

Gordena Care Ltd

Gordena Care Home

Inspection report

16 Overhill Road
Downend
Bristol
Avon
BS16 5DN

Tel: 01179569473

Date of inspection visit:
23 August 2017
29 August 2017

Date of publication:
27 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. One inspector carried out the inspection on the 24 and 29 August 2017. This was the first inspection since the provider changed to a limited company.

Gordena Care Home provides accommodation, personal care and support for up to 9 people. There were nine people living in Gordena Care Home at the time of the inspection. People who live at the home have a learning disability. There were seven single bedrooms and one shared bedroom. The kitchen and dining room was situated on the second floor, which was accessed by stairs. A stair lift could be used by people if required to reach the first floor where the lounge was situated but not to the second floor. The registered manager assessed people in respect of their mobility prior to moving to the home and kept this under review due to the lay out of the building.

There was a registered manager in post. The registered manager was also one of the owners of the business. 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 were no breaches found during this inspection. However, improvements were needed to ensure people were safe. This included implementing the provider's own action plan to ensure all staff completed a fire drill at frequent intervals and to ensure the recommendations made by a pharmacist had been fully actioned. This included checking staff competency in respect of the administration of medication and to ensure body maps in respect of where to apply topical creams were kept with the medicine administration record. This would ensure staff knew exactly where to apply the creams.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. People received their medicines safely.

People's views were sought through care reviews, resident meetings and surveys. People's views were acted upon. Systems were in place to ensure that complaints were responded to with action taken to improve the service provided.

People were involved in making decisions on how they wanted to be supported on a daily basis. Where decisions were more complex such as that relating to medical health then best interest meetings were held with the staff and other health professionals.

People had a care plan that clearly described how they wanted to be supported. People had opportunities

to take part in activities both in the home and the local community. People were encouraged to be independent. Some people could access the community on their own whilst others required staff support. Some people managed their own finances. Other health and social care professionals were involved in the care of the people living at Gordena Care Home.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training for them to deliver safe and effective care. Staff told us they were supported in their role and met with the registered manager regularly to discuss their performance and any training needs.

The service was well led. The registered manager and the staff completed regular checks on the systems that were in operation in the home to ensure they were effective. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included, and their views were sought. There was an emphasis on Gordena Care Home being people's own home.

People were provided with effective, caring and responsive service that was well led. The provider had a clear action plan already in place prior to the inspection to make improvements to the safe domain.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe. This was because staff may not follow correct procedures in the event of a fire. There were some areas that needed addressing to ensure the home was safe.

People medicines were managed safely. However, staff's competence had not been assessed in line with the provider's policy.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately, in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs. Staff had gone through a thorough recruitment process.

The home was clean and free from odour.

Is the service effective?

Good 

The service was effective.

People were involved in making decisions. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met. People were supported to make choices about what they wanted to eat.

Staff were trained and supported in their roles.

Is the service caring?

Good 

The service was caring.

People received a service that was caring and recognised them

as individuals. Positive interactions between people and staff were observed. People were relaxed around staff. People were supported to develop and maintain relationships with family and friends.

Staff were knowledgeable about people's daily routines and personal preferences. People's independence was encouraged and they were involved in everyday activities such as cooking and shopping.

Is the service responsive?

Good ●

The service was responsive.
People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People and their relatives could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The staff and the registered manager worked together as a team. The staff were well supported by the management of the service.

The registered manager and staff regularly reviewed the quality of the service. People's views were sought on how the service was managed.

Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

Gordena 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 was the home's first inspection since changing to a limited company. This inspection took place on 24 and 29 August 2017 and was unannounced. One inspector carried out this inspection.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted six health care professionals to obtain their views on the service and how it was being managed. We received one response. You can see what they told us in the main body of the report.

During the inspection, we observed and spoke with people in the lounge and the dining room, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies, procedures, and staff training. We spoke with five members of staff and the registered manager. We also had an opportunity to speak with two relatives after the inspection.

Is the service safe?

Our findings

People told us they felt safe and liked living at Gordena Care Home. They told us there was always enough staff when they needed support or if they needed to be accompanied when out in the local community. One person told us they now liked to go out with staff support, as they were worried about falling. The majority of the people went out independently. Risk assessments were in place to ensure people were safe when they went out including road safety awareness.

