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# High Hurlands Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 and 13 March 2018 and was unannounced. During our previous inspection on 21 and 23 June 2016, we found one breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was regarding the provider not having completed all of the required staff pre employment checks. We asked the provider to submit an action plan to show how they would address this breach and the provider supplied evidence on 13 September 2016 that the required action had been completed. During this inspection, we checked whether the provider had maintained the improvements they had made. We found the provider had made and sustained the required improvements.

High Hurlands Nursing Home is a care home for people who require nursing and personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

High Hurlands Nursing Home provides care to a maximum of 22 people who live with a learning disability, autism and/or associated health needs in a small village on the outskirts of Liphook in Hampshire. At the time of the inspection there were 22 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was guidance in place to protect people from risks to their safety and welfare, this included the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered internally.

The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm to people. Staff were trained to support people who experienced behaviour that may challenge others, in line with recognised best practice.

The provider used an electronic system to manage people's medicines. The system ordered, recorded the administration of and managed people's medicines stocks. Nurses had undertaken training to enable them to use the system and ensured that they administered people's medicines safely.

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them internally and externally, where required. The registered manager analysed incidents and accidents to

identify trends and implement measures to prevent a further occurrence.

People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's complex needs. People were supported to have a balanced diet that promoted healthy eating and the correct nutrition.

Risks to people with complex needs were identified and managed to ensure they were supported to eat and drink safely. The registered manager ensured people were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

People experienced good continuity and consistency of care from staff who were kind and compassionate. The registered manager had created an inclusive, family atmosphere at the home. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

Practical arrangements including staff rotas were organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

People were supported by staff to maintain special relationships with friends and relatives to ensure people did not feel lonely and were protected from the risks associated with social isolation.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of the support people received were effectively monitored and any identified shortfalls were acted upon to drive continuous improvement of the service.

## 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.

Medicines were managed safely.

People were protected from harm and staff received training to be able to identify and report abuse.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

### Is the service effective?

Good 

The service was effective.

Staff received appropriate training and ongoing support in their role.

People had access to healthcare services as required.

People were supported with a diet appropriate to their needs and preferences.

Staff worked in partnership with other services to help ensure people received effective care.

The provider had made adaptations to the service to meet people's needs.

Staff respected people's legal rights and freedoms.

### Is the service caring?

Good 

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received innovative, creative and imaginatively delivered personalised care in line with their needs and preferences.

People's complaints and concerns were investigated and dealt with thoroughly.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager promoted a positive culture that was open inclusive and empowering that achieved excellent outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

The registered manager gathered feedback from people and relatives through feedback forms and resident meetings, feedback was used to make positive changes to the service.

Incidents were used as learning opportunities to drive improvements within the service.

The registered manager worked in partnership with other agencies to promote the health and wellbeing of people.

# High Hurlands Nursing 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 12 and 13 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. 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 the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with six relatives. People using the service had limited verbal communication so we gathered our evidence through using a range of different methods to help us understand their experiences using the service: These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people during the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, deputy manager who was also the training co-ordinator, seven care staff, one registered nurse, one housekeeping senior and one of the owners.

We reviewed six people's care records, which included their assessments, care plans, risk assessments and hospital passports, which are booklets with all key information including communication styles, medication taken, care needs and risks if a person were to be taken to hospital. We looked at eight staff recruitment files, supervision logs and training plans. We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people, relatives' and staff members' comments were used to drive improvements in the service.

Prior to and following the visit we gathered feedback from five health and social care professionals. These health and social care professionals were involved in the support of people living at the home.

## Is the service safe?

### Our findings

At our previous inspection in February 2016, we found breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not completed all the required pre-employment checks to ensure that new staff employed were of a suitable character and experience before starting their role. At this inspection, we found improvements had been made in this area to meet the requirements of this regulation.

Relatives, staff and visiting professionals consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One relative told us their loved one had extremely complex needs, including behaviours that may challenge staff and others. They told us, "The staff go the extra mile to ensure the place feels like home and that he can live a safe and happy life." One professional told us, "People are safe, the environment is suitable for people with complex physical needs and there always appears to be plenty of staff available to meet needs and to ensure that folks are meaningfully engaged."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything, which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation.

We looked at recent safeguarding concerns with the registered manager. These had all been followed up with the local safeguarding authority and notified to us as required by the regulations. Suitable procedures and policies were in place for staff to refer to. All staff that we spoke with were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

The provider had identified and assessed risks to people's safety and wellbeing. These included risks associated with the use of bed rails, wheelchairs and electrical safety. Steps to manage and reduce risks were reflected in people's care plans. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs. If these steps involved restricting a person's freedom, the provider had consulted with the community mental health team to make sure they were the least restrictive possible.

