Community Integrated Care

Bluebell Park

Inspection report

Alamein Road
Huyton
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Website: www.c-i-c.co.uk

Date of inspection visit:
15 January 2018
19 January 2018

Date of publication:
02 March 2018

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 15 and 19 January 2018, the first day was unannounced.

This was the first inspection of the service since their registration with CQC.

This service provides care and support 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, 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 looked at people's personal care and support service.

People who used this service lived in their own apartments with access to communal areas, for example an activities room, large bathrooms, a bistro and a hairdressing salon. The registered manager and care staff had access to a large office on site and a staff rest area, which they shared with the housing provider.

Not everyone living at Bluebell Park received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 21 people receiving the personal care service.

There was a registered manager at the service. 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 who used this service told us that they felt safe and secure living at Bluebell Park. Staff were provided with training and information about safeguarding people. They knew what was meant by abuse and their responsibilities for reporting any concerns they had about people's safety. Risks people and other faced, including in the event of an emergency had been identified and plans were in place detailing how to minimise the likelihood of harm occurring.

Safe recruitment procedures were followed. Applicants were required to provide information about their previous work history, skills and qualifications and they were subject to a range of pre-employment checks. This information was used to assess their suitably and fitness to work with vulnerable people. There were sufficient numbers of suitably qualified and skilled staff to safely meet people's needs and keep them safe. Staff were provided with training relevant for their roles and they received a good level of support.

People's views, choices and preferences about their care and support and how they wanted it provided was captured in assessments and incorporated into care plans. Care plans were kept under review with the involvement of people and relevant others so that people continued to receive the care and support they

needed and wanted. People were provided with opportunities to engage in meaningful activities and staff encouraged and supported this were necessary.

The registered manager and staff had good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. People gave consent to the care and support they received and their ability to make informed choices and decisions was reviewed regularly. Care plans included details of those who had legal authority to make decisions on behalf of people.

People were treated with dignity and respect and their privacy and independence was promoted. Staff showed people compassion in the way they supported them emotionally. People had formed positive relationships with staff and staff knew people very well including their backgrounds and things of importance.

People were provided with information about how to complain and they were confident about complaining should they need to. People's views about the service and were obtained on a regular basis through the use of surveys and at consultation meetings held at the service. Ideas which people put forward helped to bring about improvements and changes to the service.

People knew who the registered manager was and were they could find her in the building. People and staff described the registered manager as very supportive and approachable and they told us she managed the service well. Staff were recognised for their hard work and they felt valued. They described an open door policy whereby they could speak with the registered manager at any time for advice and support. There were effective systems in place for checking on the quality and safety of the service and for making improvements. This included checks carried out on care records, medication, staff performance and health and safety. Prompt action was taken to address any areas which were identified as requiring improvement.

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 and they were protected from the risks of harm and abuse.

Safe recruitments procedures ensured staff were suitable to work at the service.

There were sufficient numbers of suitably qualified staff to safely meet the needs of people.

Is the service effective?

Good

The service was effective.

People received care and support from staff who received appropriate training and support for their roles.

People's needs were assessed and planned for taking account of their preferences and choices.

People consented to their care and support and staff understood their right to do this.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect, kindness and compassion.

There was a familiar and stable staff team who knew people well.

Positive relationships had been formed between people who used the service and the staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their needs.

People were confident about complaining if they needed to.

People were provided with opportunities to engage in meaningful activities.

Is the service well-led?

Good

People and staff were complimentary about the ways the service was managed.

Staff felt valued and clearly understood the visions and values of the service.

The quality and safety of the service was effectively monitored and improved when required.

Bluebell Park

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.

The inspection took place on 15 and 19 January 2018. The first day was unannounced and the second day was announced.

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. Their area of expertise was older people and dementia care.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

We checked a selection of records, including care records for six people who used the service, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service. We spoke with nine staff, including care staff, the registered manager and an area manager. With their prior consent we spoke with four people in communal areas and visited five people in their apartments.

