Chestnuts (Arnesby) Limited

Queens Lodge

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 10 August 2015 and was unannounced.

Queens Lodge is registered to provide residential care and support for four people with a learning disability who present behaviours which challenge people us and who have complex needs. At the time of our inspection there were four people using the service.

The service is purpose built and provides accommodation over two floors. The ground floor comprises of a kitchen and an open plan lounge and dining area that provides access to an enclosed patio area. The first floor which is accessible via a stairwell or passenger lift leads to four bedrooms all with en-suite facilities.

Queens Lodge had 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.

Summary of findings

Staff told us that training had helped them to understand the needs of people, which included their right to make decisions about their day to day lives. Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to external agencies.

People were supported by knowledgeable staff that had a good understanding as to people's needs. Staff provided tailored and individual support to keep people safe and to provide support when their behaviour became challenging.

People received their medicines in a timely manner and the medicine they were prescribed was regularly reviewed by a doctor.

People were in the main protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found DoLS were in place for two people and that applications had been submitted to the appropriate supervisory body for consideration. We found that mental capacity assessments had not been carried out for one person where restrictions had been placed on them. The registered manager confirmed these would be undertaken as a matter of urgency.

People were supported to have sufficient to eat and drink and recommendations from health care professionals were followed. People were supported to access a range of health care appointments by staff to ensure their health was monitored and maintained. Staff were proactive in responding to people's health care needs and liaising with health care professionals effectively.

The attitude of the registered manager and staff showed they were enthusiastic about their work and committed to providing the best possible care for all those who used the service. All were aware of each person's individual needs. Staff appeared caring, friendly and talked about their work and were well informed about those using the service.

There were effective systems in place for the maintenance of the building and equipment which

ensured people lived in an environment that was well maintained and safe. Audits and checks were effectively used to ensure people's safety and needs were being met, as well as improvements being made as required. People's representatives and staff had the opportunity to influence the service, which enabled the provider to review and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of suitable staff to meet people's needs.

People received their medicines correctly and at the right time.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought. People were supported to make decisions which affected their day to day lives.

People's dietary requirements with regards to their preferences and needs were met.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good

Is the service caring?
The service was caring.

We observed positive relationships between people who used the service and the staff employed.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others.

Staff supported people with empathy and understanding with regards to their dignity.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to them moving into the service and they or their representative were involved in the on-going review and development of their care.

People appeared relaxed and comfortable in the company of staff and we saw staff responding to people's needs in a timely and considered manner.

Good

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

Good

Summary of findings

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of external stakeholders.

Queens 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 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 10 August 2015 and was unannounced.

The inspection was carried out by one inspector.

We contacted commissioners for social care, responsible for funding people that live at the service and asked them for their views about the service. We spoke with a relative of one person who used the service and a paid representative of another person.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We met the four people who used the service and spent time with people and staff in the communal areas of the service. We spoke with the registered manager, deputy manager and two members of staff. We looked at the records of two people, which included their plans of care, risk assessments, health action plans and medicine records. We also looked at the recruitment files of two members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Good

Is the service safe?

Our findings

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities.

People's records included 'body maps' which recorded any injuries that was noted on a person. Where the cause of the injury or mark was known, such as when a person injured themselves by falling, this was recorded within the person's daily notes. Where injuries or marks could not be explained staff told us these were reported to the registered or deputy manager who then liaised with the appropriate health and social care professionals, which included following the safeguarding policy and referring potential abuse to the local authority.

A person's plan of care included information where they had a diagnosed medical condition which meant that the person bruised easily. Therefore staff needed to be vigilant when providing personal care and to note any injuries or bruising to ensure the person's health was monitored and that they were safe.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed. The provider had a system for auditing people's monies and records and this was carried out by the registered manager and deputy manager to assist in the safeguarding of people from financial abuse.

Plans of care included risk assessments where potential risks had been identified whilst providing care and support to people. Assessments for risk included guidance for staff as to how to support people when their behaviour became challenging. This enabled staff to support people in a consistent manner by following the recommended guidance that was in place to promote their safety and the safety of others. Peoples' plans of care and risk assessments were regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguarding people's safety was up to date.

Staff we spoke with were knowledgeable about how they supported people whose behaviour became challenging to promote the safety of all. Staff told us about the de-escalation techniques they used to distract people with the intention of steering people's interest in a positive direction. Distraction techniques included listening to music, going for a walk, playing cards, and household chores, making a drink or encouraging a person to retire to their bedroom to relax.

