

Greensleeves Residential Care Home Limited

Greensleeves Residential Care Home

Inspection report

8 Westwood Road
Portswood
Southampton
Hampshire
SO17 1DN

Tel: 02380553668

Date of inspection visit:
23 March 2017

Date of publication:
28 April 2017

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on 23 March 2017 and was unannounced. The service provides accommodation for up to 21 older people with personal care needs. There were 19 people living at the service when we visited. All areas of the building were accessible via stairs equipped with electric stair lifts and there were lounges/dining rooms on the ground floor of the building. There was accessible outdoor space from the ground floor. All bedrooms were for use for single occupancy.

There was a registered manager at the service. 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.

At our last inspection in January 2016, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to ensure they assessed the mental capacity and best interests of people who lacked capacity to make specific decisions. At this inspection, we found that improvements had been made and the provider had taken steps to meet the requirements of this regulation.

The provider had a system in place to assess people's capacity and make best interests decisions for people who were unable to consent to specific decisions. These systems helped to protect people's rights and freedoms. Staff understood the need to obtain consent from people before delivering care. People were treated with respect and dignity. Their wishes around their care arrangements at the end of their life were documented to help ensure their choices were respected.

People were involved in the planning of their care and were consulted about changes to the service. The registered manager held regular residents meetings, which sought the feedback from people, engaging them for ideas to improve the service. The registered manager sent out formal questionnaires to people and relatives to gain further feedback about the care provided and suitability of the staff. Complaints were dealt with promptly and thoroughly to help ensure people who raised concerns were kept informed of findings from investigations.

People's care plans were detailed and person centred. They helped enable staff to support people with their preferred routines around their personal care, and to manage risks associated with their everyday living needs and the home environment. When incidents occurred, the registered manager investigated possible causes to identify measures to reduce likelihood of reoccurrence. The registered manager informed CQC and local safeguarding bodies when significant events in the service occurred, which further helped to keep people safe from harm.

People had access to healthcare services when they were required and followed a diet in line with their preference or dietary requirements. People's care plans documented the support they required with their

medicines and the provider had robust systems in place to help ensure people received their medicines as prescribed.

The registered manager was heavily involved in the day-to-day running of the service. The registered manager was also the provider and subsequently was in a position to monitor the quality of the service, quickly responding to issues to ensure they were resolved promptly and safely. People and staff spoke highly of the registered manager and felt the service was a pleasant place to live and work. The provider had made some adaptation to the environment to help make it suitable for people living with dementia.

Staff were caring and kind to people living at the service and had a comprehensive knowledge of people, supporting them in a personalised manner. Staff received training relevant to their roles and ongoing supervision and feedback to help maintain their effective practice. Staff understood how to identify and respond to people's concerns to help to keep them safe from harm. The provider had sufficient numbers of staff employed to meet people's needs and their recruitment processes ensured these staff were suitable and qualified for their roles.

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 risks and the service was a safe environment to live in.

There were sufficient staff in place who understood their responsibilities to keep people safe from harm.

The registered manager followed safe recruitment processes to help ensure suitable staff worked at the service.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good 

The service was effective.

Staff followed legislation, which protected people's rights and freedoms.

Staff received training and supervision to enable them to carry out their role effectively.

People were supported to follow a diet according to their preferences and dietary requirements.

People had access to healthcare services when required.

The provider had made some adaptations to the environment to make it suitable for people living at the service.

Is the service caring?

Good 

The service was caring.

The service put an emphasis on staff promoting people's dignity.

People told us they were supported by caring, compassionate staff.

People preferences around their end of life care were respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and contained guidance for staff to meet people's needs.

The registered manager sought regular feedback from people and relatives to make improvements to the service.

People had a range of activities which they could participate in.

Is the service well-led?

Good ●

The service was well led.

The registered manager was also the provider and was responsive in monitoring the quality of the service and performance of their staff.

There was a positive atmosphere at the service and people felt it was run well.

Incidents were analysed to reduce risk of reoccurrence.

Greensleeves Residential Care Home

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 the 23 March 2017 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events, which the service is required to send us by law.

We spoke with nine people living at the service. We also spoke with the registered manager, four care staff and an advocate who was supporting a person using the service.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The service was last inspected in January 2016, where we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "Where I can become confused, it is reassuring living here as I don't think I would be safe at home anymore". Another person said, "It's a good environment here, it caters for all my needs". A third person commented, "Very safe, you can bank on that!".

