Baxters Homecare LTD

Baxters Homecare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding ☆
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 14 August 2017 and was announced.

Baxters Homecare was established in 2016 and provides a care at home service to younger and older adults in Berkshire, Buckinghamshire and Surrey. The service has a particular interest in the care of people with life-limiting conditions. Only personal care is regulated by us, and our inspection has excluded evidence about other support types offered by the service. At the time of our inspection, the service provided care to about eight people. There were approximately eight staff.

The service must have a registered manager. 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 the time of our inspection there was a registered manager.

This is our first inspection of the service since their change in registration with us. The service changed their regulated activities since our last inspection.

We found people were protected against abuse or neglect. People had personalised risk assessments tailored to their support requirements. We saw sufficient staff were deployed to provide people's support. People's medicines were safely managed.

Staff received very good induction, training, supervision and support. This ensured their knowledge, skills and experience were appropriate for their caring roles. Staff set themselves goals about people's care and these were regularly reviewed to see how staff could further improve their development. The service used nationally-recognised methods of assessing, managing and monitoring people's end of life care.

We saw people's consent was obtained before care packages commenced. People were sometimes supported with their nutrition and hydration.

Staff at Baxters Homecare were very caring. The service had received multiple compliments about the care received. We found people's care was dignified and staff maintained people's privacy.

The service had appropriately considered communication barriers in the provision of personal care and implemented strategies to ensure people and their relatives could have effective conversations with staff in line with the Accessible Information Standard. People had appropriate care plans in place which were regularly reviewed. We found the plans contained detailed information relevant to each person who used the service. There was an appropriate complaints system in place and the registered manager handled any concerns promptly.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. We saw the management used tools to measure the safety and quality of care. The service had developed strong relationships with the social and healthcare community in the area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and neglect.

People's support risks were assessed, mitigated and documented.

People had access to sufficient staff for their support needs.

People's medicines were safely managed.

Is the service effective?

Outstanding ☆

The service was effective.

People received outstanding care from staff with the right knowledge, skills and experience.

The service was compliant with the provisions of the Mental Capacity Act 2005 and associated codes of practice.

People were supported with their nutrition and hydration.

The service worked seamlessly with community healthcare professionals to provide comfortable, dignified end-of-life care.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were very kind and compassionate.

People's privacy and dignity was respected and maintained.

People's confidential personal information was protected.

Is the service responsive?

Good

The service was responsive.

People received person-centred care.

People's care plans were detailed and reviewed regularly.

People, relatives and others could make a complaint or report any concerns.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt the service was well-managed.

Audits and checks on the quality of care were completed.

The service had effectively linked with other local care organisations to improve care for people in the community.

Baxters Homecare

Detailed findings

Background to this inspection

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

This was a comprehensive inspection.

Our inspection took place on 14 August 2017 and was announced. We gave the service 48 hours notice of our inspection because the management team were often out of the office supporting staff or providing care. We needed to be sure that they would be available for our inspection.

The inspection was carried out by one adult social care inspector 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. The Expert by Experience conducted telephone interviews with people who used the service. They also spoke with some relatives.

We reviewed information we already held about the service. This included previous notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked information held by Companies House and the Information Commissioner's Office.

Prior to our inspection, we sent 29 surveys to people who used the service, relatives or friends of people, staff and community healthcare professionals. We received seven responses. At our inspection, we spoke with the registered manager. After our inspection, we spoke with three people who used the service and four relatives. We also received feedback from four community healthcare professionals who work with the service.

We looked at seven people's care records, two staff personnel files and other records about the safe management of the service and quality of care. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information.

Good

Is the service safe?

Our findings

People and relatives told us that the service was safe. Comments we received included, "[My] brother gets on quite well with the carers", "Absolutely. I have nothing but positive things to say about BHC (Baxters Homecare)" and "Definitely". A community healthcare professional we contacted wrote, "I have experience working with...Baxters Homecare. [The registered manager] and her team always went above and beyond to help their clients, and to help others that needed a new package of care in an urgent situation. [The registered manager] often stayed on late and went in at weekends to ensure the safety and welfare of her clients, even visiting them in A&E to ensure a safe and appropriate handover. [The registered manager] works to a very high standard, and expects the same of her employees; the result being very well-cared for individuals."