Staff told us that where distraction techniques did not work and people's behaviour continued to be challenging then the training they attended known as 'breakaway techniques and restraint' were followed. This training enables staff to remove themselves physically from a person who is holding onto them by using techniques that do not cause injury or harm. The techniques also provides a safe way to restrain people using the minimal force necessary in order that they can be removed to a safer place, such as their bedroom. Discussions with staff and records we looked at showed that staff had not had to restrain people.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

We observed that there were three staff on duty throughout the day, supported by the registered manager or a member of the management team. This meant people received care and support in a safe and timely manner. The registered manager told us that the service had three members of staff on duty throughout the day, with one member of staff during the night. The provider had a 'on call' system, where staff could contact members of the management team should a situation arise where they needed additional support or guidance.

Good

Is the service safe?

We looked at the medicine and medicine records of two people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication. The registered and deputy manager carried out audits on medicine records and its storage to ensure medicines were being managed well.

People's medicine was regularly reviewed by a doctor to ensure that the medicine they took was working well. The records we looked at showed that two people's medicine was currently under review and that health care professionals with the assistance of staff were monitoring how changes to people's prescribed medicine was affecting them. That helped to ensure people's health was monitored and that they were safe.

People's plans of care included information about the medicine they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received their medicine in a consistent manner and as directed by the prescribing health care professional. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

The provider had a contract with a pharmacist who supplied people's medicine. The pharmacist provided training to staff on the safe administration, storage and recording of medicines and visited the service to ensure medicine was being managed well. We looked at the report produced by the pharmacist of their most recent visit and found that the pharmacist had raised no concerns and found the standard of the management of medicine to be high.

Staff we spoke with told us they had received training in medicine management, which had included the safe handling and administration of. They told us they had learnt about the different types of medicines and why they were prescribed, which included their potential side effects. The staff member told us their competency to manage medicine had been assessed as part of the training, which had been provided by a pharmacist.

Good

Is the service effective?

Our findings

We spoke with a member of staff about their induction at Queens Lodge. They said they worked alongside experienced staff, becoming aware of the provider's policies and procedures and reading the plans of care for people. The member of staff told us their induction had included practical training in first aid, health and safety and moving and handling people safely which involved the use of equipment. They told us how their training enabled them to meet people's individual needs and how the use of the 'breakaway techniques and restraint' training enabled them to support people when their behaviour became challenging. This meant people received care that was provided by staff that had up to date knowledge and skills that enabled them to support them appropriately and well.

We spoke with a member of agency staff (not directly employed by the provider). They told us they had undertaken a number of shifts of work over the last few weeks. We asked them whether they had received information that enabled them to support people well and meet their needs. The agency staff member told us they always worked alongside experienced members of staff and had supported the four people who used the service on an individual basis. They told us, "The staff sat down and explained everything to me. The staff and people here are nice; it's good to promote consistency in care. I'm confident that I understand how people communicate and what they're trying to say."

We asked staff about the needs of people, they were able to tell us how their care and support was provided, which was consistent with the information we had read. This showed that the service had an effective system that enabled all staff to acquire the relevant information in order that people's needs were met. Agency and newly recruited staff had access to a file that provided an overview as to people's individual needs and essential information, which staff needed to know to ensure people received effective and appropriate support.

Staff said that there was good communication between the registered manager and staff. We asked staff how information was shared, and they told us through daily 'handovers' which were used to update staff on people's health and well-being. We saw a written record of the handover of information between the staff throughout the day, which focused on each person individually.

Information recorded included what people had done during the day, which included social activities and health related appointments and dietary intake. The records also included information as to people's well-being such as whether they had had prn medicine administered or whether they had displayed behaviour that challenged. The written format of handover ensured that all staff had access to important information so that people were supported consistently and effectively.

Staff also told us they attended regular staff meetings where issues were discussed. Minutes of staff meetings showed staff were updated as to training available. Staff advised us that they were regularly supervised and appraised by the management team, which included one to one meetings. These focused on staff personal development and the needs of people using the service. Staff spoke positively about the support they received from the management team telling us they were approachable should they need to raise any issue. A member of staff told us, "My supervisions are frequent, and my work is appraised. I am given feedback as to what I'm doing well and what I need to improve."

During the inspection a person using the service brought to the attention of staff that they were concerned about their health. The member of staff spoke with the person and organised an appointment with their GP. The person was supported to attend the appointment which showed that people were supported to maintain good health and access health care services.