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. One member of staff told us, "Abuse can come in many forms and our training has taught us to be aware". The registered manager showed us how they had worked with local safeguarding teams to help ensure people's safety after concerns were raised about their wellbeing.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks and ways to minimise their effect were detailed in people's care plans. Risks identified included, moving and handling, medicines, falls, malnutrition and skin breakdown. One person had been supported to move to a ground floor bedroom after a decline in their mobility meant that they were at risk of falls when using the stairs. The person was fully involved in the decision and was now able to access their bedroom and communal areas safely and independently. Another person was at risk of falls transferring from a sitting to standing position, but wanted to remain as independent as possible whilst mobilising around their home. The person had access to mobility aids to transfer positions and to support them to walk. This helped them to mobilise safely whilst maintaining their independence. A third person who was living with dementia could become confused and occasionally aggressive towards other residents, posing a risk to their safety. Staff ensured that they monitored the person to pick up early warning signs they were agitated so they could offer them reassurance and distraction. This helped to keep the person and others safe.

People were kept safe from the risks to the environment and in the event of emergencies. The registered manager carried out regular testing of fire equipment to ensure it was in good working order. Each person had a personalised evacuation plan. These detailed the support they required in the event of an emergency. The registered manager carried out regular testing of people's call bells. This helped to ensure that people had a working call bell to enable them to contact staff if they required assistance. The registered manager also tested water temperatures on a regular basis to reduce the risk that people could become scalded by hot water in the bath or when washing their hands.

There were sufficient staff employed, who possessed the right skills and knowledge to meet people's needs. One person told us, "If I need to call, someone comes quickly; the longest I have to wait is 5 minutes". Another person said, "There is always someone around if I need help. If I want something they will always get it for me". The registered manager told us that four members of staff and a cleaner were on shift during the day and two members of staff worked overnight. Staff were attentive to people's needs and supported them in an unhurried manner.

The service followed robust recruitment procedures, which ensured that staff had the appropriate experience and character. Staff files included application forms, records of interview and references from

previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Peoples' medicines were managed and administered safely. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

A stock management system was in place, which helped to ensure medicines were stored according to the manufacturer's instructions. Some medicines needed to be stored at specific temperatures to maintain their effectiveness. A refrigerator was available for the storage of medicines which required storage at a cold temperature in accordance with the manufacturer's instructions. Staff monitored and recorded temperatures for medicine storage areas to ensure that medicines were stored at the appropriate temperatures. Where people had control drugs, which are medicines that require a higher level of security, the provider had systems in processes to ensure they were recorded, administered and stored in line with best practice guidelines from The National Institute for Health and Clinical Excellence (NICE).

People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people may need these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. One member of staff told us, "We are lucky as all our residents are able to communicate they are in pain. However, we still look for nonverbal cues such as if people are withdrawn or grimacing, which may indicate they are experiencing pain". They explained the medicines they were giving in a way people could understand and sought their consent before giving these to them.

Is the service effective?

Our findings

At our previous inspection in January 2016, we found that the provider did not always assess the mental capacity and determine best interest decisions for people who lacked capacity. At this inspection, we found that the provider had made improvements and had a system in place to assess people's capacity and document meetings where decisions that were in people's best interests had been made.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to make particular decisions, such as the delivery of personal care, the administration of medicines or consenting to other aspects of their care plan, decisions had been made in the person's best interests and who was involved in making specific decisions was documented in people's care files.

Staff sought verbal consent from people before providing care and support by checking they were ready and willing to receive it. One member of staff told us, "Staff need to seek consent before carrying out personal care". Another member of staff said, "Residents have the right to refuse care". One person did not want staff to regularly check on their welfare overnight. They consented for staff to check on them once during the night but an agreement was put in place where staff would not make subsequent checks other than the one agreed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found staff at Greensleeves Residential Home were following the necessary requirements. The registered manager had applied for DoLS authorisations where necessary and showed us records of when authorisations would need to be reapplied for. Some people had conditions on their DoLS authorisations, which set out measures staff needed to take to ensure people were supported in the least restrictive way. One person's authorisation detailed how they required opportunities to access the community on a regular basis. The person confirmed that they regularly visited the local shops, took walks and were happy with their access to the outside community.