We found people were protected from abuse and neglect. We received no safeguarding or whistleblowing reports since the registration of the service. The registered manager showed us there was an appropriate safeguarding policy and whistleblowing policy in place for staff to read. The registered manager also told us there was access to contact information for the local authority if a referral about abuse or neglect was necessary. Staff received safeguarding training during their induction and throughout their employment. This was via e-learning and classroom-based teaching. We were told the registered manager had completed training that included how to complete investigations if abuse or alleged abuse occurred.

The registered manager had a very good understanding of risk. The registered manager was a registered nurse and knew how to appropriately assess, document and mitigate risks for people's personal care. We saw appropriate risk assessments for people's care were in place. These were recorded on a computer-based care system. We were told the registered manager met with people and relatives in hospital or at their own home before a care package commenced. This was after a commissioner had contacted and sent necessary referral information to the service. We saw that each person had a needs assessment completed. This captured key information like the type of care required, the frequency and length of required visits and how many staff were needed to complete the care. In some examples, people's care was safely provided by one care worker, but some people's support required two staff. For example, this was planned if the person needed a hoist and sling to mobilise. Risk assessments we saw included moving and handling, risks to the person and staff arising from the person's house. We saw the risk assessments were updated regularly.

The registered manager explained one instance where they felt a person would be placed at risk if they followed the commissioner's request for care. After an assessment of the person, the registered manager pointed out a number of risks in their communication to the commissioner. We looked at the notes pertaining to this instance. We saw the registered manager highlighted that one of the support visits was too early, some moving and handling was completed by the person's relative and that staff may experience issues moving the person in their bed. We noted that the commissioner agreed to changes in the care package prior to the provision of support from the service. This was a good example of how the service demonstrated the satisfactory assessment and avoidance of personal care risks.

We found there was a system in place to record and accidents or incidents during people's care. There were

no incidents or accidents recorded at the time of our inspection. When we asked, the management team what they would do if there was an incident. They told us this would be recorded and investigated. The registered manager also explained that any actions the service could take to present further recurrence of the same incident would be taken.

There was sufficient staff deployed to meet people's needs. Staffing consisted of a team leader and seven care workers. The registered manager was based in the office but often participated in personal care for people. The registered manager was covered by the team leader during periods of leave. People's support by staff was planned using a number of factors. These included the information from their needs assessments, the number of staff required to attend to the person's care, the distance between people's houses and relevant information from commissioners. The registered manager told us that new referrals for people's care were only accepted if the service had capacity to cover the calls. They also explained there were times when they refused to take on new packages of care because they could not assure themselves that enough hours were available from the existing staff.

Peoples' and relatives' feedback indicated there were sufficient staff. Comments we received included, "There has been occasions when I have been unhappy with the timing, but after speaking with the senior carer, timings have improved", "They are always on time" and "Generally. [I] can't remember when carers were late". The service's office could monitor in real-time where care workers were situated, whether they were on schedule and if telephone calls were required to people or relatives because of any delays. This could also be monitored remotely. Outside of business hours, the service was available via on-call arrangements. We saw from records there were no missed calls since the service's registration with us.

We looked at safe staff recruitment. We examined the contents of two personnel files. We saw appropriate checks for new workers were completed. This included verification of new staff identities, checking criminal history via the Disclosure and Barring Service, obtaining proof of conduct (references) from prior health and social care roles, and ensuring staff were able to perform their roles. We found the service employed only fit and proper staff to care for people. We made some suggestions to the registered manager about how to further improve the recruitment process. The registered manager was receptive of our feedback.