Good

Is the service safe?

Our findings

People told us they felt safe and secure and that they would tell someone if they had any concerns about their safety. Their comments included, "I'm here because it's a safe place and I felt safer the day I moved in," "I feel safer than I've ever felt," "I don't think I could feel any safer," "I'd tell someone if I felt unsafe," "I have my own front door which I keep locked but staff can always get in if I have a problem."

People were protected from abuse and avoidable harm. The registered provider had policies and procedures in place in relation to safeguarding people and discrimination. Staff had completed training in these topics and they had access to information and guidance about how to recognise and report any concerns they had. Staff knew the different types and indicators of abuse and they understood what their responsibilities were for reporting any concerns they had about people's safety or the way they were treated. Staff told us they would not hesitate to report any incident of abuse which they witnessed or suspected. The registered manager knew what constituted abuse and when and how to make the appropriate referrals to the local authority. The registered provider had a whistleblowing policy and procedure which staff knew about. Staff told us that they were confident in reporting poor practice to the registered manager and felt any such incidents would be dealt with quickly and in confidence.

There were safe systems in place for the management of medication. The registered provider had policies and procedures in place for the safe management of medication which were made available to staff. Staff with responsibilities for handling medication had completed the relevant training and competency checks and their practice was periodically supervised to make sure they carried out the task safely. Some people who used the service did not require staff to administer medication and others needed minimal support such as reminding and prompting. The level of support people needed with their medicines was clearly recorded onto a medication care plan. Other information detailed within the plan included any known allergies, what the medicine was for and how people preferred to take their medicine. For example, one person's plan stated they like their medicine put in their hand and given water to swallow.

People told us they got their medicines on time and that staff were careful when administering it. Medication and medication administration records (MARs) were kept secure in each person's own apartment. MARs listed each item of prescribed medication and detailed instructions for their use. Any handwritten information was signed by two staff to help ensure the accuracy of the information recorded. MARs were initialled by staff where they had administered medication to people, or with a code to indicate other circumstances such as if medication was refused or if the person was in hospital. Where medicines where not given a record of this and the reason why was recorded on the reverse side of the person's MAR and in their daily notes.

Some people were prescribed PRN medication, which are medicines only to be given when required, such as pain relief and laxatives. People who were prescribed PRN medication had a protocol in place for their use. These provided staff which instructions such as what the medicine was for, intervals between doses and the maximum amount to be taken in a 24 hour period. People who were prescribed creams and ointments had a body map in place which clearly identified the area of the body for application.

Risks people faced were identified and mitigated. Risk assessments were carried out on aspects of people's care, the use of equipment and the environment. Where a risk was identified a risk management plan was put in place detailing what actions needed to be taken to reduce the risk. Risk management plans covered things such as people's safety, malnutrition and dehydration, out and about in the community and falls. Risk assessments had been regularly reviewed and updated routinely, when people's needs changed or following any incidents, thus helping to prevent further occurrences.

An assistive technology call procedure was in place for people to use should they need help or assistance from staff outside their visit times. People were provided with a pendant which they could wear either around their wrist or neck. At the beginning of every shift each member of staff allocates themselves to a handset which activates should a person linked to their device press their pendant. If the call is not answered within 60 seconds an alert is sent to a help desk who contacts a manager. People told us that they felt really safe having a pendant and when they had used them their calls were answered very quickly. Staff were issued with identification badges which they were required to display all times whilst at work.

The registered provider had developed an emergency continuity plan for the service which detailed the arrangements to support people in the event of an emergency at the service. This included emergencies such as flooding, fire, heating failure and loss of electricity. The plan detailed the arrangements in place to mitigate risk to people in the event of each potential emergency situation. The plan also identified utility location points such as gas shut off valves and water stop cocks and the names and contact details of emergency and utility services. Staff told us that they knew about the plan and where to locate it.