Staff received training which enabled them to meet people's needs. One person said, "They [staff] are really rather good, I would say they are well trained". The registered manager showed us feedback from people and their relatives from a recent questionnaire sent by the service. Comments about the staff included; "We have been delighted with the standard of care at Greensleeves", "I am confident my mum gets the support and attention that she needs", and, "I have found the staff very knowledgeable, professional, friendly and helpful". Staff had received training, which included safeguarding, MCA, moving and handling, medicines,

dementia awareness, end of life care, first aid and health and safety. Many staff had further qualifications in health and social care and two staff had qualifications in nursing. The registered manager had organised for specialist nurses to come into the service to train staff to support somebody living with chronic obstructive pulmonary disease (COPD). COPD is a progressive lung disease. This helped to ensure staff had knowledge to support the person with their medical condition. The registered manager had also arranged for a local pharmacy to provide additional training for staff in effective management of people's medicines.

Staff had received supervisions (one to one meeting) and support from their line manager. Staff told us supervisions enabled them to discuss any training needs or concerns they had. In addition to face to face supervisions, the registered manager also made observations of staff's working practice to assess their skills and behaviours. These observations included, assessing staff supporting people with medicines, at meal times, supporting people to mobilise around the service, and interactions between staff and people. These measures helped ensure that the registered manager had an insight into the maintenance of positive and effective practice within the service.

New staff received an induction with the registered manager to ensure they understood their role and responsibilities. The registered manager told us this involved some time to review policies, a tour around the service so staff understand the working practices and emergency procedures and the opportunity to work alongside experienced staff to get to know people living at the service..

People told us they appreciated being given flexibility around their mealtimes. One person stated, "I like to have my breakfast at six in the morning and there never is a problem". Another person told us, "I didn't feel too well today so I chose to have my meal in my room, sometimes I prefer that and there never is a problem with that, they never make a fuss". Most people chose to have their meals in the communal dining area. Staff were at hand to offer support to people who required encouragement to eat. Some people used adapted plates and cutlery to help enable them to eat independently.

Where people were at risk of malnutrition, staff monitored their fluid and food intake and weighed them regularly, to monitor their health and wellbeing. This helped to identify where there had been changes in their health. In one compliment received by the registered manager, a person's relative wrote, "My relative is now happy and eating well, which she was not when she lived on her own". People were encouraged to sip fluids throughout the day, receiving support with their hydration in communal areas and in their bedrooms.

One person followed a diet, which was appropriate for a person with diabetes. Their care records showed that they had menu choices, which followed a balanced diet in line with dietary requirements. Staff were knowledgeable about the person's conditions and the care records demonstrated that staff were following the guidance in their care plan to provide appropriate support. Staff sat with people monthly to go over their food preferences to help ensure that the service was providing menu options people enjoyed.

People had access to healthcare services when required. One person told us, "I didn't feel too well today, the manager asked me if I felt I needed the doctor to visit, I wasn't that bad so I didn't want that, but I know if I did they (registered manager) would make sure the doctor came out, they are very good at that, I see them every day and they always check how I'm feeling". Other people had access to dietitians, occupational therapists or speech and language therapists according to their medical and health needs. The registered manager had arranged for a chiropodist to visit every six weeks to support people with their nail care.

The provider had made some adaption to the environment to meet the needs of the people living with dementia. Bathrooms and toilets had signs on them to distinguish them from other rooms. This would help people to navigate around the home. People had access to the garden through a landscaped walkway. This

enabled them safe access to the enclosed garden where they could enjoy the outside space. The service had stair lifts available to help people to navigate the stairs safely.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I am very happy here, there's nothing they (staff) wouldn't do for you". Another person said Greensleeves Residential Home was, "A lovely home". Other comments from people included, "A comforting place, we can do what we want to", "It took me a while to get used to it her, but I like living here now", and "Overall, staff do a good job here".

Staff respected people's dignity. The service had a designated 'dignity champion'. The role of a dignity champion was to keep up to date with best practice in promoting people's dignity in care and ensuring the service reflected this. The service had completed, 'the dignity challenge'. This involved measuring the service in relation to the values and actions that high quality services that respect people's dignity should promote. This challenge was in line with The Dignity in Care campaign, which promoted by the National Dignity Council. As part of 'the dignity challenge', the service held a series of events which included joining together people, family members and staff to discuss how the service could promote dignity within care. The responses from these discussions were displayed in communal areas of the service. Staff responses included, "Dignity is treating people with pride and respect", and, "Dignity should be at the heart of care". People using the service benefited from this incentive, as staff had a clear understanding of the principles of dignity in care and how to apply these in their role. The services 'dignity champion' had also participated in forums hosted by local authority quality teams. These forums gave providers the opportunity to share best practice in promoting dignity within their services.