People's medicines were safely managed. There was a medicines policy. We found staff received theoretical and practical training in how to manage people's medicines. This included a period of supervised practice and competency assessment before new staff were permitted to administer medicines on their own. Only staff that had completed medicines training were permitted to prompt, assist or administer medicines. There were some medicines that staff were not permitted to manage because of their risks. In these instances, district nurses attended to people's medicines administration. The service had installed a locked safe in the office to securely store people's medicines. Audits of people's medicines administration records (MARs) were completed to check for any potential errors. An alert system was implemented on the service's computerised care records to notify the registered manager if a person's medicine was potentially missed by care workers. These measures further ensured people's medicines were safely managed

We recommend that the service reviews their medicines policy to include the latest national best practice guidance.

Outstanding ☆

Is the service effective?

Our findings

Baxters Homecare provided outstanding care to people because of their staff training and cooperative working with community healthcare professionals.

We asked people and their loved ones whether they felt care workers had the necessary knowledge and skills to support their care needs. We received positive feedback. Comments included, "I would think so. On occasions one senior carer is shadowed by a new carer", "With moving and handling, yes", "I believe so", "Without question" and "I have no complaints."

New staff completed a comprehensive induction programme that included computer-based study, workbooks and face-to-face training. Staff new to adult social care work also completed Skills for Care's 'Care Certificate', which is a nationally-recognised induction standard. From our pre-inspection survey, we saw that 100% of staff agreed that they received good training and support. The registered manager showed us their records for staff supervision, training, performance appraisal and development. We saw staff training included mandatory topics including moving and handling, health and safety, the Mental Capacity Act 2005 (MCA) and medicines administration.

The registered manager told us one care worker was close to completing professional training in the Gold Standards Framework. The Gold Standards Framework is a nationally-recognised training programme designed to teach staff how to provide outstanding end of life care to ensure high quality support for people with life-limited conditions. We saw the Gold Standards Framework was also used by the service to assess, design and monitor care packages. We found the service's use of the Gold Standards Framework helped to improve people's quality of care, provide comfort and compassion and in some instances, prolong people's lives. We found this included the ability to commence a support package within hours of a person wanting to return to their house for end of life care. Additional evidence included the registered manager and care workers attending to people during the night when prompt help from other agencies was not available or delayed.

We found a close working relationship between the service and community healthcare professionals. There were many examples of feedback where the service had worked with community partners to ensure people's care was safe and comfortable. When we contacted stakeholders, they provided positive feedback. One commissioner wrote, "We have a long established relationship with [the registered manager] and her team in caring for patients who are in the last six to eight weeks of life. [The registered manager] is always willing to accept [new care packages], ensuring a seamless transfer of care and acceptance by the families. On many occasions we continue to 'share' the care of the patients...and we work together identifying which team will cover specific nights."

Another comment was, "[The registered manager] always sees all the patients herself so she knows them. The team provide person-centred care, and are mindful of the needs of the wider family network." Additional comments included, "The [registered] manager works well with the partners to ensure delivery of a seamless service; from assessment through to discharge and follow-up. [This] is the only agency I have

come across who provides us with up-to date reports of all [people] on their books. I am even aware that she will actually go out of her way to purchase what patients need at the agency's cost while waiting for NHS or whoever else to deliver. We get excellent feedback from patients and family about her staff" and "We have been using Baxters since they opened the agency. We have always found them to be a thoroughly professional agency with staff that always go above and beyond in their care for the clients. Baxters have looked after several of our challenging and/or palliative patients with dignity, kindness and compassion. Should any problems arise, they are always in immediate contact with our office, the community nurses and the hospices to help us to fully resolve all matters. I would happily recommend Baxters to all my family and friends."

