The White Horse Care Trust

Bembridge House

Inspection report

Bembridge Close
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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

Bembridge House is registered to provide accommodation and personal care for up to eight people with a learning disability and associated health needs. There were eight people living there at the time of our inspection. All of the people living there had limited verbal communication skills. We therefore relied on our observations of interactions with staff during our inspection, in addition to talking with relatives, to assist us in our judgements on the service. The property is a detached bungalow, which has been designed to meet the needs of the people using the service.

This inspection took place on 25 October 2016 and was unannounced. At a previous inspection which took place in December 2014 we found the provider did not meet the legal requirements for one of the areas we looked at. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken all the steps to make the necessary improvements.

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.

There was a friendly and welcoming atmosphere in the home. We saw people smiling at staff and looking relaxed in their company. Each person had their own bedroom that had been decorated and personalised to suit their individual preferences.

People were supported by staff who were kind and caring and who understood each person's care and support needs. People were receiving care which was responsive and tailored to their needs. Care plans were in place which clearly described how each person would like to receive their care and support. Records showed people and their relatives were involved in the planning of their care plans which were regularly reviewed and updated as required.

People were protected from the risk of harm and abuse. Staff had received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns. Relatives said they felt their family member was safe living at Bembridge House. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

People were offered a healthy and balanced range of home cooked meals to suit their dietary needs and preferences. Staff told us people also occasionally enjoyed having a takeaway. People were supported by staff who understood their health needs. They worked closely with health and social care professionals to ensure people received appropriate treatment when required. Care plans contained detailed information about people's health needs and the support needed by staff to maintain their wellbeing.

People led active lives and regularly went out. Care plans contained information about the person's daily routines and the weekly activities they liked to participate in. During our inspection two people went out ice skating whilst other people took part in activities within the home. Other people also went out each week to day services and clubs.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner. People had access to healthcare services to maintain good health.

There were sufficient staff on duty to ensure people's needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and spent time engaging with people. Safe recruitment practices were followed before new staff were employed to work with people. People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles.

Relatives told us the registered manager was approachable and they felt listened to when discussing their family member's care needs. Staff told us the home was well-led with them having clear direction on service developments. The registered manager and provider had effective systems in place to monitor and improve the quality of the service. They carried out checks and audits periodically throughout the year.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual care and support needs.

People's medicines were managed so they received them safely and as prescribed.

Risks to people's safety had been identified, assessed and plans put in place to minimise these risks.

Is the service effective?

Good

The service was effective.

People were supported to maintain good health and to access health and social care professionals when needed.

People were supported to have sufficient to eat and drink.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and were encouraged to be as independent as they were able and wanted to be.

Staff had a good understanding of people's needs including their preferred method of communication and how they expressed their individual needs and preferences.

People were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning of their care. Their preferences and wishes were taken in to account with regards to how they wished to receive their care and support.

People were receiving care which was responsive and tailored to their needs. Care plans were in place which clearly described how each person would like to receive their care and support.

People led active lives and were supported to access activities to avoid social isolation.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was responsible for the day to day running of the service.

Staff and relatives spoke positively about the management of the home and felt they could raise their concerns and ideas with the registered manager and deputy. They felt they would be listened to and actions taken when required.

There were regular audits completed periodically throughout the year. The registered manager had an action plan for improvements required to improve the quality of the service.

Bembridge House

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 25 October 2016 and was unannounced. One inspector carried out this inspection. During our last inspection in December 2014 we found the provider had not satisfied the legal requirements in one of the areas that we looked at. They sent us a plan of what actions they were going to take to make the necessary improvements. During this inspection we saw the necessary improvements had been made to address the areas identified during our last inspection.

Before we visited we looked at previous inspection reports, notifications we had received and asked other organisations who work alongside the service to share information with us. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. As people using the service were unable to verbally tell us their views we spoke with three relatives about their views on the quality of the care and support being provided to their family member. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

We spoke with the registered manager, deputy manager and three care staff. We received feedback from three healthcare and social care professionals who worked alongside the service to ensure people received the appropriate care and treatment.

Good

Is the service safe?