Risk assessments were in place for activities such as cooking, physical activities, gardening, day trip and arts and crafts. The provider kept records of routine maintenance of equipment used to support people, and there were regular checks on fire detection and prevention equipment. Legal checks were in place for electrical equipment and vehicles.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.

There was no use of agency staff, if required staff worked extra hours or shifts to cover any sickness or holidays.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were sufficiently trained and regularly assessed for their competency of administering medication.

We looked at the Medicines Administration Records (MAR) for all people living at the home. These were available in paper or electronic form. We noted there were no gaps in these records. These contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. Medicines were safely stored in locked cupboards. Medicines that required refrigeration were stored in a lockable fridge, the temperature of which and the room in which it was housed, was monitored daily.

We noted a number of people lived with epilepsy. Their MARs contained detailed information and guidance about the use of medication, to be used in the event of a prolonged seizure rescue medication is a medication given to someone in an emergency in this case to stop a prolonged seizure. This documentation was also in people's support plans.

The provider had arrangements in place to make sure the premises were kept clean and hygienic. There were processes and procedures in place to reduce the risk of infection. Staff were aware of their responsibilities with respect to infection control, and there were regular spot checks, audits and supervisions of housekeeping staff. Records showed there had been an outbreak of a virus in the home and that this was contained and managed effectively.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any trends and patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

## Is the service effective?

### Our findings

Relatives and professionals told us that people received care and support that met their needs and that they were given choices about the care they received. One relative told us, "The care is excellent, the best we could have hoped for."

The registered manager and deputy manager carried out assessments and pre-admission assessments, which were comprehensive and included the person's medical history. The person's needs were identified with their input and a person centred care plan created, which was reviewed and updated regularly. Care plans included a section called, "who am I" which included details of their eating and drinking preferences, personal care, communication preferences, routines, important people, life history and their interests and hobbies. Assessments, risk assessments and care plans were person centred and written to a high standard following national guidelines, such as those provided by NICE (National Institute for Health and Care Excellence).

New staff undertook a comprehensive induction programme delivered by the training manager which was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed by the training manager regularly as well as assessed and discussed in regular supervisions. The training manager had recently introduced further modules of training of which some were e-learning.

The training manager ran a comprehensive training programme for all staff and kept an electronic schedule to keep track of when training was last undertaken and when refresher training was next due. This ensured that people were supported by staff who were competent and therefore able to provide safe and effective care. The home had its own training room and most training was delivered internally by the training manager. There was some external training in epilepsy and other specialist subjects. We saw that nurses were enabled to maintain their Continuous Professional Development (CPD) through on-going training opportunities provided by the home.

The training manager had introduced 'champions' which meant members of staff were allocated an area of strength for example moving and handling and infection control. This gave staff a responsibility, which increased their motivation and they could advise other members of staff on their specialist area. One staff member told us, "There's lots of mandatory and specialist training, like you would expect really. The people here have really complex needs so the training has to be good."

People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Where people normally chose to eat an unhealthy diet, they had agreed strategies with staff to encourage them to make more healthy choices. We observed the provision of meals during breakfast, lunch and dinnertime. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking, staff supported them discreetly to minimise such risks.

We saw that people were supported to eat and drink enough to maintain a balanced diet. Half of the people living at the home received their meals and medication via percutaneous endoscopic gastrostomy (PEG). This is a procedure by which people receive their food and medicines via a tube when they are unable to swallow. People were supported to receive their nutrition and medicines via their PEG in accordance with their care plans.

Lunches and dinners were provided for other people and were ordered in. These meals were nutritionally balanced and calorie controlled, they enabled people to maintain a regular and healthy weight. The meals also came with soft pureed options for people who had been identified as at risk from choking. We saw people being supported to eat these in accordance with their care plans. The home since the last inspection had also introduced cooking fresh meals as an activity. We observed people enjoying touching food and being a part of the cooking process. People were offered this food at mealtimes as an alternative option.

People had regular visits to healthcare professionals. We saw that people had annual health checks with their GP and we saw that people were supported to see other specialists including the speech and language therapist (SALT), dietician, physiotherapist and epilepsy specialist according to their needs. In one person's care plan we saw that there had been involvement with the tissue viability nurse, physiotherapist, neurologist and PEG care nurse.

Care plans included 'Hospital Passports' which contained up to date facts about people if they needed to attend hospital, this included information about their health and social care needs, and guidelines around areas such as their positioning requirements, communication styles and food regimes. Detailed information about people's condition and support needs was available to other healthcare professionals to ensure continuity of care for people.

People's individual needs were met by the adaptation, design and decoration of premises. For example, some people's rooms had been adapted to ensure they were safe when they experienced a seizure, were unsteady on their feet and could harm themselves.

