Understanding Care (Warwickshire) Limited

Unique Senior Care

Inspection report

The Care Office, Briar Croft
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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

The inspection took place on 26 March 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to spend time with us.

This was the first inspection of the service since its registration with us in November 2016. The service had initially registered under the brand name Home Instead Senior Care. In November 2017 the service had been renamed as Unique Senior Care.

Unique Senior Care at Briar Croft is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased on a shared ownership scheme, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Unique Senior Care also provide an on-call emergency service to everyone living in the building under a separate 'well-being' arrangement with the landlord, which people pay for as part of the service charge for the shared premises.

Briar Croft has 64 one or two bedroom apartments. People living at Briar Croft share on-site facilities such as a lift, lounge, restaurant, laundry, garden and hairdressing salon. People who need support with personal care are free to choose Unique Senior Care or any other domiciliary care service as their provider. At the time of this inspection, Unique Senior Care supported 20 people, 19 of whom received support with personal care.

The service had 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.

People were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns. The provider checked staff were suitable for their role before they started working for the service.

People's care plans explained the risks to their individual health and wellbeing and the actions staff should take to support them safely. Care plans were regularly reviewed and updated when people's needs changed. Staff were trained in safe medicines administration and in how to minimise the risks of infection.

The provider made sure there were enough staff, with the right skills and experience to support people

effectively, and in line with their agreed care plan. Staff had regular opportunities to discuss their practice and consider their personal development.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive practice.

People felt they were supported by staff who genuinely cared for them as individuals. Staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Staff were happy working for the service and felt supported to build relationships with individual people based on trust and shared interests. Staff supported people and encouraged them to maintain their interests and links with their community, according to their preferences. Staff respected people's privacy and promoted their dignity.

People were confident any complaints and concerns they raised would be dealt with promptly. People were encouraged to share their opinions about the quality of the service at regular individual service reviews and service-wide meetings.

The provider's quality assurance system included regular checks that people's needs were met, checks of staff practice and audits of people's medicines and the safety of their home environments.

Further information is in the detailed findings below.

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 felt safe, because they trusted the staff who supported and cared for them. Staff understood their responsibilities to report any concerns about people's safety or if they believed people were at risk of abuse. Risks to people's individual health and wellbeing were identified and care plans explained how staff should minimise the risks. The provider's recruitment process ensured staff were suitable to work at the service. There were enough suitably skilled and experienced staff to support people safely. Medicines were managed and administered safely and staff had training in preventing the risks of infection.

Is the service effective?

Good

The service was effective.

Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff supported them to obtain advice from healthcare professionals, when their health needs changed. People were supported to maintain a nutritionally balanced diet that met their individual needs.

Is the service caring?

Good

The service was caring.

People were supported by caring staff, who took the time to get to know them well. Staff understood people's likes, dislikes and preferences for how they were cared for and supported. Staff respected people's privacy and promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs and preferences and

adapted to any changes people requested. People's care was planned for their preferred times and was delivered by a consistent staff team. People and relatives were confident that any concerns or complaints were responded to and dealt with promptly. The service worked with people's families and healthcare professionals to ensure people's wishes were respected at the end of their life.

Is the service well-led?

Good

The service was well-led.

The provider sought people's views about the service and used their feedback to improve the quality of the service. Staff felt well-led because they had regular opportunities to discuss their practice and develop their skills and knowledge. The provider analysed accidents and incidents, to make sure actions were taken to minimise the risks of a re-occurrence. The registered manager understood their obligations to notify us of important events at the service. The provider sought external professional advice to ensure their quality assurance systems were sufficiently robust to identify any omissions or opportunities for improvements.

Unique Senior Care

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.

Inspection activity started on 20 March 2018, when we spoke by telephone with two people and a relative of a person who used the service and who agreed to speak with us. These telephone discussions were completed by an expert by experience. An expert by experience is someone who has experience of using this type of service. The week after our inspection visit to the provider's office, we spoke by telephone with a further four people who used the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

The inspection was informed by feedback from questionnaires completed by a number of people using the service, care staff and healthcare professionals. We also reviewed the information we held about the service. This included information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our visit to the office location on 26 March 2018, we spoke with one person who used the service, the interim manager, the director of people, the learning and development manager, a member of care staff, a senior member of care staff and the owners of the service. We refer to the owners as the 'provider' in our report. The registered manager was not available to meet with us that day. The interim manager is the acting regional manager for Unique Senior Care at Briar Croft and two other extra care services. We spoke with six care staff by telephone the week after our site visit.

