Dimensions Somerset Sev Limited

Dimensions Somerset Jasmine

Inspection report

Jasmine
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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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Dimensions Somerset Jasmine on 5 and 8 June 2018. This was the first inspection since the service was registered with us. This was an unannounced inspection.

Dimensions Somerset Jasmine provides care and accommodation for up to seven people who have a learning disability and other complex health needs. It is operated by Dimensions Somerset Sev Limited, part of a national not for profit organisation providing services for people with learning disabilities, autism and complex needs. Six people were living in the home at the time of our inspection.

There was 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We spoke with people who lived at the home. As these discussions were limited, we also used our observations and our discussions with people's relatives and staff to help form our judgements.

Staff understood people's needs and provided the care and support they needed. The home was a safe place for people. People living at the home were happy, relaxed and confident in their surroundings.

People interacted well with staff. Staff were skilled at communicating with people and in identifying any changes in people's mood. Communication methods were being reviewed and improved. People made choices about their own lives. They were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good. People received good support from health and social care professionals. Staff had built close, trusting relationships with people over time. One relative said, "[Person's name] is very happy there. He laughs and responds really well to the staff."

The provider was currently consulting on changes to staff member's terms and conditions of employment. Relatives and staff both spoke about their anxiety if this resulted in changes to the staff team. Both relatives and staff felt this would adversely affect people. Consultations were still ongoing so it was not clear at the

time of our inspection if the provider's proposals would be adopted.

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said, "Staff only want the best for people here."

There was a management structure in the home which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home. One relative said, "Oh yes, you can say what you like to the staff. They do take it on board."

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 protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices. People's legal rights were upheld.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Dimensions Somerset Jasmine

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 8 June 2018 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and at other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During our inspection we spoke with each person who lived at the home and read three people's care records. We also spoke with the registered manager, the assistant team manager, three staff members and two visiting relatives. We looked at records relevant to the running of the service. This included two staff recruitment files, staff training records, medication records, staff meeting minutes, staff rotas and quality monitoring procedures. Following our inspection visits, we contacted two relatives to gain their views on the quality of the service.

Good

Is the service safe?

Our findings

The service was safe. We spoke with people living at the home. Although our conversations were limited, some were able to tell us or express they were happy living at the home. We spent time with people and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home. People engaged with staff without hesitation for assistance and reassurance throughout our visits.

People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I never have to worry about [person's name]. I go home after I visit and know she is safe and well cared for. I've never had any concerns about her safety."

Each member of staff told us they thought the home was a safe place for people. One staff member said, "Yes I would definitely feel it's safe here. Staff only want the best for people here." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "If I ever had any concerns I would report then straight away. I would go to a senior member of staff or the managers here. We do have lots of information about whistle blowing as well, so we can go outside if we needed to."

One person had behaviours, which placed them at risk of harm. A comprehensive behaviour support plan had been developed with input from a behaviour specialist. The plan included the use of specialist equipment and staff using 'hands on' techniques to prevent the person harming themselves. Staff had received training in their use and were able to describe and demonstrate these to us. The records we looked at showed these techniques had been used as a last resort and had been effective. We noted due to the success of the behaviour plan and the support from staff, the techniques and equipment had not needed to be used since March 2018.

People were supported by staffing numbers which ensured their safety. There were five staff on duty during the main part of the day which meant people could be provided with one to one staffing at times. Overnight, there were two members of staff on duty. The registered manager and the assistant manager also worked in the home and could provide additional support if this was needed, as they did during our inspection. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

The provider employed a relatively small staff team, which ensured consistency and meant staff and people in the home got to know each other well. There were six current vacancies in the staff team. These vacant hours were covered by permanent staff working additional hours, by the provider's bank staff or by agency staff. Discussions with staff and the rotas confirmed that regular bank and agency staff were used. This

helped to ensure people were cared for by staff they knew and understood their needs.

