liked swimming and regularly attended the local swimming pool. They also described other activities which they enjoyed such as drama and music and movement. A new activity had recently been introduced. This was karaoke and had been popular with people. The registered manager told us "They love it; they know all the words to the songs." A relative described how one person enjoyed the smell of perfumes and perfumed creams. Staff told us that the person really enjoyed being pampered. This linked in with their support guideline which described that when they became anxious, they could be supported to relax by smelling perfume. One person really enjoyed watching a particular film. The person was watching the film during the inspection and staff spent time discussing characters, songs and things that happened in the film. The person really enjoyed this. Another person enjoyed visiting the local library and attended numeracy and literacy workshops during these visits.

We reviewed 'what's important to me,' 'what's important for me' and a 'typical day' sections of people's support plans. They reflected what staff had told us about people and our observations. For example, for one person it was important to visit a café and 'watch the world go by.' It was important for them to be supported in eating a healthy diet. The format of the communication plan made it clear for staff getting to know someone. The format very simply guided staff to acknowledge and respond to communication. For example 'If the person does this or says this, it means this and we should do this.' One plan stated that if person was singing and humming it meant they were calm and relaxed and staff should sing with the

person.

Feedback was encouraged from people in the form of feedback forms which people had been supported to complete. There had been a food and menu survey in December 2015. Staff had also been asked for their thoughts about the menus. As a result of the survey there had been changes made to menu planning. These included ensuring puddings were on the menu and ensuring a pasta dish was available each week. The outcome of the survey had been communicated to people in an accessible format and was displayed on notice boards around the home. Weekly meetings were held between everyone living in the home where it was discussed what was good that week, what was not so good and what they would like to do the following week. People were asked every week if they were happy with the support they received and if there was anything they would like to change about the home. People also had monthly meetings with their keyworker where there were discussions about activities they had taken part in or would like to take part in. There were monthly staff meetings where staff were able to raise any issues or concerns they may have, and these could also be discussed as part of the staff member's supervision meeting if they did not want to publicly raise their concerns.

Relatives told us they knew how to complain. One relative said "If I was worried about a minor issue I would raise it immediately." They told us that anything they raised had always been dealt with quickly and appropriately in the past. Every relative we spoke with said there had been no major issues which had required a formal complaint. The complaint file included one complaint which had been acknowledged, investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. One member of staff said "(the registered manager) is absolutely brilliant, always coming to staff for their ideas. He wants to get everyone involved." The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role.

People were actively involved in developing the service. Plans had recently been approved to divide the main lounge area into two creating an additional room. This decision had been communicated to people in an accessible way. During the inspection a survey was sent to people asking whether they thought the extra room was a good idea, whether they had any ideas as to how they would like to use the room and what things they would like to buy for the room. Staff told us they had also been consulted about the plan. A notice board in the entrance hall to the home was dedicated to the requirements of people using the service. It included an easy read diversity policy, an easy read plan for the proposed changes to the lounge, an easy read complaints policy, a review of the previous month's outcomes for people and also a request for feedback for people about what changes they would like to see in the home. The provider's values were also demonstrated in pictures on this notice board. These included 'freedom to succeed,' 'positive energy' and 'passion for care.'

Staff told us they were aware of their roles and responsibilities. There were regular staff meetings. The minutes of the last meeting showed, for example, that staff discussed obtaining feedback from people about how they would like menus changed. Monthly meetings were held for registered managers under the same provider in the locality. Provider wide issues were discussed at these meetings such as HR issues, business planning and training. This meant the provider had taken action to ensure knowledge and skills were disseminated across other homes contributing to a better service for people.

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and responding to this.

The registered manager was aware of key challenges to the service. The home had a large staff team and this sometimes led to personality clashes between staff which he was managing. In conjunction with this, the registered manager was also in the process of recruiting staff and was aware of his responsibility in matching the strengths of potential staff members to the abilities and skills of people living in the home. The registered manager was proud of the development of the home over the previous few years. He said the team had worked with people who had behaviour which may challenge, to reduce behaviours and also to reduce people's reliance on medicine. This had led to people being more enthusiastic and less anxious and a more positive atmosphere in the home.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents

were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and, where necessary, support plans and other records were updated. This meant the registered manager was monitoring incidents and accidents and taking action in order to drive improvement. There was also an online system maintained by the provider which meant that incidents could be analysed for trends on a provider basis and that senior management were informed in a timely way in order to take any actions which may be required provider wide.

The service maintained a detailed system of quality control. A record of daily checks was maintained as part of the handover process between shifts. These included checking the fire alarm panel, checking escape routes in the event of a fire and checking emergency lighting. Daily health and safety checks were carried out by staff. These included vehicle checks, checking that doors were not propped open, checking there were no odours in the home and checking for slip and trip hazards. Quarterly audits were carried out by the operations manager who reviewed the home in terms of the five domains used by the Care Quality Commission (CQC) to inspect. Where failures were noted, these were discussed with the registered manager and actions taken. An action plan was prepared and responsibility for completion allocated. We reviewed the action plan, some actions had been completed and others had not yet reached their allotted date for completion but were underway. For example, as a result of the quarterly audit, it was noted that not everyone was weighed monthly. The registered manager had put this into practice following the audit.

Staff said they had been involved in the development of the home. Most recently there had been a consultation about the development of the lounge into two separate rooms. People and staff had been consulted. Once the decision had been made to go ahead, further consultation was carried out to find out people's views on the best use for the additional room. One member of staff said "Everything is brilliant. I have the utmost respect for (the registered manager). He's changing this place for the better." Staff felt positive about the service and this positive attitude reflected in the delivery of people's care.