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Milestones Care

Inspection report

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Date of inspection visit:
22 June 2016

Date of publication:
15 July 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 took place on 22 June 2016 and was unannounced.

Milestone Care provides accommodation for up to four people living with a learning disability, mental health and physical health needs. Three people were living at the service at the time of the inspection.

Milestone Care is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. A registered manager was in place.

People who used the service were protected from abuse and avoidable harm. Staff had received adult safeguarding training and were aware of their role and responsibilities in protecting people. Information was available for staff, people who used the service and visitors about the procedure to report any safeguarding concerns.

Risks associated to people's individual needs had been assessed and planned for. Risk plans were monitored and amended when required. Staff were aware of risks associated to people's needs and how to reduce risk from occurring. Risks associated to the environment and premises had also been assessed and safety checks had been completed.

The provider had ensured safe staff recruitment checks were completed before staff provided care and support. This was to ensure that as far as possible, people were cared for by suitable staff. Staffing levels were sufficient and flexible in meeting people's individual needs and safety. People who used the service received their medicines as prescribed and these were managed correctly.

Staff had received an induction when they commenced their employment and ongoing training to keep their skills and knowledge up to date. Staff received opportunities to meet with the registered manager to review their work and development needs.

Staff involved people as fully as possible in discussions and decisions and gained consent before care and support was provided. Where required people's mental capacity about specific decisions relating to the care and support had been appropriately completed. However, best interest decisions had not been recorded. The registered manager took immediate action to make the required improvements to ensure the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was fully adhered.

People who used the service were involved in the menu planning, food shopping and meal preparation. People received sufficient to eat and drink and external advice had been sought to support staff to promote healthy eating. The service involved external health and social care professionals appropriately in meeting

people's individual needs.

Staff had a good understanding of people's diverse needs and what was important to them, and people who used the service said they were kind and caring. Staff supported people to participate in activities, interests and hobbies of their choice. People's privacy, dignity and independence was respected and promoted.

People's care records showed a person centred approach was used by staff. Information was based on people's individual choices, routines and what was important to them. A complaints policy was in place and people who used the service knew how to make a complaint. Information about independent advocacy services was available for people should they have required this support.

People who used the service received opportunities to share their views about the service. Where people had requested changes or improvements these had been responded to.

Staff felt valued and supported and were positive about the leadership of the service. The registered manager had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had developed an ongoing action plan that showed continued improvements to the service were being made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were safe from abuse and avoidable harm. Staff had received adult safeguarding training. Risks associated to people's needs had been assessed and planned for.

People were supported by staff that had undergone appropriate and safe recruitment checks. Staffing levels were sufficient and flexible in meeting people's needs and safety.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had completed a detailed induction and were appropriately trained and supported.

When needed, assessments to determine a person's mental capacity to specific decisions had been completed. However, best interest decisions had not been recorded.

People received a choice of what to eat and drink and healthy eating was promoted. People were supported to access health services to maintain their health.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were caring, kind and compassionate. Staff knew people's individual wishes, routines and what was important to them.

People were supported to be involved as fully as possible in their care and support. People had access to information about an independent advocacy service.

People's privacy, dignity and independence were respected and

promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

Care and support was personalised and responsive to people's individual needs. Staff supported people to pursue activities based on their individual interests and hobbies.

People had been involved in their pre-assessment and ongoing reviews about the care and support they received. .

People's views were listened to and the provider had a complaints policy and procedure in place.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, relatives and staff were positive about the leadership of the service.

Staff were clear about their roles and responsibilities and understood the provider's values and vision of the service.

The provider was aware of their regulatory responsibilities. There were quality assurance systems in place that monitored the quality and safety of the service. People received opportunities to contribute to the development of the service.

Milestones Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the service provided.

On the day of the inspection we spoke with one person who used the service for their feedback about the service provided. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, the provider, and two support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted relatives for their feedback. We also contacted health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

People were safe living at Milestone Care. A person who used the service told us, "Staff make sure we are safe. I get on okay with the other people here." A relative said, "[Name of family member] is safe and well cared for, I have no concerns about safety."

Staff told us how they supported people against abuse and avoidable harm. One staff member said, "Staff have received safeguarding training, we know the signs of abuse and what action we have to take if we have any concerns."

We found staff were clear about their role and responsibilities in protecting people. They were confident the registered manager took effective and responsive action when concerns about people's safety had been identified.

Safeguarding incidents were minimal and where there had been any concerns these had been responded to appropriately. Records confirmed staff had received adult safeguarding training and the registered manager had provided staff with a safeguarding policy and procedure. This included external multi-agency safeguarding procedural information. Safeguarding information was also on display advising people who used the service, staff and visitors about adult safeguarding and the action to take if they had any concerns.