There were safe staff recruitment and selection processes in place. Recruitment was handled centrally by the provider. Each staff member had to complete an application form, provide a full employment history and attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

There were systems to learn from adverse events. People had occasional accidents and incidents. Staff completed an accident or incident form for each event which had occurred. The registered manager read and reviewed each report. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate. Reports were also reviewed at the provider's auditing visits to further ensure accuracy in recording and that appropriate action had been taken.

We read risk assessments relating to the running of the service and people's individual care. One relative said, "They manage risks well; they seem to have every risk assessment going down there." All risk assessments were up to date. They were reviewed regularly or when risks to people changed. Any potential risks were identified and steps taken to reduce, or where possible, eliminate the risks.

Risks were managed in a way that supported people to remain safe, but limited the impact on their freedom or independence. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe. For example, one person used a walking aid to help improve their mobility and strengthen their muscles. There were risks associated with its use. Staff supported the person but did not 'take over' at any point; they encouraged the person to do as much from themselves as they could.

There were plans in place for emergencies. People had their own plans if they needed to be evacuated in the event of a fire or if they needed to be admitted to hospital. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. One of the provider's senior managers was 'on call' each day. Staff could also contact the registered or assistant manager if they needed to. This meant staff had extra support or advice in an emergency.

People had medicines prescribed by their GP to meet their health needs. One person told us staff helped people with their medicines. They showed us they had a safe place to keep their medicines in their own room. When their medicines were due, a staff member went with them to their room to administer them. They always had their medicines on time and had some understanding of why they took them.

Each person had a care plan which described the medicines they took, what they were for and how they preferred to take them. There were clear guidelines to follow when people needed 'as and when required' medicines such as painkillers. Their use was monitored to ensure they remained within safe limits.

Staff received medicines administration training and had additional checks before they were able to support people with medicines. This was confirmed in discussions with staff and in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

The registered manager oversaw medicine safety. Action was taken if errors occurred. The provider also checked medicine safety during their audits of the service. A member of staff from the pharmacy who supplied medicines to people audited medicine safety in January 2018. This confirmed medicine administration standards were good. Where recommendations had been made, such as checking the temperature of medicine storage, these had been acted upon.

Good

Is the service effective?

Our findings

The service was effective. Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "[Person's name] care is a very specific routine which staff know and understand. I simply cannot fault the care here." Another relative told us, "The staff know [person's name] and he knows them. He seems very happy and well cared for. Staff have got to know him and understand what care he needs."

Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. New staff received a thorough introduction to the service and 'shadowed' experienced members of the staff team before they supported people on their own. One staff member said, "My induction was really good. I shadowed experienced staff and worked with the less complex people when I started. It definitely benefitted me. I work with everyone now."

All staff received basic training such as safeguarding, first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people with epilepsy, how to move and handle people safely using specialist equipment and how to support people who had become upset or distressed. One staff member said, "The training is good. It covers everything you need it to. All of our training is kept up to date."

Staff told us they were well supported. There was lots of informal support available, such as day to day discussions with senior staff, the registered manager or the assistant manager. Staff had regular formal supervision (a meeting with a senior member of staff to discuss their work) and annual appraisals to support them in their professional development. There were also regular staff meetings and a verbal and written handover of important information when staff started each shift. One staff member said, "There's a constant flow of support."

People were able to make many of their own decisions as long as they were given the right information, in the right way and time to decide. They were not able to make all decisions for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The 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.

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. They knew who should be consulted if a person could not make a decision for themselves. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. People close to them had made the decisions in their best interests if the person lacked capacity. One relative told us about their

family member's recent medical procedure. "[Person's name] had to have anaesthetic so we all needed to agree to this being used. It was the best thing for him. We were involved and listened to at every stage."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were knowledgeable about DoLS. DoLS applications had been submitted and authorised for each person. We checked whether any conditions on the authorisation to deprive a person of their liberty were being met and found they had been. For example, a monitoring device was used for one person. Its use was limited and clearly described in their DoLS authorisation. It had been considered the least restrictive option.