We found that records were managed and stored safely and securely. Information was accurate and up to date. Records about people who received a personal care service were kept securely in their own homes and copies were kept locked away safely in the office. Information held on the computer was password protected so only authorised staff could access it.

The recruitment of staff was safe. The registered provider had a recruitment policy which described a safe procedure for recruiting new staff. Recruitment records showed that the procedure was followed. Applicants had completed an application form which included details of their previous employment history, qualifications, skills and experience. Two references, including one from the applicant's most recent employer, and a check with the Disclosure and Barring Service (DBS) were obtained in respect of applicants before their employment was confirmed. These checks helped the registered provider to make safe recruitment decisions and prevent unsuitable people from working with people at risk of abuse or neglect.

There were sufficient numbers of suitably skilled staff to safely meet people's needs. The amount of staff was determined by the number of people requiring a personal care service, their care and support needs, visit times and frequency of their visits. At the beginning of each shift staff were provided with details about the people they were visiting that day, including visit times and duration. People told us they were able to receive a flexible service and, in consultation with staff, were able to change the times of their visits if they wished. People told us that there were enough staff on duty to keep them safe and meet their needs. There was one member of staff on duty throughout the night as less people required a personal care service during this time. However the member of staff who was lone working is required to carry a device which when activated connects directly to a call centre who can summons help if required from emergency services.

The service had policies and procedures in place with regards to infection prevention and control. There was a good stock of personal protective equipment (PPE) held in the office and staff told us it was easily available to them. People told us that staff followed good hygiene and infection control practices.

Good

Is the service effective?

Our findings

People told us that staff were good at their job and that they provided them with the right care and support. People also told us they had a care plan which was a true reflection of their needs and how they wanted them to be met. Their comments included; "The staff seem to know exactly what they are doing and they do it well," "I get all the care and help I need, nothing is too much trouble", "They [staff] know me so well and they know exactly how I like things done" and "Yes I have a care plan here in my place and it tells them [staff] everything they need to know about me and the help I need."

People received care and support from staff who received the appropriate training and support. On starting work new staff commenced a 12 week induction programme. During the initial part of the induction they were provided with learning about the expectations of their roles and responsibilities. They also learnt about emergency procedures and were introduced to the registered providers policies and procedures. As part of their induction new staff went on to complete training linked to The Care Certificate (TCC). TCC is an identified set of standards that health and social care workers adhere to in their daily working life. Training covered in TCC included; equality and diversity, moving and handling, communication, compassion, dignity and privacy and fluids and nutrition. Following induction training all staff completed annual refresher training in the topics covered in TCC as well as further specialist training linked to the needs of people who used the service. This included dementia care, end of life care and emergency first aid. Following each training session staff underwent a check of their competency as a way of checking their knowledge and understanding of the training. Staff told us they received a good amount of training for their role and that they enjoyed it.

All staff were provided with ongoing support for their role. Each member of staff attended regular one to one supervision sessions throughout the year. These sessions provided staff with an opportunity to meet and discuss with their line manager matters such as their work performance, general health, relationships at work, and support for their role and training or development needs. Staff also attended an end of year appraisal which gave them an opportunity to reflect on outcomes and achievements over the previous year and agree the next year's performance plan. A written record of the discussions was kept and included any agreed actions and timescales. Regular staff meetings also took place to keep the team informed and up to date with any changes. They also provided an opportunity for staff to share ideas and ask questions. Staff told us they felt supported within their roles and were confident about approaching the registered manager should they need to for advice or support outside of planned one to one and group meetings.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one at this service subject to a court order and no applications had been made to the Court of Protection. 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.

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.

We found that the registered provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. Staff confirmed that they had received training in this subject and through discussions they demonstrated a good working knowledge of the MCA. Staff understood that people had the right to make their own decisions and choices unless they had been assessed as not having the capacity to do so. People told us that staff always consulted with them and asked their approval before providing any care and support.