Staff received regular supervisions in the office, but more often 'spot checks' by the registered manager in people's houses during care provision. The registered manager said, "I come out (to people's houses) to know what's going on. I trust my staff. I always get reassurance from these visits." We saw staff were encouraged to set their individual goals each year with the registered manager. When we looked at two staff's files, we saw these were specific and detailed. The goals were about the compassionate care of people and not focused on the staff member. We also saw that there were regular reviews of workers' learning objectives. In the office, a board with photos showed some staff who were 'champions' in particular topics. For example one care worker was a 'champion' in dementia care. This was achieved through additional training and qualifications and allowed the staff member to train other staff. There was good evidence that the service supported staff's continued learning.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We asked people and relatives about whether the service and staff sought their consent for decision making. We found people were consulted and asked for their consent prior to care deliver. Comments included, "They have done. I am fully prepared for them", "They always explain procedures and process before and during any task", "They are very good with dad as he is quite difficult being bedridden and with dementia" and "Carers are very courteous. I am not rushed and they ask me first."

We saw consent to care packages was clearly set out and recorded in people's care documents. Information about delegated decision makers (such as powers of attorney or court-appointed deputies) were recorded and evidence of relevant legal paperwork was obtained and stored. Where people could not consent for themselves and no one else could legally consent, best interest decision-making was used. The registered manager had a good understanding of the MCA and associated processes. Large posters with flowcharts about consent, the MCA and DoLS were clearly displayed in the service's office.

Most people who used the service did not require assistance with their meals or drinks. People referred to the service were often already underweight and the service's staff encouraged them to eat and drink enough to maintain the best possible health. On some occasions, a food or fluid chart was used to record what a person ate or drank in a 24-hour period. This was based entirely on risk, where staff identified the person may be malnourished or dehydrated. Referrals were sometimes made by the service to dietitians or speech

and language therapists when staff felt it was necessary.

Good

Is the service caring?

Our findings

We found Baxters Homecare was a very caring service. We received information from a variety of sources which confirmed this. When we checked our own records of contact from the community, there were no complaints and no concerns about the care provided. From a list provided by the registered manager prior to our inspection, we contacted stakeholders who worked in conjunction with Baxters Homecare. These included commissioners, social workers and other healthcare professionals. We received positive feedback from them.

We also spoke with people who used the service and their loved one about their experiences of care. We asked them whether staff knew how they liked to be supported. One person said, "I try and make sure the new carers are fully aware of what I want." Another person said, "My brother would tell them." Relatives responses included, "Mum is very particular and feels the cold due to poor circulation. Carers ensure she has blankets placed over her legs" and "They do. They are all regular carers." We also looked at the results of the survey we sent to people and relatives prior to our inspection. One relative responded, "I cannot speak highly enough about [the registered manager] and her team. They have always been incredibly helpful and caring and immediately built a relationship with my partner so that he could trust absolutely in the carers and what they did. They have responded immediately to any queries or requests for help and have made a huge difference to my partner's experience in the last few months of his life." A community healthcare professional who replied wrote, "We have always found that Baxters go above and beyond with their services. Our clients have always praised them thoroughly and our medical teams find them a pleasure to work alongside."

We asked the registered manager about their philosophy for care. They told us they wanted the service to exceed people's expectations and provide compassionate end of life care. When we asked them why the service was not expanding, they told us they felt that they could lose the "person-centred touch" they prided themselves on. When people commenced their package of care with Baxters Homecare, a welcome pack was given to the person and their family. We saw it contained various information about the service and the aims and objectives. We noted a "promise" letter was within the pack. This was an introduction to the registered manager and service. We asked the registered manager about the letter. They told us they wanted people and relatives to be aware of the service's five "Cs". In part of the letter, the registered manager wrote, "I will ensure your service is delivered with care, compassion and by competent staff..there will be communication on both sides...we have the courage to advocate on your behalf...we will always be committed." This was a good basis for how the service subscribed to building positive care relationships with people and their loved ones.

The registered manager also told us about a feedback book they used after each package of care was finished. We were told the purpose of the book was two-fold. The first purpose was to help loved ones to document their grief and feelings and the second purpose was to receive any information about how the service could further improve. We noted many entries in the book from family, friends and others. We chose to look at the last five entries. We saw people had written long entries with detailed information about their feelings and also the service. Sometimes the feedback exceeded a page. All of the feedback in the book was

positive. The registered manager was mindful of the best time to ask for feedback, based on relatives' grief. Feedback form the book's entries included, "I have nothing but praise for the compassion and care [the registered manager] and her team of carers afforded to my [loved one]", "From the beginning, [the registered manager] and her team were commendable. They made friends with us. They treated [my loved one] with care, compassion and respect", "[We were] blessed to have them and will be eternally grateful for the wonderful care [they provided]", "I have read this book and what is left to say? So many lovely ladies have cared for my darling" and "I cannot say how lucky we were to have Baxters."