We reviewed two people's care plans and daily records, to see how their care was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support to meet people's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, because they had a regular care staff team who they trusted. People were given a pendant alarm to wear, so they could call for help at any time. They told us the pendant alarm system was effective and reassuring and made them feel safe. One person said, "I can just press the pendant I will get a visit nearly straight away."

Each person's apartment had a 'key safe.' A key safe stores spare keys securely but allows authorised staff to access them, enabling staff to open the apartment without people needing to open the door themselves., People told us the key safe system was reassuring and worked really well for them. People told us, "I do feel safe and secure" and "I have the same staff team."

The provider's safeguarding and whistleblowing policies ensured the risks of harm and abuse were minimised. Care staff received training in safeguarding people and were encouraged and supported to share any concerns about people's safety. Care staff told us they would be confident to challenge other care staff's practice and to report any concerns to the manager. Care staff told us, "I have only seen good practices" and "I am happy to say if care is wrong. If care staff don't listen, I would report to the manager. I would share a person's concerns if they shared any with me." The interim manager understood their responsibility to report any safeguarding concerns to the local safeguarding authority and to notify us when they made the referral.

There were enough staff, with the right skills and experience, to support people safely. Everyone we spoke with told us staff arrived when they were expected, stayed the agreed length of time and gave them all the care and support they needed. Care staff were recruited in line with the guidance for safe recruitment of all staff who work in social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure care staff were suitable to deliver the service.

People's plans included risk assessments related to their individual and diverse needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. People's care plans were regularly reviewed and their risk assessments were updated when their needs and abilities changed. Care staff told us the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being

The provider had taken action to minimise risks related to emergencies and unexpected events. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks. Staff received training in fire safety, health and safety and basic first aid. A member of care staff told us, "People have personal emergency evacuation plans and we have a fire register and I know the meeting points. People stay in their flats, behind closed doors, to stay safe and await rescue."

The interim manager told us that all moving and handling equipment that was prescribed to support an

individual person to mobilise was supplied by the NHS and serviced, repaired or replaced, as required by the contracted supplier. They told us, "They are really good at communicating and servicing equipment. There is a24 hour help line for problems and sticker is applied to show 'serviced' date." This arrangement enabled staff to ensure that equipment was safe to use.

Medicines were managed and administered safely, in accordance with best practice guidance. People told us they were supported to have their medicines when they needed them. Care staff told us only staff who were trained in medicines administration supported people to take their medicines. People's care plans included a list of their prescribed medicines, where they were stored in their home and explained when care staff should administer them, which minimised the risk of errors. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them and the reason why not.

When people declined to take their medicines, senior care staff supported them to manage the risks of not taking them. For example, records showed one person was supported to obtain advice and support from their GP about whether medicines could be prescribed in a different format and advice from a speech and language therapist, to find an easier way to swallow them.

Staff completed MARs to demonstrate when they applied topical medicines, such as creams, eye drops and pain patches. Care staff told us the care plans included diagrams, or 'body maps' to show where the topical applications should be applied, for those applications that were prescribed by a GP.

Senior care staff checked people's medicines were administered safely every week. They checked that care staff signed the MARs and checked that the amount of medicines remaining matched the amount shown on the MAR. Where any errors were identified, senior staff took action to make sure they didn't happen again.

Staff told us they received training in infection prevention and control and food hygiene. Staff felt confident they knew how to reduce risks of cross infection and how to ensure foods were safe to eat. A member of staff said they regularly checked the food in people's fridges was 'in-date' and if not, "I ask, 'what do you want me to do with it?', because it's their house, their choice." Care staff told us there were always gloves, aprons and shoe covers available for them to use, to minimise the risks of the spread of infection. People told us care staff were, "Hygienic, tidy and clean." Some people told us they would prefer to have care staff 'uniforms', which could be washed at a high temperature, because it would support better hygiene and prevention of infection. The provider told us uniforms might create an unnecessary barrier between people and staff, which might inhibit the relationship that is founded on friendship and trust.

Good

Is the service effective?

Our findings

People told us care staff had the skills and knowledge to support them effectively. One person who needed support to mobilise told us they were 'delighted' with the way the care staff washed, dressed and helped them move around. Another person told us, "They (care staff) know me very well indeed and they know exactly how to help me move. They are gentle in the way they get me to my walking frame and into my wheelchair."

Care plans included risk assessments using recognised risk management tools, in line with NICE guidance. Risks assessments included actions to minimise the identified risks and the expected outcome of the actions, which were to support people to maintain their independence. Care staff told us they read people's care plans before they worked with them to make sure they understood people's individual risks, needs and abilities and the actions they should take to support people effectively.

