

Safe Hands Care & Support Services Limited

# Safe Hands Care & Support Services

## 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

Safe Hands Care and Support Services is a small domiciliary care agency which at the time of our inspection was providing personal care to people who lived in their own homes. The service was last inspected in July 2014 when it was found to be meeting all the regulations we reviewed.

This was an announced inspection which took place on 13 and 14 October 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

The service had a registered manager in place. 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 told us they felt safe using Safe Hands Care and Support Services. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

Care records contained assessments that had been completed before people started to use the service. They were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs. The assessments were used to develop care plans and risk assessments.

Care records were person centred and contained very detailed care plans and risk assessments that guided staff on the support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's needs. There were also detailed risk assessment about risks around people's homes.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control. Accident and incidents were recorded and action was taken to help prevent reoccurrence.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People told us they had been consulted about their care records and felt involved in how their care was provided. They said that staff always consulted them before providing support. Staff were able to tell us how they supported people

to make their own decision. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care.

People told us that the service was reliable and that visits were never missed. People told us that the service was friendly and they were always supported by the same staff, who knew them well.

All the people we spoke with said the service was very caring. Everyone was positive about the attitude of staff and managers and how they were supported. They talked about the kindness and warmth of all the staff. One person said, "I am absolutely delighted. I have never seen such a level of warmth, care and compassion." People spoke highly of the quality of the care and support they received. Everyone we spoke with said the service was well organised and well-led.

The service placed great importance on helping people to maintain their relationships and social contact. Care records we looked at contained information about people who were important to the person and social and recreational activities they took part in during the week. People were supported to maintain their social contacts, interests and hobbies.

We found that the registered manager, provider and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service.

During our inspection we found the registered manager and provider to be enthusiastic, caring and committed to providing a good quality person centred service. We found that the registered manager and provider worked closely together regularly and demonstrated that they had a shared vision for the service that they provided. The registered manager told us the service aimed, "To help people stay as independent as possible for as long as possible in their own home."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns. People told us they had no complaints but were confident that they would be listened to and action would be taken to resolve any problems they had.

Staff were very positive about the registered manager, registered provider and working for the service.

The service had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

## 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 told us they felt safe when staff were providing them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. Staff received training in infection prevention and control

### Is the service effective?

Good ●

The service was effective.□

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

People told us that the service was reliable, visits were never missed and they were supported by staff who knew them well.

### Is the service caring?

Good ●

The service was caring.

All the people we spoke with were positive about the support they received and the warmth, kindness and caring attitude of the staff.

The registered manager, registered provider and staff demonstrated a commitment to providing high quality person centred care. The staff showed they had a very good understanding of the needs of the people they were looking after.

Staff had taken time to get to know what was important to people. People were supported to maintain their social contacts, interests and hobbies.

### Is the service responsive?

Good ●

The service was responsive.

Care records were very detailed and person centred and contained information about people's health and social care needs.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and registered provider were enthusiastic, caring and committed to providing a good quality person centred service.

People spoke highly of the quality of the care and support they received. Everyone we spoke with said the service was well organised and well-led Staff felt supported and enjoyed working for the service.

There were robust systems in place for assessing and monitoring the quality of the service provided.

# Safe Hands Care & Support Services

## **Detailed findings**

### Background to this inspection

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

This was an announced inspection which took place on 13 and 14 October 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides domiciliary care and we needed to be sure the registered manager would be at the office. The inspection team consisted of one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked two local authorities for their views on the service.

We spoke with five people who used the service by telephone to ask their opinion of the service. We also spoke by telephone with one relative and one friend of a person who used the service. During our inspection we spoke with the registered manager, the registered provider and four support staff.

We looked at four people's care records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using Safe Hands Care and Support Services. They said, "I need to be hoisted. They always have two staff", "I do feel safe. I go out with them, they help me walk with my frame" and "I have fallen a couple of times when they haven't been here. They have been attentive and helped me."

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. There was also a whistle blowing policy in place. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately.

Records we saw showed that the service kept a log of any safeguarding concerns that were raised. This included information about the incident, who the incident was reported to both inside and outside the service and any action taken to ensure people were protected from future harm. We found that the service had acted accordingly when issues needed to be raised and investigated so that appropriate action was taken and people were kept safe.

We found that a safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, sickness and disciplinary procedures. This information should help ensure staff know what is expected of them in their roles.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. The registered manager told us that at the time of the inspection the service did not support anyone with their medicines. They told us that they had policies and procedures, and staff training, in place so that if they needed to support someone with their medicines in the future they would be able to. We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked as part of that training. The registered manager told us that if staff were required to administer medicines in the future, their competency would be assessed again before they were allowed to.