We checked whether people were safe in the event of a fire. There were records of daily and weekly checks on the fire equipment. Staff had received annual training on fire safety. However, not all staff had attended a fire drill in accordance with the recommendations of the fire service. A member of staff said there was now a plan in place to ensure all staff attended a fire drill every six months and, three monthly if they worked nights.

The provider had recently had an external contractor complete a health and safety check. There were a number of recommendations, which included ensuring all fire doors closed securely and fire doors were not to be propped open. They also recommended for the stair lift to be serviced and to complete regular checks on the hot water outlets. These checks should be completed to minimise the risks in respect of legionella and ensure people are safe. Evidence was provided that these had been completed. Staff were observed checking the water temperatures and descaling showerheads as part of reducing the risks of legionella. It was also noted that electrical items were overdue to be tested. A member of staff told us this was being done at the beginning of September 2017. This was confirmed in the home's diary.

The boiler for the home was sited in a person's bedroom. There was a carbon monoxide monitor. When we asked how often this was checked, one member of staff said they were unaware there was one and the person responsible for checking health and safety told us they had not routinely checked this. However, they fully understood why they should check this and said regular checks would now be put in place. When we checked the monitor, the green light was flashing showing it was working correctly.

Window restrictors were in place on the first and second floor. Checks were completed on these regularly by the staff to ensure they were working and to keep people safe. The registered manager told us two people had complained that they did not like this in situ because it restricted the airflow to their bedroom. The registered manager told us they would risk assess this in respect of the two individuals and if no risk, they may remove this from their bedroom windows. This showed the registered manager took into consideration people's safety and their rights.

Some people were prescribed medicines they could not manage themselves. The arrangements for managing medicines on their behalf were safe. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as and when' required medicines. We saw that when staff had hand written an entry on the medicine administration record this had not consistently been signed by two staff. Of the three entries checked, one had not been signed by a second staff to confirm the information was correct. This was shared with the registered

manager to address with the member of staff.

Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy when no longer required. These records showed people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. A pharmacist had completed an audit in February 2017 and recommended staff's competency should be checked at least every 12 months. When we looked at the dates of the competency checks, some staff had not had their competency checked since 2012. The provider's medicine policy clearly stated this should be completed every six months. The pharmacist also recommended that body charts were put in place for those people that required topical medicines and creams being applied. This would offer staff guidance on where the creams were to be applied. Staff told us this had been completed but they were unable to locate them. Assurances were given that these would be placed with each person's medicine administration record.

Staff told us a new system had been introduced where by two staff check the medication records during a shift changeover to ensure all medicines had been given. They told us this had been very effective in reducing errors where staff had not signed the medication administration record.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff confirmed they had received training in safeguarding and described to us what they should do if a person alerted them to any concerns. Staff told us they had raised an alert the day before, which had included notifying us. This was because a person had hit another person living in the home. They told us this was a rare occurrence. They described to us how they de-escalated the situation to ensure everyone was safe. People told us they generally all got on well.

People told us there was enough staff to support them during the day. Staff told us there was always two staff on duty during the day and one member of staff providing sleep in cover at night. Additional staff were rostered if people had planned activities or health appointments that required additional support. Staff told us that the registered manager would always respond if there was an emergency or they would source additional staff if required.

The provider followed safe recruitment practices. We looked at the recruitment files for three members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Staff completed a three month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people living at Gordena Care Home and the provider's other home. This was because staff worked across both homes.

Staff had completed training on the principles of food hygiene. The kitchen was clean and well organised. All items in the fridge were dated when opened. Colour coded chopping boards were available to prevent risks of contamination from meat, fish and vegetables. Food probing was completed to ensure food was cooked to the optimal temperature. Records of Fridge/freezers temperatures were maintained to ensure they were working correctly.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves to reduce the risks of cross infection. Staff had completed training in this area.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they were in the process of submitting an application for one person in respect of DoLS. This was because they lacked the capacity to make the decision on whether they wanted to live in a care home and needed supervision when out in the community to keep them safe. Everyone else had been assessed as having the mental capacity and did not meet the criteria that had been set in respect of making a DoLS application. People told us they could move freely around their home. Staff told us there were no restrictions imposed on people and said it was their home to come and go, as they liked.