When restrictions on people changed, staff notified the relevant DoLS authority, by applying for an updated authorisation. For example, one person's behaviour support plan now included specific techniques staff could use. Staff used equipment or 'hands on' techniques to prevent harm to the person. This approach had been agreed with health professionals and staff had asked the relevant DoLS authority to include these in the person's authorisation. This ensured people's legal rights were being upheld.

People's health care was well supported by staff and by other health professionals. One relative said, "Staff know [person's name] very well so they can pick up on things like if she's not happy or not well." Another relative told us their family member, "Had a bad run. Staff were very good with him. They picked it up quickly and it was sorted out pretty fast really. When he needed to go to hospital staff stayed with him all of the time. I was very impressed with that."

Staff told us one person had not been sleeping well and this had affected their mood. Staff were kind, caring and considerate towards them. Staff had contacted the person's GP who suggested a medicine change, which had been acted upon. Staff had identified changes in another person's physical health. The GP had been contacted and treatment was ongoing.

People's care was tailored to their individual needs. Each person had a detailed health care plan, which was up to date. This described each person's health needs and any risks to their health. People saw their GP, dentist and optician when they needed to; they had annual health checks. People also had specialist support, such as from an epilepsy nurse, psychiatrist, learning disability nurse and speech and language therapist.

People's health care was kept under constant review by staff and additionally as part of the provider's auditing visits to the home. This provided an overview of people's current or changing health needs and helped to ensure they were met. One relative said, "They are very good with that. The staff know [person's name] so well so they pick up on small things, little changes which is important as often she can't say."

People had a varied and healthy diet. Each person chose what they wanted to eat and drink each week and helped with their own food shopping. Some people made or helped to make their own drinks. Some enjoyed helping with cooking or food preparation and this was encouraged by staff. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day.

Each person was at risk of choking; they needed their meals and drinks prepared in a way which reduced the risks. We saw staff understood how to prepare these for each person; this was in line with their care plan. There had been no choking incidents or any other issues relating to food or drinks. This showed these health risks were well managed.

Good

Is the service caring?

Our findings

The service was caring. Relatives told us their family members were happy living at the home. One relative said, "[Person's name] is very happy there. He laughs and responds really well to the staff." People looked happy and settled whilst on their own or in the company of staff. There was a calm and homely atmosphere on both days of our visit. There was lots of joking, laughter and friendly banter between people and staff.

Staff had built close, trusting relationships with people over time. One relative said, "You can see [person's name] is so happy here with the staff. She thinks of this as her home now." The provider was currently consulting on changes to staff member's terms and conditions of employment. Relatives and staff both spoke about their anxiety if this resulted in changes to the staff team. Both relatives and staff felt this would adversely affect people. One relative said, "Our only concern is the staffing here. Staff here know people so well, which is just so, so important. If they lose staff, who will be here caring for people? That's a real worry." Another relative told us, "Of course it's a worry. When people respond so well to the staff they have and the home runs well you don't want that to change." Consultations were still ongoing so it was not clear at the time of our inspection if the provider's proposals would be adopted.

Staff were aware of and supported people's diverse needs. No one living at the home had any specific cultural needs. One person enjoyed going to church regularly; staff supported them to do this. They were occasionally joined by one other person who lived at the home, so they went together with staff.

Staff showed concern for people's wellbeing in a caring and meaningful way, and were observed responding to people's needs quickly. Staff knew how to support people as care was well planned and they had been provided with specialist training. They knew what person centred care was and described how they ensured that people's choices were met. Staff told us they took time to read and understand people's care records to assist them in giving personalised care. One relative said, "[Person's name] always looks very nice clean and smart which is important. Staff have discovered new things about him and things he likes, which we didn't know which is lovely."

The service had developed their own aims, goals and values in consultation with people, their families and staff. The 2018 goals focused on working in a person centred way, so support was individualised. The equality and diversity rules encouraged and fostered respect, individuality and open mindedness. Staff spoke with us about the service's values and we saw staff worked in line with them.