We looked at four people's care records. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. Risk assessments we saw included risk of falls, pressure sores, manual handling, mobility, finance and medication. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We saw there were also detailed risk assessments about risk around people's homes. These included, cleaning, control of substance hazardous to health (COSHH), fire, infection control, food safety, lighting and equipment.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. This included a description of the incident and any injury, action taken by staff or managers and recommendations from managers to prevent reoccurrence. They also stated whether any other organisation needed to be notified or whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences. We saw that these records were reviewed by the registered manager. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe. One record we looked at referred to a fall that a person who used the service had whilst on their own. We saw that the service had contacted the person's GP and then taken them to the GP's surgery for a check-up.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that staff received training in infection prevention and control. People who used the service and staff we spoke with told us PPE was always available and used.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The service had a business continuity and emergency planning document. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. We saw this included, fire, loss of utilities, flooding, and loss of use of office.

We saw that fire training was completed as part of each staff member's induction to the service. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. PEEPs described the support people would need in the event of having to evacuate their homes.



## Is the service effective?

### Our findings

People we spoke with told us they received the care they needed when they needed it. They said, "They are always on time", "There have been one or two bleeps but nothing serious, if they are caught somewhere else they always let me know" and "They have enhanced [person who used the service] well-being, given [person who used the service] confidence and are motivational."

We checked whether the service was working within the principles of the MCA. 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. We checked whether the service was working within the principles of the MCA.

We found the service was working within the principles of MCA and people's rights and choices were respected. The registered manager told us that all the people currently using the service had capacity to consent to the care they were receiving. Records we looked at showed that people who used the service had given consent to the support they were receiving. The registered manager told us that if it was needed a capacity assessment would be completed. Records showed that staff had received training in MCA. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care was provided.

We looked at the staffing arrangements in place to support the people who used the service. People who used the service said the service was reliable, they always received the support they required and that visits were never missed. The registered manager told us there had not been any missed visits in the last twelve months. They told us they checked that visits had been completed by reviewing daily recordings and also when they contacted people who used the service each week. They told us the service was going to start to use an electronic system that would alert a manager at the office if a visit was late.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The registered manager told us that when staff started to work for the organisation they received an induction. They said it included completing essential training, an introduction to people who used the service and shadow-working alongside experienced staff. Records we looked at showed that shadowing shifts were recorded and the experienced staff member documented when key tasks had been completed successfully, such as assisting with personal care, preparing food and wearing PPE.

We were told that staff who were new to the care industry or had no recognised qualifications completed

the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care and is completed within the first 12 weeks of employment. Staff files we looked at contained copies of these certificates.

Staff we spoke with confirmed they had received an induction and said it had been helpful for them in understanding their roles. One staff member said of the induction, "It was excellent, there was lots about the clients and their needs." Another said, "It was excellent. I hadn't worked in care before. I found it really useful."

Staff we spoke with and records we looked at showed that all staff received training relevant to their role that included; infection control, safeguarding, food hygiene, privacy and dignity, manual handling, medicines, basic life support, handling information, dementia awareness and health and safety.

Records we reviewed showed that staff received regular supervision. Staff we spoke with were very positive about the support they received. They told us they received regular supervision and could contact the registered manager or provider at any time.

We saw that monthly team meetings or 'staff reviews' were held. The registered manager told us these gave staff an opportunity to discuss any issues that were important to them or that were affecting people who used the service. Records showed that during these meetings staff were asked if anyone who used the service had raised any concerns. We saw that recent meetings had been used to discuss what to do if staff could not gain access to someone's home, what to do if staff were running late for visits, safeguarding, signs and symptoms of a stroke and management of diabetes.

We looked to see if people were supported to maintain a healthy diet. Records showed that staff were trained in safe food hygiene practises. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that a nutritional risk assessment was completed for each person who used the service and where people were at risk from poor nutrition, with their agreement, staff documented what people had eaten and encouraged people to eat and drink. The registered manager told us that where people had difficulties with nutrition they would arrange for staff to stay during meal times, they told us, "It's a social event, it helps for staff to be around when they are eating."

Although arranging for servicing of equipment in people's own homes such as wheelchairs and hoists was the persons own responsibility we were told that the provider helped by organising this for people who used the service and had collected equipment such as wheelchairs for people.