Care staff told us they were provided with all the training they needed to be confident in their practice. New care staff's induction to the service included three days classroom training and one day practical training, followed by working alongside experienced staff. The learning and development manager told us, "It is a thorough process. Training is interactive and includes presentation and role play." Care staff told us they felt well-prepared to work independently with people. They told us, "It was a very good induction and very good training" and "I have time to read the care plans. We must read them first." Care staff told us they were observed in practice, to check they delivered care safely, before they worked independently with people.

All new staff studied for the Care Certificate, which covers the fundamental standards of care that all health and social care workers are expected to meet. Staff told us they also had training in subjects that were relevant to people's individual needs, such as, dementia care. Care staff told us, "I have had training in dementia. It was good. It makes you aware and understand" and "You see things from the clients' perspective." The provider planned to extend and improve their in-house dementia training programme, with the aim of achieving national accreditation for the programme.

Staff told us they felt supported in their role because they regularly met with their line manager at team and one-to-one meetings. They said they were encouraged and supported to obtain nationally recognised qualifications and to develop their own interests. The provider supported staff with 'distance learning' programmes run by a local college. Staff were able to gain higher-level, subject-specific nationally recognised qualifications.

Staff attended refresher training to maintain their skills and knowledge. The learning and development manager told us, refresher training might take the form of a quiz or role play for variety and context and staff were encouraged to apply their learning in different scenarios. During one-to-one supervision meetings, staff used their 'keyworker' experience to consider how they used their skills and adapted their approach in response to people's changing needs.

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.

Staff worked within the principles of the MCA. The five principles of the MCA were printed on the reverse of their of staff badge, as a constant reminder of the importance of people being supported to make their own decisions. People told us they decided how they were supported with personal hygiene, what they wanted to wear and what food they want to eat. They said staff respected their decisions. Staff told us, "Everyone at Briar Croft has capacity to make their own decisions."

People were supported to maintain a balanced diet that met their needs and preferences. Where people needed support with preparing and eating meals, their care plans included their likes, dislikes, and any restrictions to their diet. One person told us, "The staff will prepare me the food that I want, which usually involves the choice of sandwiches or microwave meals. I can pay an extra amount to receive cooked meals from the main kitchen whenever I want." People who wanted a hot meal, but did not want to, or could not go to the on-site restaurant, could have staff bring this to their apartment.

People told us care staff would refer them to a district nurse or at GP if they had concerns about their health. One person told us their care staff had sat and waited with them, when they once had to wait for an ambulance, which was reassuring for the person.

People's care plans included information about their medical conditions and signs to look out for that they might be unwell. Staff were observant to changes in people's health, appetite and moods. Records showed staff ensured people were supported to obtain advice and support from a GP and other healthcare professionals to maintain their health and independence. Staff updated people's care plans with any new healthcare advice, to make sure all staff knew about changes in how the person should be supported safely and effectively.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. In the survey we conducted in the autumn of 2017, everyone who responded said they were happy with their care and support. They all said their care workers were caring and kind, treated them with dignity and respect and supported them to be as independent as possible. Everyone we spoke with during the inspection also told us they were very happy with their care staff, because they were friendly, polite and courteous.

People told us the staff were, "Very easy to talk to"; "Cheerful, really caring"; "Superb"; and said care staff delivered "Exceptionally good care." One person said, "They let me know what is going on in the outside world and they share their personal stories with me. I look forward to them coming into my flat." A relative told us there was 'real affection' between the care staff and their relative and believed care staff had the person's 'best interests at heart.'

Care staff were told about the provider's philosophy, to put people at the heart of the service, and the expected standards of care during their induction to the service. The learning and development manager told us they recruited care staff according to their personal values and behaviour, because how they behaved and responded to people was the most important criteria. They told us, "I would have any one of them as my care staff." People who used the service recognised their care staff behaved and responded to them in the way they liked. One person told us, "Most of the carers are very suited to their jobs" and "Don't get me wrong. They are not over friendly. Nobody has ever tried to take advantage of me."

The provider had recently implemented a 'keyworker' scheme, which meant everyone who used the service had a named member of staff as their first point of contact. They had produced a leaflet to explain the purpose of the role and invited people to nominate their own key worker, to make sure they were well matched and got on well together. The leaflet explained the role was to ensure people had a regular member of staff as their first point of contact, to build a relationship and speak on the person's behalf for any concerns, complaints, compliments and management issues. One person told us, "They asked if I would like to name one, but I said no, they are all equally good." A member of care staff told us they were pleased to have been nominated, because it showed the person had confidence that, "I will be there" and "It is nice to be chosen as a keyworker."