People were introduced to new care workers by an experienced staff member accompanying them on their first visit. Together they gathered the person's important information such as their social history, interests and hobbies, and likes and dislikes. The registered manager explained this was so staff that provided care could hold "normal conversations" with people. The registered manager explained this further by stating that when care took place, staff were encouraged to engage with the person and make care in their home as routine as possible. The service's aim was that the care provided by staff was not focussed on tasks but on the person. There were male and female care workers. The registered manager explained that people could choose the care worker based on their preferences. This demonstrated the service considered and respected people's specific requests and choices.

People were not always to be involved in their care planning and review due to life-limiting conditions. However, we saw that peoples' and relatives' options for care packages were clearly documented within their support documentation. We reviewed seven people's care documents and noted that care planning was appropriately recorded with the choices and wishes placed first. For example, we saw one document about personal hygiene stated, "Ask [the person] how she wants to be washed first."

The registered manager explained people's privacy and dignity were respected by care workers. Staff were instructed to ensure privacy during personal care by knocking on the door to announce their arrival and seek consent to enter. Staff also closed doors and curtains during intimate personal care. People's preferred names were recorded in their care documents.

People's confidential personal information was securely protected. Mobile phone technology was used to record the majority of care notes. This included call arrival and departure times, care or supported provided, and any problems or issues that the registered manager needed to be aware of. Limited information was left in stored within folders in people's homes. When documents were no longer required in people's homes, they were archived and locked away in the service's office. Information pertaining to staff and other confidential management information was locked away or protected on computers by passwords.

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt.

Good

Is the service responsive?

Our findings

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told staff could speak languages in addition to English. One care worker could speak four languages and another care worker was fluent in three languages. We found staff were fluent in Polish, Spanish, German, French, Italian, Punjabi and Hindi. The registered manager told us one person who received care used lip-reading to communicate with staff because of hearing impairment. Staff had access to a sign that said "I speak your language" which was then translated to several different languages so that a person could point to a language they were able to speak or understand. In another example we looked at, one person did not speak English and staff effectively used the person's relative to translate information about care. We saw people's needs assessments, risk assessments and support plans also included information about how to ensure effective communication.

We asked people and relatives whether the care was responsive to their needs. All seven people and relatives we asked stated care was person-centred and included their preferences, likes and dislikes. Responses included, "I think we probably get the support we need...", "It's been a bit difficult and the director will come in to visit, we then get the support we need" and "Since the care and support has been in place, I have nothing but positive things to say."

We found the service used an electronic care planning system. This consisted of various online forms to record how people should be cared for in particular ways. For example when we looked at seven sets of records, we saw care plans related to moving and handling, eating and drinking and maintaining people's skin integrity. We noted some people had care plans in place for specific reasons. For example, people with particular medical conditions had a care plan related to personal care required to ensure their safety. Care plans clearly set out which healthcare professionals from the community were involved in the person's treatment. We found care plans were regularly reviewed by the registered manager. In one instance, the care plan was updated with the latest information more than 70 times since January 2017. Care plans were sometimes accompanied by other related documents like 'body maps' and photographs. The additional documents helped track the progress of a person's health. This helped ensure staff knew when to seek help for people if their condition deteriorated or was unstable over time.

People and relatives were aware of how to raise a concern or complaint. When we asked, people said, "With the lady in charge via phone call", "I would normally contact the senior carer", "We have got the leaflets", "There are telephone numbers available", "There has been teething problems along the way and has been dealt with very professionally", "I would contact the manager" and "I would speak to [the registered manager]".