Our findings

People received a safe service. Relatives told us they felt that staff knew how to keep their family member safe. Comments included "I have never seen anything that has caused me to worry. I feel X is safe" and "I am confident he is being taken good care of and kept safe". Staff received training on the safeguarding of vulnerable adults and were aware of their responsibilities for reporting their concerns to keep people safe. Staff told us they were confident they could speak with the registered manager or deputy if they had any concerns about people's safety or welfare and these would be listened to any necessary actions taken. Comments from staff included "My role is to keep people safe and whilst it was uncomfortable I have raised things that have concerned me in the past to get things sorted" and "We have what is called a 'job chat' where if I saw a staff member doing something that wasn't quite right we could have a chat about this. I would then record what we have discussed and what actions we took". The provider had safeguarding policies and procedures in place which were in line with local authority's policies. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Staff supported people to manage their money safely. Staff followed procedures for people who required help from staff with budgeting. When staff made purchases on behalf of people receipts were retained, all expenditure was recorded and balances were checked and signed for by staff. This was then audited weekly by administration staff to ensure there were no discrepancies and that all expenditure was in line with guidance. Staff explained that for any large purchases approval would need to be sought from the registered manager and head office to ensure the expenditure was appropriate.

Risks to people's safety had been assessed and actions taken to mitigate these risks. This included risks in relation to falls, accessing the community, safe medicines management and safe moving and handling of people. There was clear information in people's care plans which provided staff with guidance on how to reduce these risks. The staff we spoke with were able to demonstrate what they needed to do to keep people safe. For example, one member of staff told us about one person who was at risk when having their teeth brushed. They explained the care plan and risk assessment had been reviewed and updated and this information had been shared with all staff. Referrals had been made to Speech and Language Therapist's (SALT) for those people who were at risk of choking and plans were put in place to minimise this risk. At lunchtime we saw this advice was followed. These risks were regularly reviewed and changes updated as required.

Any accidents and incidents that occurred were recorded by staff and investigated by the registered manager. We saw preventative actions had been taken when accidents or incidents had taken place. For example, for one person who had recently fallen medical advice was sought from the GP and recommended actions relating to their morning routine had been followed by staff.

Medicines were stored securely and administered safely. Most medicines were delivered in four-weekly monitored dosage packs supplied by the local pharmacy. A senior member of staff followed safe procedures when ordering repeat prescriptions and they checked new stocks in to the home on delivery. We looked at

the medicine administration records (MAR) for three people using the service and saw there were no gaps in these records. Medicine records and stocks of medicines were checked regularly. These monitoring checks ensured that any potential errors in administration were picked up and addressed promptly. Those medicines that required a consistent temperature were stored in a fridge and temperatures were checked daily and recorded. People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. Processes were in place to ensure medicines that were no longer required were disposed of safely. All staff had received training on the safe administration of medicines and they were observed by senior staff before administering medicines independently to ensure they were competent.

Staff knew when to offer medicines prescribed on an 'as required' basis. For example, when people required pain relief or if people experienced constipation. Guidance for staff to follow on when they might need to offer or administer 'as required' medicines was held in people's medicine administration records.

There were sufficient staff employed to meet the needs of people living in the home. Staff rotas showed there were usually four members of staff on duty during the day and at night there were two members of staff. When the registered manager was on duty they would also provide hands-on care when required to ensure that people's care needs were met and they did not miss out on activities. We saw people received care when they needed it and routines were carried out in a timely manner. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required.

We saw safe recruitment and selection processes were in place. Staff personnel records showed appropriate checks were undertaken before they commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The premises were well maintained and safe. Regular servicing of equipment and safety checks were carried out. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. A personal evacuation plan had been drawn up for each person in case of emergency.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and training needed to meet their needs. New staff received a comprehensive induction at the start of their employment to ensure they had the basic knowledge and skills necessary. This included a period of shadowing more experienced members of staff before working independently with people. The registered manager told us new staff completed a qualification known as the Care Certificate at the start of their employment. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to.