Care records contained detailed information about people's health needs and showed that people had access to a range of health care professionals including G.P's, consultants, occupational therapists, chiropodist, physiotherapists and district nurses. People we spoke with said that the service worked with health care professionals involved in their care.

# Is the service caring?

## Our findings

All the people we spoke with said the service was very caring. Everyone was positive about the attitude of staff and managers and how they were supported. They talked about the kindness and warmth of all the staff. People we spoke with said, "I am absolutely delighted. I have never seen such a level of warmth, care and compassion", "I am impressed with the level of warmth", "They are very caring", "They are wonderful" and "They are the best carers in the world."

People told us that the service was friendly and they were always supported by the same staff who knew them well. They told us, "It's one of their strengths. You are made to feel like one of the family", "They are warm, friendly and don't treat you like a number", "It's like a member of your family has come to visit you" and "I consider them to be friends." People also said, "There is continuity of care. It's always the same staff", "I usually have [staff member] she has patience", "They have got used to me and how I like things" and "They know what I like."

Staff told us they had time to get to know people and supported the same people regularly. One staff member told us, "I have never been thrown in at the deep end. I have always met people and been shown what to do." During our inspection we found that the registered manager, provider and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service. One staff member described to us how one person who uses the service likes to have their first cup of tea in bed each morning. They described, with compassion, how they spend time talking to the person and asking how their night's sleep had been.

We were told that the service tries to match people who use the service with staff who have similar interests. One staff member's first language was not English; we were told that they had been matched with a person who used the service whose partner's first language was the same. We were told this had helped communication and helped build trust with the family.

People told us they had been consulted about their care records and felt involved in how their care was provided. They said that staff always consulted them before providing support. They said, "Yes they always ask me", "They have been mindful and checking they are doing things as [person who used the service] wants" and "They keep me informed."

The registered manager told us the service placed great importance on promoting and maintaining people's independence. They told us the aim of the service was, "To help people stay as independent as possible for as long as possible in their own home."

Care records we reviewed contained information about how staff could support people's independence and what support they would need to go out. One person who used the service told us that each week staff took them to their hairdressers, went on other visits while they were having their hair styled and then came back and took them to the nail salon. Another person told us they liked to wash their own crockery and that "Staff

stay with me in the kitchen so I am safe." Other people said, "One [staff member] does my shopping, occasionally I go with them" and "They are very good at helping me into the taxi."

Records we looked at also gave information about days and times people had regular visitors to their homes. The registered manager told us visits were planned so that they didn't disrupt people's social activity. They told us this helped for one person who used the service as they liked staff to style their hair before their visitors came.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to their needs and was very flexible. They told us, "They will do extra things for you, they go the extra mile. They always do my dishes and make my bed", "They pop in when they have visited other people just to check everything's ok" and "They go out of their way to help." A relative told us, "The day [person who used the service] came home [from hospital] they sent extra staff and helped us move things [furniture] around."

The registered manager told us that before people start to use the service they completed an assessment of the person's support needs. The local authority and other professionals also supplied details about the person's needs. Care records we reviewed showed this assessment was very detailed and covered all aspects of a person's health and social care needs. They identified the support people required and how the service planned to provide it. The assessment also identified if staff supporting the person would need any additional training for example, diabetes awareness. The assessment process ensured the service could meet people's needs and staff knew about people's needs and goals before they started to use the service. We saw that the assessments were used to develop care plans and risk assessments.

We looked at four people's care records. We found they contained risk assessments and care plans that were detailed and person centred and written using very respectful terms. They identified what was important to the person, their preferences and the support people required. We saw these records included nutrition, controlling body temperature, mobility, moving and handling, sleeping, communication, personal care and dressing, expressing sexuality and social activities and interests. They provided staff with sufficient detail to guide them on how best to support people. One person's care records said they were, "Passionate about helping others." Another said the person, "likes their toast cut in half" and another said of someone's morning routine that they; "Usually use the spotty flannel for upper body and green flannel for lower body."

Care records we looked at had been regularly reviewed and updated when changes had occurred. We saw that people who used the service had been involved in creating the care records and in the reviews of the care and support provided. People we spoke with told us the service was regularly reviewed. One person who had recently started to use the service told us, "We have sat down a couple of times, [staff] asked, is it going as you want? Does anything need changing? It's an open dialogue." Another said "I can phone them any time, they will change things."