Risks associated to people's needs had been assessed and planned for. One person told us that they had no restrictions placed upon them. They said, "The staff talk to me about risks, I've signed support plans about how staff will support me." A relative told us they were aware that their family member had risks associated to their mental health needs. They said that staff managed these risks well and were supportive.

Staff told us that they were confident that they had sufficient information about any known risks people had. This included detailed information and guidance advising them of the action they needed to take to reduce and manage risks. Staff told us that the registered manager reviewed people's risk plans regularly, and they contributed if they became aware of any changes. Staff said that fire drills were carried out and safety with regard to the environment and premises was maintained.

We found people's needs had been assessed and where risks had been identified, risk plans had been developed to mitigate risks as far as possible. For example, risk plans were in place to manage people's health care needs such as epilepsy and asthma. Additionally, risks associated to people accessing the community had been planned for. For example, for one person who went into the community independently, staff ensured the person had their mobile phone with them and that it was fully charged before they left.

Personal emergency evacuation plans were in place; this information is used to inform staff of people's support needs in the event of an emergency evacuation of the building. A business continuity plan was also in place and available for staff. This advised staff of the action to take should there be an event that affected the safe running of the service.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

Staffing levels were sufficient and were provided flexibly dependent on people's needs. One person said, "There's always staff around to support us." A relative told us as far as they were concerned they felt staffing levels were appropriate when they visited their family member. They told us, "[Name of family member] is always going out with staff which they enjoy, so I guess there is enough staff, if they [family member] had any concerns about staffing they would say."

Staff told us what the staffing levels were and this matched the staff roster. They said they had no concerns about staffing levels. One staff member said, "There is a lot of flexibility, the provider is very supportive, no person has ever been unable to do an activity due to staffing." Staff also said that bank staff were used instead of agency staff to ensure people were provided with consistency and continuity with their support. Bank staff were employed by the provider to meet any required shortfalls.

The provider and registered manager told us how staffing levels were assessed and provided, this included ensuring people received their additional one to one support they had been assessed as required.

From our observations we concluded that people had their individual needs met and were safe. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs.

The provider had safe staff recruitment processes in place. Staff told us they had supplied references and had undergone checks before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their prescribed medicines safely. One person who used the service told us that staff managed their medicines and that they received their medicines at the same time every day. This person understood what their medicines were for. A relative we spoke with was confident that staff supported their family member with their medicines safely.

We spoke with a member of staff about how medicines were managed including, the ordering and storage of medicines. We found staff had received appropriate medicines management training, and competency assessments to ensure they understood how to manage and administer medicines safely. The staff member we spoke with was responsible for assessing staff's competency in managing people's medicines. They gave an example of what action they had taken when they assessed a staff member as not being sufficiently competent. This told us that people could be assured that they received their medicines from staff that were appropriately trained and competent.

Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines. Protocols were in place for medicines which had been prescribed to be given only as required. These provided information for staff on the reasons the medicines should be administered. Records confirmed people had received their medicines as prescribed. We did a sample stock check of boxed medicines and these were found to be correct. Daily audits and checks were completed by staff to ensure people had received their prescribed medicines safely.

We were aware that the clinical commissioning group pharmacy service had visited the service in June 2016 to audit the management of medicines. Where shortfalls had been identified we found the provider had taken action to make the required improvements.

Is the service effective?

Our findings

People who used the service were supported by staff that were appropriately trained and supported to undertake their work effectively. One person told us, "I know staff received training about my epilepsy before I moved here." A relative told us that they felt staff understood their family member's needs and supported them effectively.

Staff told us about the induction they received when they commenced their employment and said they felt it helped them prepare them for their role and responsibility. One staff member said, "When I started I received some mandatory training and read policies and procedures and people's support plans." Mandatory training is a compulsory requirement for all health and social care workers. It enables staff to carry out their responsibilities adequately and provide safe care for people.

The provider had an induction programme for new staff and the Skills for Care Care Certificate was being implemented. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff spoke positively about the training opportunities they received and said that training was often specific related to a person's individual needs. Staff gave examples of training they had received which included, epilepsy awareness, health and safety and first aid.

The registered manager showed us the staff training record and plan that detailed what training staff had received, what was planned and how this was monitored. We saw examples of training certificates that confirmed training staff had received. The registered manager told us that they had arranged for staff to receive training in autism awareness and challenging behaviour and we saw the dates of when this training was planned for. The registered manager also said they were aware that training was required in dementia care, learning disability and further mental health awareness. A training provider had been contacted to provide this training.