Staff were very positive about the care they were able to provide. It was clear staff thought about each person and treated them as an individual. One person showed us they now had a dressing table in their room, as they liked to see themselves in the mirror whilst they were getting ready. One staff member told us, "Everyone here genuinely wants the best for each person. People all live in the same home but every person is really different, so we need to be aware of that." People were encouraged and supported to be as independent as they could be. People did things which may appear small to others but could be significant

for that person. One staff member said, "[Person's name] can make her own drinks with a little support so you let her do as much as she can."

The PIR stated, "We adopt a person centred culture that is integral to the care and support we provide. People are treated with dignity and respect and are treated as Individuals." Staff treated people with dignity and respect. Staff addressed each person by name and spoke with them in a calm, respectful way. People chose which staff supported them, what they wanted to do and how and where to spend their time.

People's privacy was respected. People spent time in their own rooms when they wished to. When staff provided personal care, they made sure bedroom and bathroom doors were shut. Staff knocked on people's doors before they entered the room. Staff gave people privacy when they had visitors but were available to provide support if needed. People used communal parts of the home, such as the lounge, kitchen and garden, when they wished. We saw people did this during our visits.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations regularly. Two relatives visited on the first day of our inspection. One relative said, "I call in whenever I like. I'm always made very welcome. It really does feel like you are walking into [person's name] own home. She also comes to spend time with us and see the family, but she's always happy to go home."

Good

Is the service responsive?

Our findings

The service was responsive. People participated in the assessment and planning of their care as much as they were able to. Others close to people, such as their relatives or other professionals involved in their care, were also consulted. People and their relatives were encouraged to visit the home before they moved in to decide if it was the right place for them. One relative said, "We went to look at other homes. We didn't like them. We came to Jasmine and it just felt right. The staff and atmosphere were very good and it has a lot of space. It's lovely really."

We looked at three people's care records. Care plans included people's routines, interests, likes and dislikes, communication and specific care needs. Plans were detailed; each part of a person's plan described the support they needed and identified any risks. All of records were kept up to date and reflected people's current needs. Staff were in the process of changing all paperwork from the old provider's format to the new provider's. One staff member said, "Dimensions paperwork is so much more in depth. It's taking time to change everything over to the new system but it's been good as it helps you to review your practice and really think about how we support people."

Each person had three staff (a 'core team') who oversaw their care and made sure their current or changing needs were met. These staff reviewed people's care plans and updated them when necessary. Regular care review meetings were attended by the person, their relatives, a social worker and staff from the home. Each person shared their views. Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said, "We've had a couple of reviews since [person's name] moved in which we went to. They were good. They do listen to what we say."

Relatives told us people were well supported in choosing activities and outings they enjoyed. One relative said, "[Person's name] likes going out. He has his own car which he goes out in. He goes out a lot and has sensory sessions every couple of weeks. It feels like he's always out and about. We take him out as well or bring him back to us for the day." Another relative told us, [Person's name] gets out a lot and does the things she likes. Her care is second to none."

Each person had one to one staffing at times, so they were able to plan their day with staff. People went out at various times during both days of our inspection; it was busy with people coming and going. Records showed people went shopping, had meals out, went for walks, visited places of interest, had day trips and went on holiday. People also spent time relaxing at home. This was important to some people as they were becoming older and preferred to spend more time at home watching TV, sitting in the garden or chatting with others and staff. People had activities at home such as 'theme nights' (where the music, food and drink followed a theme, such as the recent 'Spanish night'). There were sensory sessions (such as massage or foot spas), karaoke and other music evenings.

The provider was working towards meeting the requirements of The Accessible Information Standard. This

aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The PIR stated there was "Ongoing review and development of in house communication methods to include a staff communication away day." Staff communicated effectively by speaking with people, using sign language or pictures and interpreting people's responses or body language. Improving communication with each person had been the focus of a recent team away day. People's core teams were working on the ideas and initiatives generated at the team away day. This was described by one staff member as "A work in progress."

People could complain if they were unhappy. If people were unhappy they would usually show this through their behaviour, so this was monitored very closely. Records showed that generally people were very settled, so were happy with their care. People would not be able to use the complaints procedure independently; they would need staff to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said, "I've never had to complain, only had to bring up very small things which have always been sorted out." Another relative told us, "We're really happy, nothing to complain about. If I was unhappy I would raise it."