People told us they made day-to-day decisions on when to get up, what they wanted to do and eat. Staff were asking for consent prior to offering a person support and this was at the pace of the person. For example, a member of staff was supporting a person to attend the local GP surgery. Staff clearly explained the purpose of the appointment and what would happen. The person was happy to attend the appointment. Where decisions were more complex such as a health care appointment or expenditure for large items or a holiday the provider involved other professionals, family or the person's representative. Records were made of decisions that were made in a person's best interest and who was involved.

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. People had a health action plan, which described what support they needed to stay healthy. Records were maintained of any appointments, treatment and follow-ups that were required.

People were happy with the variety of meals and the quantity they were given. They told us they were asked on a Sunday what they would like to eat during the week. They said they were asked what they would like for lunch and there was always a choice. The main meal was cooked in the evening as people were generally out during the day. Records provided details of people's food likes and dislikes, and any foods that should be avoided. One person told us they liked to get involved in preparing the meals, clearing the table and washing up. They said the food was very good and healthy. They said there was always fruit and snacks available. People were offered an alternative if they did not like what was on offer. People were observed

making drinks and accessing the kitchen throughout the inspection.

There was no one at the time of our inspection that was at risk of malnutrition. People's weight was monitored on a monthly basis and any concerns were discussed with the GP and other health professionals. Records were kept of what people had eaten to enable staff to monitor food choices and nutritional intake.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training, which had prepared them for their role. Staff new to care completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. A member of staff told us a meeting had been arranged to go through their care certificate with a senior manager. Staff confirmed they were not counted in the staffing levels for a period of five days enabling them to shadow more experienced staff. They also told us they an opportunity to read people's care plans and the policies and procedures.

Individual staff training records were maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. Staff told us they only needed to ask for specific training and this would be sourced for them.

Staff confirmed they had received regular supervision from the registered manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us they aimed to complete these formally every six weeks. Staff confirmed they were supported in their roles and could speak to the registered manager at any time.

Gordena House is set in a residential area of Staplehill close to shops, bus routes and other amenities. There were eight bedrooms, one bedroom was shared. There was a room divider to afford the people sharing the room some privacy. The people sharing the bedroom told us they liked to share and both got on really well. They said they did not want their own bedroom, as they preferred to share.

The house had an unusual layout with the dining room, kitchen and office on the second floor. The lounge was on the first floor. There was a large conservatory on the ground floor. Bedrooms were situated on the ground and first floor. People had personalised their bedrooms with their personal effects. The home was decorated and furnished to a good standard. There was a redecoration programme in place. Staff told us the kitchen had recently been refurbished.

There was a stair lift to the first floor, which had recently been serviced. The registered manager told us everyone had been assessed for their safety in respect of using the stairs. Presently there was no one that needed to use the stair lift. We recommended that this was checked regularly by staff to ensure it was in good working order. The second floor was only accessible by stairs. The registered manager and staff told us people's mobility was kept under review to ensure they could safely manage stairs.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person told us, "We are like one big family, sometimes we get on and sometimes we can argue". They told us these were usually minor over things such as what to watch on the television. They told us the staff helped people to sort out any differences they may have. Another person told us, "I like living here, I have lived here a long while. It is my home". Another person told us, they had only lived there for a short while and it was ok, they liked the staff and the other people living in the home. They told us, they could come and go as they wished. Another person told us, "I am happy here, I was only meant to stay for respite but then choose to stay because I liked it so much".

People told us their privacy was respected and staff always knocked and asked permission before entering their bedrooms. Some people had keys to enable them to lock their bedroom doors affording them both security and privacy. There was also a lockable storage to keep their valuables safe. People told us they had no concerns about other people entering their bedrooms without their consent.

Staff were observed speaking to people in a pleasant and friendly manner. There was an inclusive atmosphere with both staff and the people that lived in Gordena Care Home. People were talking with staff about their planned activities and what they had done. It was evident staff knew people well. People were evidently caring towards each other. One person was unsettled and one person was trying to offer them reassurance. Another person offered to make a cup of tea for a person that needed support in this area.

Staff were familiar with each person's likes and dislikes. Staff were able to tell us about each person's personal preferences and what they liked to do during the day. They described people as individuals and spoke positively about their personalities and how they supported them. They recognised that some people liked to get up later and others liked to be up early. Staff told us it was the person's home and they could choose when to get up or go to bed and how to spend their time during the day.