People who had been assessed as needing support to eat and drink received the right support. Some people required staff to prepare their meals whilst others prepared their meals independently with some support from staff. The type of support people needed either to prepare food or with eating and drinking was recorded in their care plan. Staff had completed training in food hygiene and nutrition and they had a good understanding of what a balanced diet consisted of and the importance of ensuring people maintained a healthy diet. Where staff provided people with support to eat and drink they maintained a record of this. This helped staff to monitor and highlight any concerns with regards to people's dietary intake. Where concerns were noted staff liaised with health care professionals such as dieticians or people's GP.

People who used the service were responsible for managing most of their own health care appointments and health care needs with the help of family members and friends. However, any intervention staff were required to provide was recorded in their care plans. Staff had appropriately supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP and other relevant healthcare professionals so staff could contact them if they had concerns about a person's health or for advice and guidance. Staff were confident about what to do if they had immediate concerns about a person's health and they said they would not hesitate to call emergency services.

The premises were designed to meet people's individual needs. Apartments above the ground floor were accessible via passenger lifts or stairs. On the ground floor there was a secure room where people could safely leave their mobility aids such as wheelchairs and scooters. There was a communal area which was adapted to provide stimulation for people living with dementia. A guest suite was available so that family members or friends of people who used the service could book and stay overnight.

Good

Is the service caring?

Our findings

People told us many positive things about the way staff provided their care and support. Their comments included; "I've nothing but praise for all the staff, they are all very kind and caring," "They are always polite and respectful," "They never rush me and are gentle when helping me," "I really don't know what I would do without them. The don't just help with the physical things they support me emotionally too, like when I am upset," "They always come and see me for a natter," "I look forward to them coming," and "They are all amazing, each and every one of them."

People had formed positive relationships with staff who knew them well. Many of the staff had worked at the service since it opened which meant there was a stable staff team who knew people well. People told us that they received visits on time mostly from the same staff that they were familiar with. People said they were introduced to new staff and spent a period of time getting to know them alongside their regular staff. People told us they had a say in which staff provided their care and support.

Staff were knowledgeable about people's needs and they had taken time to really get to know 'the person'. This helped staff to develop positive and trusting relationships with people. Staff knew people's backgrounds and things which were important to them such as where they grew up, where they worked and special relationships. Staff used this knowledge to engage people in meaningful conversations and activities. The laughter and banter we observed amongst people, and staff showed people were comfortable with staff and enjoyed their company. One person said, "It's always like this we have a lot of laughs with the girls [staff]" and another person said, "They [staff] are so friendly and chatty, I love them all."

People were treated with kindness and compassion. We observed staff treating people in a kind and gentle manner and people told us this was usual. People told us, "The [staff] always make time for a chat, I like that," "They know when I'm feeling down and put a hand around my shoulder." Sometimes I get a bit lonely in my place and the staff encourage me to go down and have a chat with others who live here."

People told us that the staff often went over and above what they were required to do and we heard many examples of this. One person told us that a member of staff often shopped for them in their own time. Another person told us a member of staff spent time chatting with them over a cup of tea after their shift had finished. We heard another example were a member of staff had volunteered to work on Christmas day and prepared Christmas lunch for a group of people who would have spent the day alone. The member of staff decorated a table in a communal area and joined people for Christmas lunch. People told us they thoroughly enjoyed the day and the company of others.

We met with a family member of a person who was receiving end of life care and they told us their relative had received the best possible care. The family member said, "I could not wish for better care for X [relative]. The main thing is they [staff] make sure he is clean and comfortable and pain free." The family member also told us that the staff had provided them and other family members with emotional support during what had been a very difficult time. They said "I don't know how I'd cope without them [staff]."

People told us that staff were respectful of their homes and always left them clean and tidy before leaving. One person said, "They leave it gleaming, like a new pin," "They never touch any of my personal belongings," and "They always clean up before they leave." People told us staff respected their privacy at all times. They told us that staff knocked on their front door prior to entering their apartment even if they had authority to access using a key or by other means. One person told us "I leave my door ajar for staff to enter, but they still knock and when they come in they announce themselves from the hallway," and another person said, "They can get in using a key from a safe box but always shout to let me know they are here and ask if it's ok to come in." Staff gave examples of how they ensured people's privacy when providing intimate care and support. This included; ensuring curtains and doors were closed and giving people time alone when using the bathroom.