Training records showed staff received a wide range of training and qualifications on core topics required by the provider, and also topics relevant to the needs of the people using the service. For example staff had received training on topics such as epilepsy, equality and diversity, safeguarding, safe moving and handling and PEG feeding (Percutaneous Endoscopic Gastrostomy), which is used when people are unable to swallow or to eat enough. A training matrix had been completed by the registered manager to help them check the training each staff member had received and to assist them to plan future training requirements. The matrix also helped them monitor when training in the required topics was due to be refreshed. Staff we spoke with said they felt they had received sufficient training to provide people with effective care. Comments included "There is always plenty of training on offer and I am up to date with all mine" and "There are great opportunities for training to help you progress. I have just completed my level three NVQ".

At our last inspection which took place in December 2014 the provider, whilst not in breach of a regulation, required improvements with the supervision of staff. Where it had been identified that staff were not meeting some competencies, actions needed to address this had not always been identified. Where some actions had been identified these had not been followed up to see if staff had made the required improvements. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

Staff were supported by a registered manager and deputy manager who worked alongside them to provide support and to ensure they followed best practice. All staff received regular supervisions and annual appraisals. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. The registered manager explained they also used a 'job chat' whereby they would chat with staff outside the formal supervision to discuss working practices. This could be to either address working practices or give staff positive feedback on practices they had observed. These 'job chats' were completed by all senior staff to support the improvement and development of staff's working practices and were recorded. Staff competency based assessments were also undertaken periodically throughout the year to monitor working practices and to identify if staff required additional training or support. These assessments were also recorded and discussed with staff.

People's health needs were met by staff who ensured they received support and treatment from the relevant

health and social care professionals. The home had arrangements in place to make sure people were able to attend appointments and check-ups for all health needs including doctors, dentists, optician and hospital appointments. Contact with health professionals was recorded in people's records which included any actions taken to address any changes in their health needs. For example, where someone was having difficulty eating this was being explored with the dentist to see if their teeth were causing this problem. This showed people's day-to-day health needs were met. People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had a 'Hospital Passport' which contained essential guidance for nursing staff and doctors on how best to support the person, should they be admitted to hospital.

Feedback from visiting healthcare professionals was positive. Comments included "I think they are wonderful. They know people well and are always well prepared when I attend for review meetings. They are always open to advice and follow the guidance I put in place. They are incredibly caring and respectful" and "The staff work in a very person centred way, coordinating care and support to meet individual needs and not allowing staffing and time constraints to compromise this. I have seen a great improvement in the quality and management of recording and paperwork since the current manager came in to place- which is very helpful with monitoring and review of care and support for each individual".

People were offered a healthy and balanced range of home cooked meals to suit people's dietary needs and preferences. Staff told us that people occasionally enjoyed a take away, especially a curry. Staff knew each person's likes, dislikes and dietary needs and alternatives were offered if people did not like the main meals on offer. People had access to food and drink throughout the day and staff supported them as required. Where people were fed using a PEG feed (Percutaneous Endoscopic Gastrostomy), which is used when people are unable to swallow or to eat enough, staff had received training in how to support the person with this. People's care plans contained guidance for staff on when the feed should be started and finished and quantities of feed people should be having. Comments from relatives included "The meals there are very nice" and "X was losing weight so we had a meeting and he now has a fortified diet. They also keep an eye on his weight". Records showed people were weighed regularly to ensure they maintained a safe weight.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 be 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed choices about their daily lives. They explained people were always offered the choice of what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care or support.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments had been undertaken. Meetings had been held to discuss decisions made in the person's best interest. Relatives confirmed they were always consulted in matters relating to decision making about their family member. The registered manager told us that where required applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority.

Good

Is the service caring?

Our findings

Relatives felt people were supported by staff who were caring, patient and understanding. Their comments included "I am happy with the care X receives. All the staff are very good", "They know X very well and are always on the ball. I have confidence in what they are doing" and "The staff are very caring. They never walk past him without speaking. They are very good".

During our inspection we saw staff speaking with people who had limited verbal communication in a respectful, friendly and caring manner. Staff and the registered manager told us about a communication therapy they used to support people called 'Intensive Interaction'. This approach is used to interact with people with learning disabilities who do not find it easy communicating or being social. The therapy looks at developing enjoyable and relaxed interactions between staff and people by responding to the things they do and joining in with them. We observed staff interacting with one person during an activity. They mirrored the person's vocal noises and body movements which the person responded to by smiling and then cuddling the staff member. There was a relaxed and happy atmosphere in the home with people and staff interacting well.