Staff told us that they received opportunities to meet with the registered manager to discuss their work, training and development needs. One staff member told us, "We have regular meetings with the manager. We get an opportunity to raise any concerns and we get feedback about how we are progressing in our role."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff told us that there were no restrictions in place for people and were able to tell us what the principles of the MCA and DoLS meant for people and what their duty of care was in protecting people's human rights. One staff member said, "We presume people have capacity unless assessed otherwise. It's about understanding if people do have capacity they can take risks and make unwise decisions." An additional comment was made about recognising and understanding that people's mental capacity may fluctuate at times. An example was given when a person may be unwell with their mental health or affected by their epilepsy that this could impact on their mental capacity. The registered manager understood their role and responsibility with regard to the MCA and DoLS. Where concerns had been identified about people's freedom and liberty, applications had been submitted to the supervisory body as required.

The staff training records showed that staff had received training on the MCA and DoLS. We saw examples of where some people did not have mental capacity to make some decisions about the care and support they received. Appropriate assessments based on specific decisions had been completed. However, best interest decisions had not been recorded that demonstrated what action had been taken to conclude what was in a person's best interest. Additionally, who had been involved in decision made. We discussed this with the registered manager who agreed to take immediate action to ensure they fully adhered to MCA legislation.

People were asked their consent before care and support was provided. A person confirmed that they had given written consent to their care and support. They said, "I've sat with the manager and talked about my needs and I've signed my support plans. Staff have to sign too to say they understand them." We found examples of support and risk plans that had been signed by people who used the service. Staff were aware of the importance of gaining consent before care and support was given. One staff member told us, "We are always asking people's choice, promoting independence and respect what they say. If someone refuses support that's fine, I'll go back later and ask."

Some people who used the service had anxieties, and behaviours associated to their mental health that meant they could present with behaviours that challenged the service. Staff told us how they supported people at times of heightened anxiety. This included using distraction techniques and calming strategies.

We found people's care records provided staff with detailed support plans about how to support people with anxieties and behaviours. By talking with staff we found they were knowledgeable about people's different support needs. We observed how staff supported people when they became anxious. Staff were seen to support people effectively, by using a calm and respectful approach and implementing people's different coping strategies.

People received a choice of meals that were based on their needs and preferences. One person told us, "I like to go food shopping with the staff. We can have what we want and I can make drinks and snacks, I've started to get into the cooking now." A relative told us that they had some concerns about the weight gain of their family member. They said that they had discussed this with staff and been informed that a referral to a dietician had been made. The registered manager told us and records confirmed that a dietician was due to visit the person as described to us.

Staff told us that there was a two weekly menu in place that was based on people's preferences. We saw menu's offered a choice of meals and additional information provided people with food options for breakfast and snacks. Staff told us how they tried to promote healthy eating but were concerned that

people often choose unhealthy meals. The registered manager said that it was a continuing concern how staff could support people with healthy eating whilst respecting people's choice. The registered manager said they had plans to seek support from a dietician that was due to visit.

We observed how staff promoted choices with people's breakfast and lunch. Fresh fruit was available and people were able to make snacks and drinks. Some people were able to do this independently or with staff support. Staff told us how one person's independence was very important to them, and that they had to provide discreet support to ensure the person's safety whilst in the kitchen.

We found from people's care records that dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were weighed on a regular basis and food and fluid intake was recorded. This enabled staff to monitor if people received sufficient to eat and drink. If concerns were identified with weight gain or weight loss referrals to the GP or dietician were made.

People received support to maintain their health. A person told us that staff supported them to attend health appointments including outpatient hospital appointments. A relative told us that they were confident that staff supported their family member appropriately with their health care needs. They said that their family member had chosen to reduce their smoking and that staff had supported them with this. We saw this person's support plan confirmed what we were told. This told us that staff had respected this person's wishes and had taken effective action to support the person.

Staff told us how they supported people with their healthcare needs such as attending the GP for health checks, the dentist and opticians. A staff member gave an example of healthcare professionals they worked with to meet people's health needs. This included an epilepsy nurse and respiratory nurse.

We found care records showed people's health needs had been assessed and they received support to maintain their health and well-being. People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

People were cared for by staff that were kind, caring and compassionate. A person who used the service told us, "The staff make sure we have the support we need, I can talk to any of the staff but like talking to my keyworker. Staff are nice to me and make sure I'm happy." A keyworker is a member of staff that has additional responsibility for a named person. A relative said, "[Name of family member] has lived in other care homes and didn't like some of the staff. At Milestones they have never said they didn't like any of the staff and they would say if they were unhappy."