People told us that staff encouraged their independence and never took over. One person said, "They know I like to be as independent as possible and do whatever I can for myself," and another person said, "Things could get done much quicker by the girls [staff] but they know I prefer to do things for myself if I can." Care plans focused on promoting people's independence and ensuring they were involved in their care and support. Terms used in them to describe how people should be supported included 'prompt' 'offer support', 'encourage' 'independence' and 'involve.' Staff also used these terms when describing how they supported people.

People were supported to express their views and were actively involved in the development of their care plans. Care plans reflected people's views about how their care and support was to be provided. They included people's personal preferences and choices such as what gender of carer they preferred and their usual daily routines, such as what time they like to get up, how they preferred to spend their time.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require this support. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

People had access to key pieces of information, such as the complaints procedure. All information was made available to people in formats which they could access, such as large print, pictures and symbols.

Care files and other documents were stored securely to help keep all information confidential. Staff were trained to keep documents confidential and how to safely share information. This helped to ensure people's right to confidentiality.

Good

Is the service responsive?

Our findings

People told us that they received the right care and support to meet their needs and that they would tell someone if they had reason to complain. Their comments included; "I couldn't ask for better care" "They do everything they need to do for me" "I have no complaints but would say so if I did" and "They always listen".

People received personalised care and support responsive to their needs. Prior to using the service people underwent an assessment of their needs which took account of their physical, mental health and social needs. Care plans were developed on the basis of assessments carried out and through discussions with people and/or those acting on their behalf. Care plans provided clear instructions for staff on how the person wanted to be supported and the things that they could or wanted to do for themselves. Care plans were kept under review with the full involvement of the person and relevant others. Each person had a copy of their care plan in their home and a copy was kept safely in the office and both were accessible to the relevant staff. Any significant changes to people's needs were communicated to staff at the start of every shift. This ensured staff had the most up to date information about people's needs and how best to meet them.

Care plans contained information about people's interests, hobbies and life history. In addition to their own private apartment people had access to communal areas including, an activities room, bistro, hairdressers and pamper bathrooms. Staff organised and facilitated activities and social events in communal areas for people should they wish to participate, including bingo, indoor bowling, arts and crafts, light exercises and board games. Staff also supported people to access the local community as and when they wished. People told us they enjoyed the group activities, one person said, "It gets me out the house" and another said, "I don't always join in I just like the company." The registered manager explained that they were always looking at other ideas for promoting peoples involvement and engagement in activities. They had organised a free demonstration of an interactive games stimulator and invited people and their family and friends to try it out, with a view of purchasing one.

People at the end of their life were supported to have a comfortable, dignified and pain free death. People were given the opportunity to discuss their end of life wishes in advance and they were recorded for those who chose to discuss them. We looked at the care provided for one person who was receiving this care. This showed that staff worked closely with multidisciplinary teams, including specialist nurses and palliative care staff. This helped to ensure that the focus remained on what was most important for the person and their family so that the person remained comfortable and free from pain.

A daily progress sheet was maintained for each person. These records were used by staff to summarise the tasks and activities which they carried out during the visit as well as any significant observations, which needed to be communicated onto other staff and relevant others such as family members. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care was also entered onto the record. The records helped to ensure that relevant information was shared about people with those who needed to know and to check that people had received the right care and support in line with their care plan.

People were confident about raising any concerns about the service should they need to. The registered provider had a procedure for people to follow should they wish to complain about any aspect of the service. Each person had been provided with a copy of the complaints procedure and people told us they were familiar with it. People told us that they had no complaints about the service and if they did they would have no worries about telling someone. One person said, "I'd tell X [registered manager] and I know she'd sort it right away" and another person said, "If I was unhappy I'd speak up otherwise things wouldn't get any better."