One person was very anxious and unsettled during our visit. Staff were observed spending time talking to them about their anxieties. Staff were patient, kind and caring. This continued throughout the first day of the inspection and all staff were consistent in their approach.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and, they spent time with them on a one to one basis. Staff told us as part of the key worker role it was their responsibility to ensure they had sufficient toiletries and support them to go shopping for items of clothing. The registered manager told us previously people had paid a set amount each month for toiletries and this would be purchased as part of the house shopping. They told us this had been reviewed and now each person was supported to go out and buy their own toiletries. This meant people were more independent in this area offering them more choice and control over their money.

The registered manager told us they had reviewed how people were supported with their finance and now some people had more control, whilst others may be supported with smaller amounts. They had done this

in consultation with the person and their representatives looking at the skills and vulnerability of the person. One person independently went to the shops each day to purchase a paper for themselves. This enabled them the independence in accessing the community and to take responsibility for their money.

Staff told us people were very much involved in life at Gordena Care Home. This included helping with the cleaning, cooking and shopping. People confirmed there was rota in place detailing who was responsible for washing up, clearing the tables and cooking. A person told us sometimes there were arguments on who was doing what but the rota helped stop this. One person told us they helped with the laundry and keeping their room tidy. One person was asking if their bedding had been washed. Staff offered to help with the duvet if the person could put on the sheet and pillowcases on their own. This showed that staff encouraged independence but only offered help with areas the person may find difficult.

People's cultural and religious needs were being met. People confirmed they were supported to attend the local church if they wanted to go. They told us they went with people from the provider's other home. Staff told us how they catered for people's cultural food likes. One person liked afro-Caribbean food and staff would cook this when their friend came to visit them.

People told us they could have visitors to the home. Records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. People told us they had social get togethers where they could invite their friends and family to their home.

Most people had been asked about their end of life wishes and how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person.

Is the service responsive?

Our findings

People told us there were always staff available to help them if they needed assistance and would respond to their needs. People were actively seeking out staff and staff were supporting people throughout the inspection.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported, enabling them to respond to their care needs. Staff told us it was important that any new person got on well with the other people in the home. New people were encouraged to visit the home to meet with other people and the staff. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment process.

A person confirmed they had visited the home before moving in. They said they had not been well prior to moving to the home and now they were feeling a lot better. They told us they were 'quite happy and it seems like a good place to live'. Another person told us, they wanted more independence and they were planning to move to supported living. This person told us, "It was alright but I don't want to live in a care home". The registered manager was liaising with the appropriate professionals and relatives to enable the person to move.

Care plans contained information to guide staff on how the person wanted to be supported. These had been kept under review. Staff reviewed the care plans six monthly or as people's needs changed. People confirmed staff discussed their care plan with them and they could view their care documentation whenever they wanted. Staff told us as part of the key worker role, they sat with people on a monthly basis to review the care and to plan any goals and activities they wanted to do for the forthcoming month. The key worker report also summarised activities completed, any contact with family or health and social care professionals, accidents, incidents and information about a person's general well-being over the previous month. These were very comprehensive and showed people's care was kept under review.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how staff had responded to these. This meant there was information available when people's support was being reviewed and adapt the plan of care if required for the person. One person wrote their own daily diary. Staff said this was offered to everyone but only one person had expressed an interest.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important, as it was an opportunity to discuss any changes to people's care needs. They told us this ensured a consistent approach and enabled them to respond to people's changing care needs.

From reviewing care records and observations, staff were proactive in seeking professionals support and

advice when people's needs changed. This included seeking advice on medicines to support a person's psychological well-being. During the inspection, one person was unsettled and required continual support from staff due to their anxieties. Due to the level of concern, contact was made with other health professionals and family to alleviate these. They had also made contact with the person's GP prior to the inspection to enable them to rule out any health conditions such as a chest or urine infection. This showed staff were responsive to people's changing needs. Staff showed empathy for this person throughout.

People told us there were plenty of activities organised for them, both in the community and in the home. They described the support they required from staff and some people told us they were independent in this area. One person told us they had a voluntary job. People attended a social group, which organised art and craft activities, bowling, bingo and sing alongs. Two people told us they regularly attended a weekly cycling group. They told us they enjoyed the activity and it was fun. They told us they went with two other people from the provider's other home. Other people told us they liked to go shopping, the pub and visit friends and family. It was evident this was kept under review with people to ensure activities remained appropriate.