By talking with staff we found them to be knowledgeable about people's different routines, what was important to them and how they wished to be supported. Staff showed a good understanding of people's individual needs and the different approaches required to support them. This told us that staff had a person centred approach that showed people they mattered and were respected and understood.

We found people's care records provided staff with detailed information about people's needs, preferences and life history. One person told us that they wanted to be treated like any other person their age and that their independence was important to them. They said that staff understood this and supported them to achieve their independence. People's diverse needs had been assessed and understood. For example, consideration had been given to a person with cultural needs with regard to their hair and skin care. Support plans advised staff of what the person required. This showed that people were supported in a meaningful way that was important to them.

We observed staff used effective communication and listening skills when talking with people. Staff engaged positively with people, including them in discussions and decisions. People were relaxed with staff and there was an exchange of friendly communication that told us meaningful relationships had been developed.

People received opportunities to express their views in making decisions about the care and support they received. One person told us that they had regular opportunities to speak with their keyworker. They said, "I talk to my keyworker about all sorts of things, how I want my support, if I need something and don't know how to go about it they'll help me." Comments were also made about how the registered manager spent time with people talking about the care and support that was provided. A relative told us that they felt their family member was involved as fully as possible in discussions about how they received their support. They said that they felt as involved as much as they wanted to be in their family members support.

Staff told us that they had weekly meetings with people on an individual basis to discuss the service provided. They said this included discussions about activities people participated in, any issues with respect to the support people received and anything that affected the running of service such as staff changes. We saw records that confirmed what we were told. An example of action taken in response to an activity a person requested was a trip to Skegness. Staff told us this person had been supported with their chosen activity and records confirmed this.

We saw people had access to information on how to access independent advocacy services should they

have required this support. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. Staff said that people who used the service were able to express their opinions and wishes well saying, "People are their own advocates and we respect this."

Staff provided people with privacy, dignity and respect. A person who used the service told us, "Staff always knock on my door and wait for me to answer before walking in. The staff treat me well; I've never been stopped from doing anything I want to do." Additional comments included, "We're treated with dignity and respect, staff don't raise their voices even when I argue and disagree with them."

Staff told us how they ensured they respected people's personal space and dignity; they said how they recognised when people needed this time and what they did to respect people's wishes. For example, one person required close monitoring due to their needs associated with their epilepsy. A monitoring system was in place that the person had agreed to, this enabled staff to monitor the person both visually and by audio sound. However, when the person was in their bedroom staff asked the person what level of monitoring they preferred. We observed this and staff were seen to respect the person's wishes.

People told us how staff supported them with their independence such as involving them with house hold tasks. They said this was important for them to enable them to develop their skills and independence for future independent living.

Staff said that they were aware that their role was to support people to be independent as fully as possible and for individual people this meant different things. Examples were given about how people were encouraged to maintain their bedrooms and assist with cleaning tasks. We found people's support plans directed staff in promoting people's independence as fully as possible.

Relatives told us that there were no restrictions around them visiting their family member. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People who used the service received a personalised service that was based on their individual needs. One person told us that staff were responsive to their needs. Comments included, "Staff make sure we have something to do. I want to be more independent and want to feel and do what other young people do and staff understand that and are supportive." A relative said that their family member was supported by staff with activities of their choice. Comments included, "[Name of family member] likes to go out in the community, they like to visit particular places and the staff support them to do it."

Staff told us that they understood people's needs well and provided care and support that was based on people's individual needs and wishes. One staff member said, "People have been involved in developing and reviewing their support plans so we know what's important to them." We found staff were very knowledgeable about people's needs, interests, routines and what was important to them.

People's care records showed that detailed pre-assessments were completed before people moved to the service. The registered manager told us that this was important to ensure the service could meet people's needs. The registered manager said, "An assessment of people's needs before they move to the service is important and I have to consider the compatibility of people living here."

One person told us that they had been asked about their interests, preferences, routines and what was important to them. This person said, "The manager sits with me and talks about my support and how I want staff to support me. They ask if there is anything I want to change, and ask how can we make things better." The registered manager told us that whilst people were involved in the development and review of their support plans they had plans to develop a more person centred approach. The registered manager told us how they wanted to support people with their goals and aspirations by developing person centred plans. These plans would identify the action required, by whom and with timescales. This told us that the provider had a commitment of providing people with a personalised service that included supporting people with their future goals and aspirations.