The provider found innovative, creative and imaginative ways to respond to people's individual needs. Many adaptations had been made to ensure people lived as full and happy life as was possible. Some examples were; specialist 'cocoon' beds for people at risk of injury from the bed rails. The cocoon had padding to either side, and top and bottom so that there were no hard edges. One person's walls were padded, this was so the person who was unsteady, could still be independent without the risk of injury. Removal of radiators in the bedrooms of people who might be unsteady and under floor heating fitted. Fire doors had been moved and internal 'half doors' fitted where a person did not like sleeping with the door closed. One relative feedback in an email "Thanks to you and your staff for making a huge difference to [loved one] life, the transformation is amazing".

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. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that

legal requirements were met and people's human rights were recognised and protected.

## Is the service caring?

### Our findings

Relatives, staff and professionals gave us very positive feedback about the quality of care at the home. People were supported by staff who demonstrated kindness, compassion and a genuine interest in the people they supported. Feedback from relatives was positive. One relative told us, "They always go above and beyond with caring. [loved one] injured herself, she had to go to hospital and the staff went with her. They were outstanding and they just adore her. It was a difficult decision for me and I was so nervous, obviously, I've had to let her go but they are incredible at High Hurlands – all of them. I can come in anytime, it's so lovely, I'm more than happy, it is outstanding". One staff member told us, "This is the most caring place I've worked in. Everyone is so dedicated and friendly here. The manager and the owners want only the best".

There was a calm and inclusive atmosphere in the home, it was evident there was a strong visible person centred care being delivered there. The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident staff saw people as individuals. We observed all staff being kind and compassionate, often seen stroking the head of a person or holding their hand. One staff member told us, "This really is a special place. It's happy and caring".

When non-care staff and management came in to the home, before going upstairs to their offices they would consistently go and speak with people in a warm and welcoming way. We observed this made people happy.

We were consistently told by relatives, professionals and staff that the staff would go 'the extra mile'. One relative told us, 'It's very, very good here. [loved one] has been there since she was young. We can't fault it and do not have a single bad thing to say about it. They bring her home here a couple of times a year, they come for the weekend and two carers come with her and they stay in a hotel. I can call them anytime and they call me too. They do this as I now don't travel well and this enables me to continue to have a relationship with [loved one]. If you're writing this down please put they are very, very good'. One professional told us, "I have worked with numerous support workers here who know their clients so well and they all provide the best care possible". Other compliments described staff members' in respect of quality of care as "exceptional", "outstanding" and "excellent".

Staff were able to describe to us how they enabled people to have choice, such as; by showing people different choices of activities, or offering two outfits to choose from when they were getting dressed in the mornings. Staff described how they watched for their responses according to how each person communicated, for example by their eye movements or sounds they might make. A member of staff described how the person she cared for communicated and made choices through her body language.

Within people's care plans it described how choice should be promoted for the person, and how to gauge their preference by vocalising to express an opinion. We saw one person being encouraged to communicate and have choice. Staff understood and respected people's choices. We observed one staff member playing

football in a person's room and including the person in the process. The person laughed loudly throughout and was evidently highly entertained by this.

We saw staff treating people with dignity and respecting their privacy. Staff knocked on people's doors before entering their rooms and appropriate arrangements were in place at the hydro pool to ensure that people's privacy was protected when they were getting changed. Staff showed an awareness of the need to protect people's dignity; we saw one member of staff adjusting a person's clothes as they left the table to ensure they were suitably covered. Another described how they would cover people appropriately when delivering personal care and told us, "I like to treat people the way I would like to be treated. A healthcare professional told us, "I have observed them [staff] to be kind, caring and always advocate for the patient in terms of dignity and respect".

## Is the service responsive?

### Our findings

Relatives, professionals and staff told us consistently that the service was excellent at being responsive to people's individual needs and had made a significant contribution to improvements in people's wellbeing. Staff spoke with us about how each person was treated as an individual to meet their specific needs. One staff member told us, "I love it here, I love everything about it, the fact residents are cared for in a person centred way and there's so much to offer on site. The management are very approachable, very understanding. The residents are so rewarding, they smile and that's it. There is no room for improvement here".

We examined three people's support plans and health action plans, which were person centred. People's choices and preferences were documented. We noted there were extensive personal and social histories contained within them, it was possible to 'see the person' in support plans. The care staff we spoke with were extremely knowledgeable about the people they were caring for.

The support plans we looked at contained relevant and up to date information. For example, we noted one person lived with epilepsy. We noted the care plan contained detailed information about the condition and how it specifically affected this person. It also contained detailed information for staff to use in an emergency, such as extended or cluster fitting. There was also information for staff concerning when and how to administer 'rescue' medication during prolonged seizures, rescue medication helps to get a prolonged seizure under control.