Records showed people accessed a range of health care services which included doctors, chiropodists, opticians, dentists and dieticians. Specialist health care professionals were also involved in for people with specific needs which included dietetic support for a person who needed to manage the amount of fluid they consumed.

Where people's behaviour became challenging a comprehensive record was completed as to the event. This included information as what had occurred prior to the event, what action was taken by the staff, what effect this had on the person and whether prn medicine was administered. This enabled staff to identify potential learning points for future events and consider how they could better provide effective care and reduce the likelihood of situations reoccurring in order that people were supported in a way that met their needs.

Good

Is the service effective?

Staff spoke positively about the training they received and told us about the training they had attended. The training matrix showed that staff received training in topics related to the promotion of people's health, safety and welfare along with training specific to meet the needs of people using the service. A member of staff told us, "We attend a two day course on 'breakaway and restraint' every two years with an annual refresher in between. We also use team meetings to practice on each other to keep our skills fresh."

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the service's training records showed they had attended courses on this.

Staff we spoke with told us they had received training on the MCA and DoLS and we found staff were knowledgeable about how they supported people to make daily choices and decisions on a day to day basis. A member of staff told us, "We assess people's capacity on a day to day basis when we ask them about daily tasks, such as would you like a drink, do you wish to go out. Sometimes people have fluctuating capacity due to their mood or anxiety, in which case we give people time before asking the question again." This showed staff understood the need to gain people's consent and involve them in decision making.

We found that there were two people with a DoLS in place at the time of our inspection. We looked at the records for one of these and found that the staff were working consistently with the information recorded within the DoLS authorisation. The person was aware of the restrictions placed on them and we saw staff supporting the person in a manner that was consistent with their plan of care, which meant the person received effective care and support.

Records showed that the person who had a DoLS in place had regularly meetings with a 'paid person's representative'. They monitored the implementation of the DoLS and as part of their role spoke with staff and viewed the person's records which recorded how staff implemented the DoLS. This showed that the provider worked with outside agencies to ensure people's care was in line with legislation.

We spoke with the paid person's representative and asked them for their views about the service provided. They told us, "I have always found the staff to be very honest and [person's name] seems settled. Any behaviour that challenges is managed consistently with the restrictions as referred to in their DoLS. Should the staff be required to use restraint it would be undertaken in the least restrictive way possible and within the guidelines. [Person's name] records are completed well. The staff have a really clear understanding as to the person's trigger points and understand their behaviour."

The registered manager informed us that DoLS applications for some people had been submitted to the appropriate supervisory body for their consideration and that they were awaiting the outcome of these.

One person's care records showed that the principles of the MCA Code of Practice had not been fully implemented with regards to restrictions placed on them. The person did not keep their cigarettes, but had them stored by staff as detailed within their plan of care. The person was given a cigarette by staff when they requested one. We found that a mental capacity assessment had not been undertaken to determine as to whether the person had the capacity to make an informed decision with regards to the management of their smoking and cigarettes. We spoke with the registered manager who confirmed that a mental capacity assessment would be undertaken as a matter of urgency and that the outcome of the assessment would determine whether any additional action, such as an application for a DoLS would be required.

We saw that some people were supported by staff to use the kitchen to make a drink or a snack. A pictorial menu was displayed which showed the meal choices for the day. The registered manager told us that the location of the menu board would be moving into the dining area in the near future once an area had been created on the wall, so that it was more accessible for people to view.

People's plans of care included information about their dietary needs, which included information as to their likes and dislikes. Information was also recorded as to how people who were anxious about food were to be supported to reduce their anxiety and encourage them to eat. One person's plan of care included instructions from dietetic services that included clear guidance as to the volume of fluid a person was to have over a period of time to support their health care needs. Staff throughout the day were seen to offer the person drinks and record the volume drank as detailed within the person's plan of care.

Good

Is the service effective?

Staff told us that they were aware of the people's likes and dislikes with regards to food and that they ordered food on-line which was delivered. We saw that people were asked what they wanted to eat at lunch time. One person having had lunch asked a short while later for something else to eat. A suggestion was made to the person who agreed with the option, which they ate and enjoyed. A member of staff told us that sometimes the person was reluctant to eat and therefore whenever they asked for food this was encouraged. This helped to ensure people's nutritional needs were met to maintain their health and that staff followed people's plans of care.