People's care plans detailed the support people required to maintain their dignity and choice around their appearance. One person's care plan specified that they wanted to dress and keep their hair in a certain style. We saw that these wishes had been followed and the person dressed to their taste. People's door had signs that prompted staff to knock and wait for responses. Staff supported people with personal care away from communal areas to respect their privacy. People confirmed that staff spoke to them with respect and listened to their point of view. One member of staff said, "We [staff] need to be open to people's views and opinions".

People were treated with kindness and compassion in their day-to-day care. One person told us, "They [staff] always come to see me, every day we have a chat and they check how I'm doing, I can tell them anything that worries me". Another person reflected, "Sometimes I don't feel like coming out of my room because I can get a bit down, they [staff] seem to know when I feel like that and will take time and come and talk to me, they understand that it has been hard for me to leave my house because my family are not near and I can't stay there anymore, but it still is hard and I get sad days. I am glad they are here for me and that I have been able to bring some of the things from my home". One relative wrote in a compliment to the registered manager, "I believe [my relative] is very well cared for and I have tremendous respect for the staff at all levels that look after him and meet his needs".

People's bedrooms were personalised and decorated to their taste. People told us they were able to bring items of furniture from their home to use in their bedrooms. This helped to make their environment feel more homely. Other people had decorated their rooms with pictures and personal items, which were

important to them.

People's care was not rushed, enabling staff to spend quality time with them. People's comments included, "Staff are brilliant", "Staff do their best to make things good for you", and, "(The service is) a relaxing place". Staff were encouraged to spend time talking to people, sitting to reminisce about their life or discussing day to day issues people may have. Staff were patient and jovial in their approach and people responded well to their interactions.

People were encouraged to be as independent as possible. One person told us how they enjoyed going out for a walk in the local area. Other people's care plans documented areas of their personal care and routines where they would like to remain independent. A member of staff told us, "I help residents maximise their own abilities during personal care".

The service made considerations to people's equality and diversity in the delivery of their care. One person felt strongly that they did not wish to celebrate their birthday or have staff mention the event. Staff were aware of this preference and documented it in the person's care plan. The registered manager also discussed with individual people about how they would like to celebrate religious and cultural events. This helped to ensure that their beliefs or preferences were respected.

People and their relatives were given support when making decisions about their preferences for end of life care. Where people had advanced decisions about their care arrangements in place, staff ensured these were documented in their care plans. If people wished, staff supported them to complete an 'end of life document'. This documented their preferences around the care leading up to them passing away and any wishes they had for their arrangements post passing. The documents were periodically reviewed with people to ensure that their documented wishes were people's most current wishes.

Is the service responsive?

Our findings

People or their relatives were involved in developing and reviewing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. The registered manager told us that the deputy manager sat with people monthly to go through their care plan to ensure it reflected their current preferences. Care plans included information about people's preferred routines around daily living and personal care and the support they required from staff to carry out these routines. One person's care plan detailed particular times they liked to have their meal and a particular chair that they liked to sit in to eat. They could become quite anxious if these routines were not followed. Staff made these arrangements without drawing attention to these requirements, and the person appeared comfortable and content during lunch. Another person's care plan instructed staff to support a person around ensuring their linen and clothing was clean. The person enjoyed helping out with laundry tasks, but could sometimes become confused about dirty laundry and fold them away in cupboards. Staff were instructed to work with the person to go through laundry to ensure that only clean laundry was put away in cupboards.

Care plans included information that enabled the staff to monitor the well-being of the person. One person would often become confused, upset and disorientated about where they were living. Staff were instructed to sit with the person during these times, offer reassurance and support the person to read a note from his daughter explaining the circumstances around their living arrangements. Staff told us this was an effective way in which to comfort the person and help them reacquaint with their surroundings. Another person's care plan gave information for staff to understand, recognise and monitor the signs that the person was experiencing symptoms in relation to their diabetes. The care plan provided a clear protocol for staff to follow to help ensure the person received appropriate care and medical attention when required. Care plans included information about people's life history, giving staff a deep knowledge of people. This benefitted people as staff were able to offer them reassurance if they were anxious or confused by referencing familiar objects, people or events.