We found there was an appropriate complaints policy and system in place. We looked at one complaint received. This was in relation to the electronic devices that care workers used to record care when they were

in people's houses. The person who complained felt the staff member was 'playing' on their mobile phone. When the registered manager investigated, they found that little information was provided to the person about the electronic care recording system. We saw the investigation of the issue and written communication to the person and their family. The registered manager realised that if information was provided to people at the start of a care package, this could prevent the same type of complaint from occurring again. We saw the welcome pack used by the service contained simple information about why the care workers used electronic devices and how they were used in people's houses.

Good

Is the service well-led?

Our findings

We found the service had a professional approach to personal care. We asked people and relatives a series of questions about the management of Baxters Homecare. We asked if staff had good working relationships with each other and management. Responses included, "As far as I am aware", "I think so as we always have the same carers", "As far as I can see", "Excellent (working relationships)" and "I would say they do. I never hear any grumbles." We also asked people and their loved ones whether the service was well-led. They told us, "I think so", "Brilliantly" and "Can't complain." Staff we surveyed responded with, "The service is safe and well-led", "I have been employed by this company since it was formed and the service is consistent, monitored and safe" and "The service is excellent. Service users are well cared for and are safe while in the care of staff."

The registered manager told us they completed their own surveys with people and relatives to gauge the quality of the service. We looked at the July 2017 results. Eight surveys were sent out by the service and there were six replies. All six responses showed people were satisfied with the care and there were numerous positive comments such as, "Absolutely no complaints. Would highly recommend to anyone of all ages", "Everything was perfect. Was also impressed that professional staff were used for the night sitter service" and "Great service, great communication and very professional." People felt the service was flexible, knew the manager of the service, staff were professionally dressed and presented and satisfied with the care they received."

The registered manager devised their own quality of care monitoring system, which they titled "harm-free care". They used monthly data to populate the tool and watch for trends or patterns or good care and areas for improvement. Measures in the tool included if people were assessed as underweight or malnourished, whether the person had or was likely to develop skin integrity breakdowns (such as pressure ulcers), falls and urinary tract infections. We asked the registered manager what benefits they felt their quality monitoring system brought to the service. They told us, "The purpose is to capture information about things that could be avoided during care and to support a person's comfortable, dignified and peaceful death." The "harm-free care" monitoring was in place for four months prior to our inspection and we looked at the information. We saw the service learned from any entries recorded and put appropriate measures in place for future people's care packages.

We saw regular staff meetings were held to provide management information and allow care workers to have a say in the operation of the service. We looked at the meeting record for May 2017. We found that management had explained the introduction of the computer-based care planning system and asked staff their opinions or any questions that had in relation to this. The meeting also spoke about particular people who used the service and any changes in their needs. We noted from the minutes that staff were reminded about leaving people's houses tidy after care was provided. This was raised by the registered manager in response to feedback from a relative. Staff also had access to a separate mobile phone number for contacting the registered manager. Staff could text or call the registered manager at any time if they had a personal concern or wanted to discuss a particular issue that did not relate to the care of people who used the service. Staff were strongly supported by the registered manager.

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate and up-to-date.

The service had established good links with social and healthcare organisations in the area. The registered manager told us that they were invited by one clinical commissioning group (CCG) to participate in the development of an end-of-life training programme with four hospices. The aim was to develop tools and processes that care workers in the community could use to better improve palliative care and support people to remain in their own homes.

There was an appropriate system for accidents and incidents. Forms were used to record any incident and management notes were also included as part of the report. We looked at one report which was recorded as a 'near miss'. A 'near miss' is when an incident occurs which places a person at risk of harm but staff intervene to prevent the potential harm. The report detailed a person who continually wanted to get out of bed during the night and was at risk of falls. Although not responsible for the person's night time care, the registered manager organised an immediate care worker to stay with the person throughout the night. We saw the next day, the registered manager organised with the commissioner of the care to have a care worker every night, to prevent the person injuring themselves. This ensured the safety of the person and prevented avoidable harm.