People were supported to maintain important relationships with people that mattered to them. We heard about contacts from family. For example, during our visit a relative visited their family member. They said they could visit at any time and were always made to feel welcome. Other relatives we spoke to also stated that they could visit and ring up at any time. People were also supported to visit family members who were unable to visit the home. One relative commented "It's lovely I can just turn up when I want".

Staff had positive relationships with the people they were supporting. Staff were respectful and caring in their approach to supporting people. Where people needed assistance, staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. For example, We saw a staff member supporting one person to access the dining area. They explained to the person that they needed to wait whilst they pulled out the chair. They then explained where they needed to move to and that they were then going to put the chair behind them. At the appropriate time they advised the person that they could sit on the chair.
However, whilst things were explained most of the time we did observe staff consistently moving people who were in wheelchairs without first telling them they were going to do this and where the person going. We spoke with the registered manager regarding this observation who agreed to address this immediately with staff.

A health professional who worked closely with the service told us "I feel the staff have always tried really hard to promote their residents as individuals and protect their rights. Staff seem to have their residents at the centre of all that they do and care very much. There has always been a lovely atmosphere in the home when I have visited and the residents have seemed happy and contented".

All staff were able to talk about how they promoted people's rights and choices. One member of staff talked about the importance of involving people in decisions about their daily lives. They said "It is important to

give people opportunities to make life as good for them as we can. All people have some capacity to make decisions and choices about daily things, such as where they want to sit, food choices and what they want to wear".

We saw people appeared at ease with staff and their surroundings. Those people who were able moved freely around the home choosing to sit in the communal areas or go to their bedrooms. People's needs and preferences had been taken into account to ensure their bedrooms reflected these and were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments, cuddly toys, posters and photographs. One relative asked their family member if they would like to show us their bedroom which they agreed to. The relative explained that their family member had chosen their own wall paper and then the registered manager had arranged for the bedroom to be decorated. They said their family member's room was full of personal belongings of their choice.

Records contained information about what was important to each person living at Bembridge House. People's likes, dislikes and preferences had been recorded. There was a section on people's life history, which included information such as where the person had previously lived, religious beliefs and important relationships. Staff told us they regularly reviewed people's care plans and they were made aware of any changes to care and support during the handover at the beginning of each shift.

People's records included information about their personal circumstances and how they wished to be supported. The information covered all aspects of the person's care needs and preferences. For example, care plans included a one page profile. Information contained in this section included people's likes and dislikes, what was important to them and how best to support them. In one person's plan we read that they liked to be supported to take their medicines by staff putting the medicines on their tongue and giving them a glass of water.

People's care plans described how they were to be supported to maintain their independence. Care plans described what they could do for themselves and what tasks or activities they required support with. People were supported by staff to be independent where possible. For example, in one person's care plan it noted that to maintain their mobility it was important they were encouraged to go for a daily walk. We saw this person being encouraged to do this during our inspection.

People had access to local advocacy services. One member of staff told us how they had recently involved an advocate to support the decision making process for one person who required dental treatment and was unable to make this decision without support.

The registered manager spoke passionately about wanting to ensure people received a high standard of care. They had recently introduced an end of life care plan for people and their relatives to plan for in advance. This included information on where the person wished to be supported. For example remaining at Bembridge house or going into hospital and funeral arrangements.

Good

Is the service responsive?

Our findings

At our last inspection which took place on 30 December 2014 the provider was not meeting the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of receiving incorrect care from staff due to incorrect and out of date information held in care plans. Records we reviewed did not always clearly identify the support and care which had been offered to people. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements required to fully meet people's needs.

Care plans had recently been reviewed and a new format was in the process of being introduced. The new care plans were personalised and contained information on all aspects of the person's health, personal care and social needs. Where people were not able to sign to say they agreed with the content of their care plan there was evidence to show who had been consulted, for example a relative may have been involved and consulted on their behalf.