A relative of someone who used the service told us that the staff always updated them whenever their relative attended a health care appointment. Records showed people accessed a range of health care professionals to support them with their health. These included hospital appointments, doctors, nurses, opticians, chiropodists and specialists who provided ongoing to support to manage people's wellbeing, such as psychiatrists. The outcome of appointments and recommendations made by health care professionals were summarised in their care records. This enabled staff to have readily available information to hand about people's health care needs and to understand any changes to the person's health and their role in supporting them.

Staff attended reviews of people's needs to provide feedback to health and social care professionals, which included a record of people's behaviour when challenging. This meant that the service was able to effectively respond as they were part of a team who regularly reviewed people's needs.

Staff monitored the health and wellbeing of people which included regularly checks on their weight and blood pressure. Plans of care recorded people's optimum weight and blood pressure and provided information to staff as to who to contact should they notice any changes, this meant that people could be confident that their well-being was being monitored and that appropriate advice would be sought should it be required.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health care needs, their medication, information as to their likes and dislikes and communication needs. In addition each person at the service had an accident and emergency 'grab sheet', this information along with the 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

Good

Is the service caring?

Our findings

A relative of someone who used the service told us, "[person's name] is happy, if she wasn't we'd be able to tell." And went onto say, "The staff recently organised a birthday party for her, they're very good that way."

We noted that staff demonstrated concern for people's wellbeing and responded to their needs, for example one person who appeared anxious was asked if they would like to sit down with their 'weight blanket'. The person indicated that they did and the staff member assisted them. The person sat down and their anxiety was visibly decreased as the weight of the blanked helped them to relax.

Discussions with staff showed that they had a good understanding as to how to support people when they became anxious or they exhibited behaviour that challenged. A member of staff told us when asked as to their role, "We're here to provide a service, provide a happy life, to help them with life and their general well-being." Another member of staff told us, "The care here is very good, people are given choices, when being dressed we ask what they want to wear and at breakfast we show people the options when they cannot tell us."

We observed people being supported by staff throughout our inspection and saw people being supported in a caring manner. We noted positive relationships between people and staff which included laughter. People were supported to attend a range of appointments, which included a visit to the doctors and to a hairdresser.

Daily records included information about each person's day such as their involvement in activities outside of the service and contact with other people such as relatives, friends or professionals. This showed that people's actions were recorded and showed how people were involved in making decisions.

People had contact with their relatives in some instances which included visits from relatives.

Everyone had their own bedroom with an en-suite facility, which helped in the support of their privacy and dignity. People's bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests.

We asked staff what their understanding was with regards to equality and diversity and how they promoted this in their day to day work. One member of staff told us, "We support people to attend Church." And a second member of staff said, "My induction focused on the promotion of people's rights and providing what they want."

One person's plan of care recorded that they preferred their bedroom door to be shut and for them not to be disturbed during the night and this was respected. People's plans of care included information as to how staff were to promote people's dignity by encouraging them to access their bedrooms when their behaviour became challenging.

Staff when arriving for duty met in the office for a handover to ensure that people using the service were not overwhelmed by the increased number of staff within the service during shift changes. This reflected the registered manager's policy as to the promotion of people's privacy and respecting the service as their home.

Good

Is the service responsive?

Our findings

We spoke with a relative of someone who uses the service and they told us that [person's name] is supported by staff to visit them at their home on a regular basis, which meant they were able to maintain regular contact and have positive relationships with their family members. This has enabled all involved to maintain family relationships. The person's relative told us that they were kept fully informed of any changes to the person's needs and their views as to the care were regularly sought and they were contacted should there be any concerns.

People's records included information about their lives prior to moving into Queens Lodge this enabled staff to understand how people's life experiences affected their lives today.

One person's assessment had identified that they were anxious about visiting health care professionals, this was linked to their life prior to moving into the service. The plan of care directed staff not to speak with the person about planned health care appointments as this increased the person's anxiety, but for staff to reassure the person once they had arrived at the appointment. Additional information advised staff that if the person's anxiety was such that they didn't wish to continue with the appointment then staff were to return to the service and re-schedule the appointment.

Another person's assessment identified that they needed support to engage with everyday tasks, which included personal care, taking their medicine and going out. Standard phrases to be used by staff were included within the person's plan of care which were positive and encouraging statements designed to encourage the person to engage, which we observed being used when the person was asked about personal care.