The registered manager told us staff were kept up to date with changes in people's support needs by email, team meetings and daily records that were kept in people's homes. Records we looked at showed that staff completed detailed notes of the support they had provided in people's care records after every visit. We saw this included the time they had arrived and left. People we spoke with told us this always happened and that staff told them what they were writing. One person said, "They look [in the care record] every time and write down what they have done."

The registered manager told us that the service placed great importance on helping people to maintain their relationships and social contact. Care records we looked at contained information about people who were

important to the person and social and recreational activities they took part in during the week. We saw that people were supported by staff to go to church and art classes. Another person was accompanied by staff once a month to go with their friends to an organ recital.

Staff we spoke with demonstrated how they provided flexible support and were responsive to people's needs. One staff member had taken a person's cat to the veterinary surgeon as the cat was sick and the person was not able to take the cat themselves. Another person who used the service had been very ill and the registered manager had planted flower in containers at the person's front doorway to cheer them up.

The provider showed us a newsletter that the service produced. This included information about trips the service was planning that people could access. We saw these included shopping and garden centres.

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. The registered manager told us they had not received any complaints. However we saw the service had a system for recording any complaints and the action the service had taken to respond to them.

People we spoke with knew how to make a complaint and were confident that if they raised any concerns it would be taken seriously and dealt with quickly. One person told us, "I have only ever had one complaint. The fish they got me was too small. It was sorted; I got a nice piece of fish the next week." Others said, "I have no complaints" and "I wouldn't be afraid to complain, but I have none."

## Is the service well-led?

### Our findings

People spoke highly of the quality of the care and support they received. Everyone we spoke with said the service was well organised and well-led. People told us the service was, "Absolutely marvellous" and "Excellent." They said, "They are exceptionally good. Efficient and well organised", "I have used loads of agencies. They are the best I've found", "They are brilliant" and "They are the best." Other people said, "I would recommend them without hesitation. I couldn't have done without them" and "I couldn't recommend them enough."

The service had a registered manager who was present during our inspection. 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. Everyone we spoke with was complimentary about the registered manager. People told us they were friendly and approachable. Staff said, "She's good to work with"; "She's easy going, confident and happy." Staff told us they felt supported by the registered manager. They told us, "If I ever get stuck, she is only a phone call away", "She is very good and supportive" and "She is always there to help me."

People who used the service were complimentary about the provider and said the provider was very involved in running the service. They said, "I get on extremely well with him, he is terrific, very caring", "He's very efficient, very approachable" and "Very nice and friendly."

During our inspection we found the registered manager and provider to be enthusiastic, caring and committed to providing a good quality person centred service. Staff we spoke with told us, "They take a lot of care and pride in what they offer." We found that the registered manager and provider worked closely together regularly and demonstrated that they had a shared vision for the service that they provided. They told us, and people who used the service confirmed, that they both visited people who used the service regularly to make sure the service was meeting their needs.

Staff we spoke with were positive about working for the service. They said, "It's excellent", "I am enjoying my work", "It's rewarding, you feel like you are part of their family." Others said, "It's very well organised", "I can see myself working here for a long time."

The service had an out of office hours on call system. This gave people a telephone number they could use to contact a manager at any time. Staff and people who used the service told us the on call telephone was always responded to promptly.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. We saw this included supervision, training, staff files and care records. We saw that daily

record checks included checks of the time staff had arrived and left the visit, what tasks had been completed and if documentation was correct.

The registered manager and provider told us they telephoned each person who used the service every month and also completed regular "spot checks." Records we looked at showed these spot checks included care plans in people's homes, daily records, tasks completed and asking the person who used the service if they were happy with the service or had any issues. They told us this ensures they pick up good or poor practise. A relative we spoke with told us, "They are constantly and consistently checking how things are for you."

Records we looked at showed that the service also arranged for an independent external organisation to audit the service twice each year based on CQC standards. We saw that a recent audit had highlighted that a review of staff files was needed. Records we looked at showed that this had been completed. The provider told us that, as they worked very closely with the registered manager, they had arranged that this external organisation also provided supervision to the registered manager and the provider. This helped to ensure that the managers of the service had an independent view of how the service was developing and an opportunity to discuss privately any issues they may have.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about staff, how the quality of the service would be monitored, confidentiality, how to make a complaint and details of the services provided. This should help to ensure people know what to expect from the service. The service also produced a quarterly newsletter to help share stories of things people had done and give information about events that had happened or where planned.

The service distributed an annual satisfaction questionnaire to people who used the service and their family members. We saw that 3 people out of 5 had returned the last survey. People had responded positively about the staff who supported them and the service they received.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.