No complaints had been made about the service. However the registered manager kept a log for recording any complaints in the event any are received. The registered manager knew their responsibilities for responding to and investigating any complaints received. Numerous letters and cards of thanks, gratitude and satisfaction had been received about the service based on people's experiences. Comments included; 'A great big thank you, there is nothing we could ever say or do that would show how much we appreciate how you looked after our mum." "Thank you for all the wonderful care and kindness shown" and "Thanks for all your help and support. You've all made my life so much easier with the support you have shown."

People and where appropriate those acting on their behalf were regularly asked to give their views about the service. This was done through the completion of satisfaction surveys and 'residents' consultation meetings. We saw the results of the most recent survey which was carried out in May/June 2017. The majority of respondents indicated that they were happy with all aspects of the service which they were invited to rate and comment on. This included their care and support, where they live and their support team. The registered manager worked in consultation with people and set actions plans to make improvements which they suggested through the use of surveys and during meetings.

Good

Is the service well-led?

Our findings

People told us that they thought the service was well managed. They told us they knew who the registered manager was and where they could locate her in the building. People commented that the registered manager was supportive approachable, kind and caring and always took time to speak with them. People told us they would recommend the service to their family and friends without hesitation. One person told us, "Living here has completely changed my life for the better. I would recommend it to anyone."

The registered manager was in attendance during both days of our inspection and was supported throughout by her line manager. Both fully engaged in the inspection process and provided all the information we requested. The registered manager was very knowledgeable about the needs and backgrounds of each person.

Staff also commented positively on the management and leadership of the service. One staff member told us; "X [registered manager] is brilliant. She is so caring towards people and so supportive of us." Another member of staff said, "I couldn't imagine working anywhere else I just love working here and X [registered manager] is the best. I can ask her anything and she always knows the answer. "

The registered manager and other senior managers, involved with the service encouraged staff to develop through continuous learning and they welcomed new ideas from staff as to how the service could improve and develop for people who used it. One member of staff told us you only have to ask X [registered manager] about further training and she will look into it and if possible arrange it. Staff were clear about the visions and values of the service and they told us they enjoyed their work and felt valued. They told us that the registered manager and other senior managers communicated well with them about any changes and developments within the service and that they acknowledged their good work. The minutes of team meetings evidenced this. For example staff were provided with details of any changes made to policies and procedures, and they discussed and shared areas of best practice and lessons learnt. Discussions also took place about nationally recognised good practice guidance and CQC fundamental standards. Staff also had access to the registered providers Yammer account which they could obtain updates and information about the organisation.

The registered manager had a good working relationship and worked in partnership with the management of the housing scheme. Both teams shared a large office which was divided into clearly defined spaces. Records relating to the management of Blue Bell Park Extra Care service and people who used it were kept in secure cabinets which were kept locked when the office was not occupied by staff who work for the service.

People and where appropriate those acting on their behalf were regularly asked to give their views about the service. This was done through regular care plan review meetings, group meetings and the completion of satisfaction surveys. We saw the results of the most recent survey which was carried out in May/June 2017. The majority of respondents indicated that they were happy with all aspects of the service which they were invited to rate and comment on. This included their care and support, where they live and their

support team. Where people expressed dissatisfaction the registered manager took appropriate action to improve people's experiences of using the service. People reported feeling safe, respected, and valued."

The registered provider had an auditing framework based on the five key question areas and the key lines of enquiry (KLOEs) used by the Care Quality Commission. The registered manager was responsible for carrying out audits at various intervals on things such as care records, medication, staff training and performance, accidents and incidents. Where areas for improvement were identified as requiring improvement an action plan was developed which provided realistic timescales for completion and who was responsible for ensuring the action was followed through. Audits were also carried out bi monthly, six monthly and annually by other senior managers within the organisation and the outcomes of these were used as part of the ongoing development of the service.

There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's health, safety and welfare.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.