People told us they were supported to have an annual holiday and they were asked where they would like to go and who they wanted to go with. Regular house meetings were organised to discuss menu planning, activities, staffing arrangements and any concerns or ideas people had about the running of the home. The registered manager told us that people and their representatives were consulted about holidays including the costings so they could make an informed choice.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had not been any complaints raised by people or by their relatives in the last twelve months. People told us if they were not happy, they would speak with the registered manager, their key worker or another member of staff. A relative told us they had no concerns but would talk to the staff.

The provider told us in their provider information return they had received four compliments. They told us that a family member commented on the quality of care that had been delivered to their brother. They had also received positive feedback from two community professionals who expressed they were delighted with the commitment to the people living at Gordena and working with them to achieve a way of living that was important to them. Another family member had expressed that she felt her daughter had "thrived" since she had been living at the home.

Is the service well-led?

Our findings

Gordena Care Home Ltd was a family run business. The provider owned another home, which was close to Gordena Care Home. The provider was the registered manager of both homes. When talking with staff, it was evident the registered manager was hands on and took an active role in the delivery of care working alongside the team. Staff confirmed the registered manager and other family members were contactable at all times should they require support or advice. A member of staff told us, "There are never any staff shortages as the registered manager or another family member will cover at short notice, they are committed to providing person centred care". The registered manager told us it was important that all staff had an opportunity to work in both homes enabling them to get to know each person and for people to get to know all the staff. Staff confirmed they worked in both homes. It was clear that the people in the home had built positive relationships with the staff that were working on the day of the inspection.

The staff we spoke with told us that they enjoyed working at the service and they thought people received good care and support and they would recommend it to others. We asked staff if anything needed improving about the service. They told us there were no improvements needed. However, they strived to meet people's needs and goals so improvements were led by the individuals living in Gordena Care Homes. Staff demonstrated good caring values with a desire to help people achieve their goals and build on their confidence. We observed this with people having more independence with their finances and the purchasing of their toiletries.

Systems were in place to review the quality of the service. Either the registered manager or a named member of staff completed these. These included checks on the medicines, daily checks on people's finances, care planning, training, supervisions and appraisals. The registered manager told us they completed regular visual checks on the environment and recorded any maintenance concerns. They also looked at this during a monthly provider visit.

The registered manager applied learning from a recent inspection of their other home. This included making improvements to the management of medicines by devising a monthly stock check on all medications that had not been blistered. This enabled them to check the stock in the home and identify any administration errors. They also had a plan in place to ensure all staff were taking part in regular fire drills. A new matrix had been devised to record all fire drills and training completed for each member of staff. This would enable the registered manager to have a quick overview for all staff enabling them to monitor this.

The service had policies and procedures in place, which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. The safeguarding policy was updated in response to our feedback as the contact details for the local authority safeguarding team were missing. However, the staff told us the contact details were displayed clearly on the office notice board.

Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also

checked staff's understanding regularly in respect of key policies such as safeguarding, mental capacity and administration of medicines. These were discussed during supervisions, team meetings and informally when they worked alongside staff.

Staff meetings took place. These provided a mechanism for staff to discuss any concerns or improvements and to keep up to date with any changing practices. Staff told us these were usually every three months but handovers were also important mechanism to provide any updates and to discuss people's general well-being.

'Resident' meetings were held every three months and this was an opportunity to involve people who used the service in the running of the home and to discuss any areas of improvement. Records were kept of the meetings. Staff told us not everyone living in the home liked group meetings and people's views were sought via the monthly one to one key worker meeting. Annual surveys were also completed by people, health professionals and relatives to gain their views on how the service was being managed, staffed and the quality of the care provision.

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of any accidents or incidents. There were no themes to these. The registered manager reviewed the documentation to ensure appropriate action had been taken. On the first day, there was no overview of the incidents to enable the registered manager to identify any themes without going through each incident and accident report. A member of staff showed us a system they had introduced to enable the registered manager to have a quick overview of the accidents and incidents. Staff evidently felt confident to contact the registered manager or the on call manager for advice in respect of any incidents or accidents. These discussions had been recorded on the record of the accident or incident.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.