The provider supported people to meet their cultural and religious needs. One example was that care staff would take two people to church every week at the request of their family, as this was important to them.

People were supported to take part in a wide range of activities both within the home and externally. These included a number of regularly planned activities such as pottery which the home had its own pottery room, around the home were amazing examples of the pottery people had created, arts and crafts, gardening and growing vegetables and herbs, cooking, the sensory room which had fantastic equipment such as a magic carpet, string curtains which lit up, a bubble tube and a water bed. External activities included bowling, swimming, hockey matches, visiting a farm, and going to local points of interest for days out.

One professional said, "I think that the activity programme on offer ensures that the residents have a choice of many positive and stimulating experiences." One relative told us, "Excellent care from dedicated staff, great facilities and the place is very well maintained and well run."

The provider arranged activities, which could be shared between staff and people living at the home and their families. These included sports and exercise events where staff participated and people living at the home and their families could watch or participate if they wished to. There was engagement with local schools who came into the home for special events such as harvest festival. The provider organised a garden party annually so staff, people who lived at the home and their families could attend.

The registered manager told us it was very important that people were listened to and that their concerns were dealt with. Complaints and concerns were followed up and used by the service to develop their practice and improve the care and support people received. In one example, a person's family had raised a concern that their loved one was looking a little unkempt one day. This was investigated quickly, the family were given an apology and this did not happen again. The provider also followed up with staff supervision and training to prevent the same thing happening again. People told us that if they were unhappy they would speak to a member of staff or the registered manager and were very confident any issue would be dealt with effectively and with compassion.

The registered manager kept a record of the many compliments that they had received about the service provided to people. These were in the form of cards, emails and letters from relatives of people, which were placed in albums for people to look through. One person's relative said, "It will stay with me my whole life the care that [loved one] received at High Hurlands". One relative said, "It was the best day of [loved one's] life when he moved into the home".

## Is the service well-led?

### Our findings

Staff and relatives we spoke with were all very positive about the management of the service. They described the registered manager as being supportive and approachable. One staff member when asked if they felt the home was well led told us, "Yes, it is. The manager has been here a long time and the owners grew up living here with some of the service users, like their brothers and sisters. This place really is exceptional". One relative told us, "The management and staff are very supportive, we're very impressed. In fact, we have friends with disabled children and to be honest they are quite jealous. It's amazing here, we can't fault it."

There was a clear vision to provide a high standard of care and support based on the values of empowerment, independence, choice, privacy, dignity, choice, rights, fulfilment, security, privacy, inclusivity and diversity. Also within the values it stated 'the home aims to provide service users with a secure, relaxed, and homely environment in which their care, well-being and comfort is of prime importance'. We observed staff members following these values within their day-to-day work to a high standard.

The provider found innovative strategies to source further funding so the home could provide more facilities, which made people's lives of better quality. Some examples of this were a hydro pool, which was built so people could have therapy that enabled their joints to be suppler and less uncomfortable. The hydrotherapy room also had psychedelic lighting for relaxation. The provider also used these funds for holidays in specialist buildings that catered for all people's needs, this enabled people to have enjoyable holidays, be safe and still have all their needs met. Relatives told us these holidays' enriched people's lives.

There was a strong governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a strong team, which included a deputy manager/training co-ordinator, head housekeeper, administrator, care staff, nurses, and maintenance staff. The provider also had a strong presence and supporting role.

Staff consistently told us that the support provided by management made them feel valued and motivated to deliver the highest quality care. One staff member told us, "They make a huge effort to nurture their staff". The registered manager and provider fostered a culture where they cared and valued staff. This was evident when we were told some examples of staff incentives that had been offered including spa breaks and support with travel to work and accommodation. The provider had also provided financial assistance to the family of a deceased staff member showing care, support and empathy.

There was an effective system of quality assurance in place; this included weekly, monthly, six monthly and yearly audits. Topics covered were infection control, medicines management, health and safety, cleaning, support plans, and observations on staff to assess continued competency. The registered manager also completed reports to consolidate this information, which fed into a business improvement plan to capture and monitor improvements and the progress. There was also a business management plan in place.

Resident/family forums were held annually. This enabled people and their families to express their views as

to any changes that could be made to the service. One family member requested there was pictures of staff with their names on the wall so they could familiarise themselves with the staff members faces and names; this was done.

Staff meetings and supervisions allowed staff members to raise ideas. This meant they could express their views on the service and to be informed of updates. Staff were aware of the whistle blowing procedure and understood how to report any concerns.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people such as the provision of equipment or a change in the number of care staff required for a person.

The home worked in partnership with multiple agencies. These included local authority, physiotherapists, speech and language therapists, opticians, epilepsy specialists and wheelchair providers. There was evidence in people's support plans outlining professionals involved and the roles they held in a person's care.