People's plans of care contained information as to how they communicated, which included changes to their behaviour and included changes to people's well-being. Signs of communication included an increase in hand tremors, increased starring, repetitive speech and pacing. Plans of care recorded what the person was attempting to communicate, which included how they demonstrated they were in pain, were anxious or required support with personal care. The information enabled staff to respond to people's needs through interpreting their behaviour and gestures.

We noted a member of staff respond to someone who appeared anxious, they asked them if they wanted to sit down and use their 'weight blanket', which they picked up themselves. They were, sitting down on the sofa and resting with the blanket on their knee. We also saw a member of staff ask someone if they needed to talk as they noted that the person appeared anxious. The staff member spoke with the person outside in the courtyard which provided a calming environment for the person to talk.

We asked staff if people's experiences had influenced how they provided care and support. A member of staff told us how a person's plan of care had been updated when the response of the person using the service had not been as the plan intended and that their anxiety had not reduced.

Plans of care reflected the support people required with their mental health, which included how staff were to approach people or not to interact with them dependent upon the individual circumstance, which include the persons perception of themselves and who they were. This meant staff were able to respond to people needs and respect the person's view of themselves to enable them to support appropriately.

People's needs were reviewed with the involvement of staff from the service and external health and social care professionals. Staff at the service recorded changes to people's well-being, which were shared with external professionals. This resulted in people's plans of care being revised to reflect changes to the support people required. We looked at records which provided examples of where people's plans of care had been updated following changes to people's needs. These included changes to the medicine people were prescribed that were used to support people with their anxiety and behaviour that challenged.

When we arrived at Queens Lodge we saw one person making a collage, who was supported by a member of staff. Others sat watching films on the television or listening to music. Records showed people engaged in a range of activities, which included accessing local parks and shops. People had been on holiday earlier in the year to Centre Parcs and to Ingoldmells, accompanied by staff.

Good

Is the service responsive?

The service has a complaints procedure which is produced in an 'easy read' format, using symbols to promote people's understanding of how to make a complaint. No complaints had been received by the provider. People using the service in some instances have limited verbal communication skills and therefore rely on staff to interpret when they are unhappy or anxious by observing and responding to changes in people's behaviour or mood.

Good

Is the service well-led?

Our findings

People using the service were encouraged by staff to express their views as to what they wish to do on a daily basis, which included their views on receiving personal care and their involvement in activities within the service and the wider community.

Staff were encouraged to share their views through staff meetings and through ongoing supervision and appraisal of their work. Minutes of staff meetings recorded any changes to people's individual needs which provided an opportunity for staff to question their practices and their colleagues in order that the service they provided to people was working well. Minutes also highlighted the expectations of the provider and registered manager of staff in the undertaking of their role to ensure people received a service that met their needs.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about events within the service.

The registered manager was able to demonstrate how they had developed and improved the service when incidents or mistakes had occurred. This included the introduction of a new system for the management and recording of people's finances to reduce the potential for people's finances to be mis-managed and for financial abuse to occur. The system was overseen by the registered and deputy manager and audited by them. This had been introduced as a result of a whistle blower who had reported potential financial abuse. This was investigated by the local authority and found to be unsubstantiated but had been used as a lessons learnt by the service to improve its management of people's finances.

Senior care staff were responsible for undertaking a range of audits to ensure that people were receiving a good service and that records supporting people's needs were accurately completed. They also undertook audits as to the safety of the environment and its equipment. The registered manager supported by the deputy manager oversaw these audits to ensure everyone was working to their role and undertaking the duties as expected of them.

We found the provider had effective audits. For example, a medication audit which had been carried out by the registered manager showed an incident where prn medicine which had been administered had not been signed by two members of staff as per the provider's policy and procedure. The audit identified what action had been taken, which included the registered manager speaking with the staff involved to improve practices.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems or damage to the building which made it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

The provider had in place contracts with a number of external companies who maintained systems within the service, which included fire, electrical and gas supplies. We also found contracts were in place to routinely check the quality of the water which included checking for legionella and the disposal of waste.

The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters and employment law. The contract meant that the provider was made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes. All policies and procedures had been reviewed in 2015.

The deputy manager spoke to us about the 'care block' system. This required staff using their individual 'fob' to sign in when they arrived at work and sign out when they left. The system also enabled staff to say why they were going out such as supporting people to attend health care appointments or social events. This provided the registered manager with the facility to compare information within people's written records and those recorded by the system

Good

Is the service well-led?

to ensure people were receiving the support they need. The system was also be used by the registered and deputy manager to leave individual messages for staff, which included tasks to complete within the service.