We reviewed people's care records relating to their end of life care wishes and preferences. Due to the nature of this service, no one currently had an advanced plan relating to the care they wanted at the end of their lives. This would be discussed with each person, and those close to them, when the need arose.

Good

Is the service well-led?

Our findings

The service was well led. There was an established management team with clear roles and responsibilities. The registered manager had a number of years management experience; they were supported by an assistant manager and two senior members of staff. The registered manager and their assistant worked 'on shift' to support people when they were needed; senior staff regularly worked as part of the shift team. Both relatives and staff spoke highly of this team. One relative said, "Jasmine is very well run. You can talk to any of the managers or senior staff. They know what's going on and address things." A staff member told us, "We have a brilliant manager, deputy and seniors. You can go to them with anything. They are all very good."

Relatives and staff both spoke about their anxiety of potential changes in the management team, which they felt could adversely affect people's care and the service more generally. One relative said, "I would really worry if things changed here. Things are good so keep them as they are. If I wasn't happy I wouldn't have [person's name] here." One staff member told us, "We have been told managers and seniors may go. I don't think that will be good. If more work falls on the care staff that will take time away from us caring for people." Consultations were still ongoing so it was not clear at the time of our inspection if the provider's proposals would be adopted.

The PIR stated, "There is an emphasis on a positive team culture. There is an open door policy with regards to staff being able to discuss anything with the manager, assistant manager and member of the senior team." There was a cohesive and motivated staff team at Dimensions Somerset Jasmine. The registered manager and assistant manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us, "There's always an open door here. You can suggest things and put forward ideas. They're always listened to."

The provider had effective quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager completed monthly audits of the service, which focused on quality and safety. These then fed into the provider's auditing visit.

One of the provider's senior managers visited the service, spoke with people, relatives and staff, observed care and support, toured the home and reviewed a number of records. They took an overview of all aspects of people's care as well as more general areas, such as health and safety. We read the last two quality assurance reports. The reports focused on the five key questions we ask at inspection. This helped to ensure the service was safe, effective, caring, responsive and well led. Where any areas for improvement had been identified, an action plan was written and reviewed at the subsequent visit. We found areas for improvement, such as improving fire safety and reviewing people's eating and drinking guidelines, had been acted upon.

People shared their views on the service. People communicated with staff informally each day. Their

behaviour and reactions to events was monitored closely as people would often show their views in this way. People's relatives were consulted and they said they were listened to. People's relatives spoke highly of the service. One relative told us, "This is a very good home. As far as I am concerned you can give them a glowing report, as long as things don't change." Another said, "It's a lovely home."
Parent and family meetings had recently been established; the first one was said to have been a great success. One relative said, "We went to the recent tea party, which was very good. It's nice to see and chat to other parents. Very good idea." Another relative told us, "Oh yes that was nice, a good idea. You can say what you like to the staff. They do take it on board."

People were part of their local community; Dimensions Somerset Jasmine was a well-established home, situated in a residential part of the town. People used local shops, supermarkets, cafes and banks. People went out with staff during our inspection. Staff were keen to develop community links. They were currently working closely with staff at a local tourist attraction, which people enjoyed visiting regularly. Staff at the attraction were keen to improve the experience of visitors with a disability and staff from the home were helping them with this. It was also hoped staff from the attraction could help develop projects at the home such as a herb garden, cookery, arts and crafts and music sessions.

Staff worked in partnership with other health and social care professionals. Staff had developed good links, such as with GPs, community nursing teams, specialist epilepsy nurse and a learning disability nurse. The provider also employed some care professionals, such as a behaviour specialist, who supported people. This enabled people to access specialist support to meet their needs, reduce risks and staff to access guidance on current best practice.

There were systems to continually learn and improve. The provider was a large organisation and therefore there was regular input into the home from senior managers, finance and human resources departments. Accidents, incidents and near misses were checked by the registered manager. They were discussed with staff so they could learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment used in the home. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.