People had a range of activities they could be involved in. People were able to choose which activities they took part in and suggest other activities they would like to complete. Activities ranged from games, visits from representatives from the local church, reminisce activities which stimulated people by recalling events from their past, light exercise and visits from external entertainers. One person told us, "This is a very social home, we look out for each other, we can join in activities together if we want to". Another person said, "There is plenty here to keep you entertained, best thing is others (people) and staff all join in with the games and quizzes, it's is marvellous really". The registered manager had also organized regular 'themed days', to celebrate specific events. One such event celebrated the 1940's. One person told us, "They had organised a 1940's day, we had music and a table full of memorabilia, lots of objects, pictures, it was a lovely day, I really enjoyed that".

The registered manager held monthly meetings with residents to gain people's feedback about the service and to ask for suggestions for improvement. The registered manager told us, "I speak to everyone individually in the meetings so I can obtain everyone's feedback". The feedback from meetings had prompted changes to the menu choices available to people at meal times and the introduction of new

activities. The registered manager also sent out regular questionnaires to people and their relatives. The questionnaires asked for their feedback about the service and staff. The responses from the latest questionnaire sent in January 2017 showed a positive feedback from all 11 respondents with regard to the environment of the service, communication with families, competence of staff and quality of care provided. The registered manager had also acted on a suggestion on one questionnaire to lower the height of a television in the lounge, making it more accessible for people.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Feedback from relatives received in questionnaires sent by the registered manager included, "The staff always keep me up to date with what's going on with [my relative]", "On an ongoing basis, communication between staff and family has been really good", and "The staff are always welcoming". People told us their relatives were welcome to visit them and some people were supported to maintain correspondence with relatives and friends if they wished.

There was a policy and systems in place to deal appropriately with complaints. People told us that they knew how to complain to the registered manager and felt comfortable doing so. A complaints policy was displayed clearly in the entrance to the service. This gave details of how people could make a complaint and to whom. The registered manager told us the steps they would take to deal with a complaint. Records showed that complaints made were dealt with promptly, with the registered manager investigating issues and feeding back to people with findings and areas of learning from events.

Is the service well-led?

Our findings

People felt the registered manager ran the service effectively. One person told us, "You can see for yourself it is a good home". Another person said, "The manager runs a tight ship here, I don't think many things get by her". A third person, "It's a good atmosphere that has been created here".

There was a clear management structure in place. The registered manager was also the provider and subsequently had a very clear insight into the running of the service. The deputy manager in place shared many of the day to day responsibilities of running the service with the registered manager. The registered manager told us, "The benefit of being the registered manager and provider is that when people tell me they need something or something needs changing in the home, I can do this straight away".

The registered manager regularly worked alongside staff, which gave them a detailed knowledge about the people who lived at the service and the skills and behaviours of the staff. The registered manager told us, "I am here Monday to Friday, usually long days and the staff know they can call me at the weekends as I am less than two hours away, I love what I do here". On the day of inspection the registered manager joined people in a reminiscence activity, which stimulated people through conversation about events and objects from their past. The registered manager was familiar and friendly towards people and was well acquainted with their needs.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. They held monthly staff meetings, in which issues and updates regarding people and the service were discussed and staff were given feedback about their performance. In a recent staff meeting, the registered manager had emphasised the role and designated duties of particular staff to maintain a clean environment, and the procedure to contact people's next of kin in the event of an accident and incident was reiterated. The registered manager told us, "Staff meetings are an opportunity to share learning and ensure everyone understands what their individual and collective responsibilities are".

People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. One member of staff said, "[The registered manager] is a very dedicated individual who supports the team here very well". Another member of staff said, "I feel I can go to the manager with any concerns and they would help me". The provider had a whistleblowing policy in place. A whistleblowing policy outlines external bodies that staff can contact if they do not feel comfortable or able to raise concerns to internal management.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager completed regular audits to ensure the safety of the environment. These included audits of medicines records and a health and safety audit of individual's rooms to ensure that people were living in a safe environment. Audits had been effective in quickly identifying where staff had made recording errors during medicines administration. This intervention led to additional training and supervision being offered to staff, which resulted in people's medicines records being accurately completed.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager logged all accidents and incidents in order to look for trends or potential causes. Staff were encouraged to identify if there was an underlying medical issue or an adaptation to the environment that could help to prevent the reoccurrence. In one example, one person did not return home at the expected time after going out for a walk, as they became disorientated with their surroundings. The registered manager worked with the person, their family and the local safeguarding team to enable the person to continue to access the community, but with additional measures in put in place to promote their safety. The registered manager informed CQC about this and other significant events that happened at the service. This was in line with regulatory requirements.