People told us care staff knew and respected their preferences for how and when they were supported. They told us care staff were always on time, never rushed them and had never missed a call. One person told us they knew which member of staff would attend their care call, because staff told them or put a note in their door.

People were treated with respect and dignity. A member of care staff told us, "I didn't want people to feel awkward with me doing personal care. It takes empathy. I ask myself, how would I feel." Staff told us they closed the curtains and used towels to cover people when they supported them with personal care. People appreciated care staff's skill and empathy. They told us, "The staff make my life so much easier" and "I am treated really well" and "In my old age I want to be treated with dignity and respect. The staff here do just

that."

Good

Is the service responsive?

Our findings

People told us the service was responsive and adaptable to changes in their needs or preferences. People told us, "If you have a query, they are always prepared to listen and make a suggestion for a good outcome" and "They listen. They would change things if I asked."

People told us their care and support felt 'person centred' because care staff always asked their preferences, took their time and asked if there is anything else they could do before they finished. People felt care staff understood them well and took an interest in their families and life stories. Care staff told us they had a good rapport with their 'clients'.

People's communication needs and abilities were assessed, and their method of communication and the support they needed to communicate effectively was described in their care plan. For example, care staff knew people who had been prescribed glasses and those who had a loss of hearing. A member of care staff explained how they supported one person to communicate by reading their letters aloud to them. The member of staff felt this showed the person trusted them.

Staff kept daily records to show how they supported people and recorded any changes in their needs, abilities or choices. Staff shared information about changes in people's needs and abilities at their 'handover' meetings between shifts, to make sure all staff knew about any changes in how people should be supported. Records showed people's needs and abilities were regularly reviewed and their care plans were updated when their needs changed. People were invited to regular service reviews, to check their planned care continued to meet their requirements.

The provider worked in partnership with the local commissioners of care and the landlord of Briar Croft to provider an on-site 'memory support service'. The memory support service ensured changes in people's ability to remember were assessed by an experienced professional promptly. If staff had any concerns about people's memory, or noticed they were confused, they referred them to the memory service. The case worker discussed the concerns with the person, their staff and their families to identify strategies and techniques to enable the person to continue to live independently as long as possible. The case worker was able to signpost people to external support services and put plans in place to support the person at home.

The success of the memory support service was demonstrated in changes in people's support and care, with improved outcomes for each individual. For example, one person had been less agitated, used their call bell less frequently and spent more time socialising with others after staff had followed the memory support service recommendations. Another person's medicines had been reviewed, and their care plan now included an action for staff to remind the person to take their medicines, because they were at risk of forgetting to take them.

People told us staff were very responsive to their requests, for example, about how they wanted their clothing washed and ironed, which was important to them. People told us every member of staff was "Reliable and thorough." One person said, "They do get it right. I feel able to speak up and say what I feel."

Following feedback from people about care staff's 'variable' skills at preparing simple, traditional meals, such as omelettes, pasta and salad dressing, the provider had started a series of 'cooking classes' for staff, in the main kitchen at Briar Croft. Six staff had attended the first session and more sessions were planned.

People and relatives told us if they raised any concerns, care staff responded promptly to deal with the issue to their satisfaction. A relative told us whenever they raised an issue with the registered manager, it was resolved straight away. One person told us when they had made a complaint about the service, the complaint had been dealt with promptly and to their satisfaction.

People we spoke with told us they had no complaints. They all told us they would be confident to make a complaint and trusted it would be taken seriously, without prejudice to their ongoing relationship with care staff. Records of formal, written complaints showed the provider responded promptly to complaints and did their best to resolve then to the complaints' satisfaction. The provider had received too few complaints to be able to identify any patterns or trends in complaints.

The provider told us, when people needed care at the end of their life, they worked with healthcare professionals and the person's family, to make sure the person received the support they needed and their dignity was protected. The person's care plans were reviewed to make sure their spiritual and emotional needs were known, understood and respected.

Good

Is the service well-led?

Our findings

People told us they would recommend the service to others, because all the care staff were equally approachable and thoughtful which made them feel valued. People told us, "The service and attention has been excellent. Staff are willing and able. It is a very happy atmosphere" and "I would not want to live anywhere else. My needs are very well met here." A relative said, "It means the world to [Name] and the family, that [Name] is so well-looked after here." The director of people told us they recruited staff who demonstrated the 'right behaviours' and who shared the same values and ethos, to put people at the heart of the service. They said, "Staff share the same purpose and it is a well-established and good staff team."