Care plans provided comprehensive, detailed information about people including their personal history, individual preferences, interests and aspirations. They were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. People's care plans contained details informing staff of when people displayed particular behaviour, what they were trying to communicate and how staff should respond. This ensured the person received a consistent approach from the staff team with their support. Plans included people's health conditions and how to meet their health needs. Where a person's health had changed it was evident staff worked with other professionals to review their care needs. For example, for one person whose behaviour had recently changed support from other health care professionals had been sought by the registered manager with the purpose of identifying what may have caused these changes and what support they could offer this person during these times.

Staff told us they were provided with enough time to read people's care plans and were able to describe people's emotional and physical needs. They told us about the sorts of things people liked to do and people's care plans reflected what we had been told by staff.

We observed staff interacting positively with people and responding to their needs so they received care, treatment and support when they required it. For example, at lunchtime one person did not want to eat their lunch. This decision was respected by staff and the person was then offered their lunch later when they were ready to eat.

People led active lives. Care plans contained information about the person's daily routines and the weekly activities they participated in. During our inspection two people went ice skating and another person went for a walk. Other people were involved in activities with in the home such as cooking or playing games. A relative told us about the many activities a person enjoyed each week saying, "There are certainly enough

activities. He goes swimming and trampolining. He also loves music". Another relative said "I know he goes out as much as he can. He goes skating and trampolining. He also goes for walks in the local woods and park".

Handover information between staff at the start of each shift ensured important information about people was shared, acted upon where necessary and recorded to ensure people's well-being was monitored. Any change in people's care and support were communicated during this time. A staff member told us they would ensure any changes were communicated immediately to staff members and relevant care plans updated. They said staff meetings were used to discuss important events such as incidents or accidents and to identify if there were any trends or patterns. They would discuss if any actions were required, such as changes to people's care plans.

There was a complaints policy in place. Relatives told us they knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the registered manager and staff team. We saw from records that the service recorded people's concerns and investigated and responded to them appropriately. A complaints procedure was available in an easy read format for people living in the home.

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where relatives could visit at any time to discuss their family member's care needs and any concerns. One relative told us "I am very happy with the care X receives. I can talk to the manager any time. We also get a newsletter which keeps us up to date with what is happening at the home".

Good

Is the service well-led?

Our findings

There was a registered manager and deputy manager in post who were responsible for the day to day running of the service. We found the manager and deputy manager were familiar with people's care and support needs. When we discussed people's needs, they showed good knowledge of the people using the service.

The registered manager spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service to people to support them through the different stages of their life. Staff and relatives spoke positively about the registered manager. Comments included "I feel well supported. We have strong leadership and a clear direction. The staff team is much stronger now. The manager's door is always open" and "I have seen real improvements since the new manager started". A health professional who worked closely with the service told us "The current manager is very good at acknowledging people's needs and raising concerns or referrals for input. I think there is great benefit to the residents from the manager being a qualified and experienced LD nurse. I have seen a great improvement in the quality and management of recording and paperwork since the current manager came in to place".

The registered manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with other registered managers within the organisation to share issues, new ideas and ways of working. They kept up to date with new legislation or guidance affecting their service by attending external events and conferences. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager, area care manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed.

In the provider information return (PIR) submitted in January 2016 the registered manager had detailed a number of improvements they had identified to improve the service. For example, the registered manager had recorded they were going to implement a staff assessment for specific tasks to monitor staff working practices. At this inspection records confirmed this had been implemented. In addition to this another area of improvement identified was to support people and their families with end of life planning. A new form had been implemented and its appropriateness was currently being reviewed by the registered manager. Staffing structures had been reviewed which had led to the implementation of senior support workers to ensure the consistency and continuity of the service provision.

Staff members' training was monitored by the registered manager to ensure their knowledge and skills were kept up to date. There was a training record of when staff had received training and when they should

receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. Staff told us they had the opportunity to discuss accidents and incidents as a team to see if any changes to the person's support and care were required. The registered manager explained they monitored accidents and incidents each month to identify any patterns or trends.

The registered managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Servicing of equipment was carried out to ensure it remained fit for purpose.