One person told us about activities of interest they enjoyed doing. Comments included, "I'm a really active person, I like keeping fit, I go to a Zumba class and I go to college three days a week." This person said that the registered manager was supportive and purchased a garden trampoline and a Nintendo Wii (electronic console game) to support them with their interest in fitness. This person told us, "The registered manager makes sure we're happy, you don't have to ask for anything they provide anything we need or want." Staff gave an example how the service had supported a person to recently leave and move into supported living accommodation in the community.

Staff told us that each person who used the service had a schedule of activities that had been developed with the person that was based on their interests and hobbies. They said this information was in each person's room to support them to know what activities were available. One support worker said, "People don't have to stick to their planned activities, it can change dependent on what the person wants to do." We saw people's scheduled activities were on display for staff in the office. The registered manager told us that

people's motivation to participate in activities could vary from day to day. The registered manager said they felt it was important that people were offered some structure to their day with opportunities for people to be active and engaged in activities.

During our inspection one person showed us their art work that they had completed and was proud of. This person also went into the community independently. They wanted to change their GP surgery and went to register at a new surgery of their choice. Another person had a meeting with their college career advisor and was due to attend a fitness class later in the day. Another person spent the day doing activities of their choice within the service and was being supported early evening with a community activity that they liked to do.

The provider had a complaints policy and procedure that was available for people, relatives and visitors to the service. A person who used the service told us that they were happy living at the service and had no complaints. They said that if they had any concerns they felt able to speak with the registered manager. A relative told us that they had not had to raise a complaint but they would not hesitate to do so if required. They said they felt confident it would be acted upon appropriately.

The registered manager showed us the complaint log; we saw there were no recorded complaints received since the service registered in 2014.

Is the service well-led?

Our findings

People received a service where the provider promoted a positive culture that was person centred. A person that used the service spoke positively about the service they received. They told us, "Everything is good about living here. All the staff treat me well; I've never been stopped from doing anything." This person added, "I have no worries or any concerns about anything, it's like living with family being here, a normal house."

A relative said that their family member was happy living at Milestone Care and that staff provided a supportive service. Comments included, "I know [name of family member] is well looked after. They would tell me if they weren't or if they were unhappy with anything. It's a relaxed atmosphere when I visit and staff are friendly."

Staff were positive about working for the provider. They said that they regularly saw the provider who they described as friendly, approachable and available when required. Staff also told us that the provider and regular contact with people who used the service. One staff member told us, "The standard of care is the best I've seen in all my years of experience. They [provider] really care; they listen and respond, nothing is too much trouble, they go the extra mile for the people we care for."

Staff said that the registered manager had worked hard at making improvements and that they were a good leader and very supportive. One staff member told us, "The manager is good at networking with external professionals to source additional information, guidance and support." Additional comments included, "The manager is also always constantly looking at ways of improving the service. They are open to change and involve staff, we're asked about improvements all the time so we feel valued and involved."

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. One staff member told us, "I know what the whistleblowing policy is, I've never had to use it but wouldn't hesitate to do so if required."

The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values. One staff member told us, "It can be a home for life but independence is promoted and we can support people to move on and live more independently."

Staff were clear about their role and responsibilities. Staff were seen to work together well, they were organised and calm in their approach. Staff told us there were good communication systems in place; this included daily verbal and written staff handover meetings, a staff communication book and diary. Staff meetings were also planned and records showed that the registered manager used these meetings to reflect on any areas that required further development or as a method to further enhance staff's understanding and knowledge.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any allegations and concerns of a safeguarding nature and any significant accidents or incidents. However, we identified one safeguarding incident that had not been reported to us which we discussed with the registered manager. Records showed that appropriate action had been taken to reduce further risks. The registered manager said the failure to notify us of the incident was an oversight and that would not happen again.

As part of the provider's internal quality monitoring, the registered manager told us that they were in the process of sending annual feedback surveys to people that used the service, relatives, staff and visiting professionals. The registered manager told us the returned surveys would then be analysed and an action plan developed in response to any areas of improvement required.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people experienced periods of anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. The registered manager monitored these reports to ensure people had been supported appropriately. Additionally, the registered manager monitored for any themes and patterns to incidents.

The provider regularly visited the service had had developed an action plan that they showed us that identified areas of improvement. These actions gave timescales for completion and who was responsible. We saw that the registered manager had met many required actions and were on target to complete the actions identified.

The registered manager completed daily, weekly and monthly audits and checks. These included checks on all aspects of the service including health and safety, the internal and external environment, medication and staff training. The registered manager also reviewed people's support plans and risk assessments monthly to ensure these reflected people's ongoing needs. This told us that the provider had systems in place to monitor the quality and safety of the service.