The provider had asked people for their views of the service at the care review meetings they held with each person individually. They had collated people's individual responses over a three month period, to identify any common themes, concerns or challenges for the service. Some people had responded positively and were complimentary about the service. We saw some people had commented, "Family very happy with care", "The carers want to make it the best they can for you" and "Cannot fault the care, quite happy with everything."

Where people said they were less than satisfied in their feedback, the provider had created an action plan to share with people. They had prepared their response in the format of, 'you said', 'current practice' and 'we will', to explain how they planned improve people's experience of the service. By the time of our inspection visit, the provider had already implemented some of the initiatives outlined in their action plan. The first cookery class for staff had taken place, staff recruitment was in progress, and the keyworker system had been established. Staff rotas had been reviewed and revised and were shared with people each week, so they knew which staff to expect for their care and support. The provider planned to produce a clients' charter, to ensure people knew exactly what they could expect of the personal care service, which was separate from the 24 hour emergency service.

In response to people's feedback that 'communication could be improved', the provider had scheduled quarterly meetings for people who used the service. The meetings were additional to, but separate from, the meetings that the landlord held for everyone who lived at Briar Croft. Six people who used the service and three relatives had attended the first meeting in January 2018. They discussed issues that people had raised in their feedback to the provider, which included the separate responsibilities of the landlord and personal care provider; the recent change of name of the service; staffing; the memory support service and staff uniforms.

The provider had learned lessons from feedback about another service in their group, to create a group wide action plan to improve people's expectations and experience of the service. Office staff had attended training in 'customer service' and in leadership and staff management. The provider was extending and improving the dementia training programme for staff, and was working towards external accreditation for their in-house dementia care training. Staff were encouraged and supported to work towards a higher-level, nationally recognised qualification in dementia care.

Staff told us the leadership and management was good. They all told us they 'loved their work', and enjoyed caring for and supporting people. They told us they knew in advance who they would be working with, and were able to read people's care plans, if they had not worked with them previously, so they understood the person's needs and preferences. They told us they attended team and one-to-one meetings, so they had regular opportunities to discuss people's needs and reflect on their practice. Care staff told us, "I am happy, very happy with the company" and "I would recommend them as an employer. They are very good to work for. If you raise any concerns they always sort it out."

Care staff told us they had worked a lot of 'extra' hours recently, because of an outbreak of sickness and to cover their colleagues' holidays. A member of care staff told us, "We are a really good team. We help each other out. We were short staffed for a time last year because of sickness, but we have ongoing recruitment."

The manager had been registered with us since March 2015. The registered manager was not available to speak with us during our inspection, but the service was being run and managed by an interim manager and senior care staff in the registered manager's absence. They understood the legal obligations of acting in the registered manager's absence and continued to send us statutory notifications about important events at the service.

People spoke highly of the senior care staff who had day-to-day responsibility in the registered manager's absence, because this was the person they had most frequent contact with. They told us the senior care staff had regular conversations with them about their care and support, and said they were confident to share any concerns about their care or the service. The regular conversations between individuals and senior care staff were an integral part of the provider's quality assurance system.

Care staff told us they were observed in practice, as part of the quality monitoring process. They told us senior care staff checked they used personal protective equipment, such as aprons and gloves, checked that people's medicines were administered in line with their prescriptions and that staff dressed within the dress code. The senior care staff also spent time during the staff observation visits to speak with the person who was being supported, to find out if they were happy with how they were cared for and supported.

People's medicines were checked every week by senior care staff, who also prepared the four-weekly medicines administration records and instructions for staff, to minimise the risk or errors in medicines administration. Care staff's competence in medicines administration was checked every three months. People's care plans were regularly checked to make sure they were reviewed and updated when people's needs changed.

Prior to our inspection, the provider had engaged an external professional to assess whether the provider's systems and processes supported them to meet the Regulations, and to identify any opportunities to develop and improve their processes. The provider had updated their regional action plan to include actions in line with the recommendations the external professional had made.

The management team analysed records of accidents, incidents and falls, and took action to minimise the risks of a reoccurrence for the individual concerned. Where patterns were identified for the individual, they were referred to support services, such as the memory clinic or healthcare professionals, to make sure they received the support they needed. Monthly analysis and action plans were shared with the provider, which enabled them to maintain oversight, identify any emerging patterns or trends and assure themselves that appropriate action had been taken to ensure people received consistently safe and effective care.

The provider was proactively researching new opportunities to support people effectively and to work in

partnership with other agencies and healthcare services. At the time of our inspection visit the provider had identified a new piece of equipment which would help people if they fell, but were unable to get up independently. The equipment could support people's dignity, as they would not have to stay on the floor while they waited for the ambulance service, and could reduce the number of times people needed support from the ambulance service.