Kent County Council

Osborne Court

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

We carried out this inspection on the 5 May 2016 and it was unannounced.

Osborne Court is a service provided by a local authority. The service provides accommodation and personal care for up to 13 people for short periods of time, for example a few weeks. Staff provide support for people with a variety of complex needs including mental and physical health needs. At the time of the inspection, five people were receiving care at the service. Osborne Court can also provide personal care and accommodation should emergency care be needed for a short period of time.

People had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy by showing warmth to the staff that were supporting them. Staff were attentive and communicated with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for care and support. We observed staff supporting people with their daily activities.

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were protected against the risk of abuse. People indicated they felt safe. Staff had been trained and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them. Staff interacted well with people, and supported them when they needed it.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests. Staff encouraged people to undertake activities and spent time engaging people in conversations, and spoke to them politely and respectfully.

Management investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with management and staff.

The provider and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC.

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.

We observed that people were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs. People indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

We observed that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Staff treated people with dignity and respect. Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

Osborne Court

Detailed findings

Background to this inspection

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

This inspection took place on 5 May 2016, was unannounced and carried out by one inspector.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one person and contacted five relatives about their experience of the service. We spoke with a registered manager from another Kent County Council service who was overseeing the management of the service whilst the registered manager was away; the senior team leader, one team leader, three care staff, and the cook.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 26 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People described and we observed a service that was safe. People used facial expressions to indicate they had positive experiences and felt safe living at Osborne Court. Two of the five people receiving short term care at Osborne Court were away from the service at a local day centre. We observed people were relaxed around the staff and chose to spend time in the company of staff.

Relatives told us, "I feel my son is safe when he stays at Osborne Court", "All the staff are friendly and kind", and "I do not worry when my daughter is staying at Osborne Court".

There were enough staff to care for people safely and meet their needs. Relatives told us there were always staff around and that they supported people well. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. The senior team leader showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed there were sufficient staff on shift at all times. We were told if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. Management told us staffing levels were regularly assessed depending on the number of people booked in for short term care, and the dependency needs of people and adjusted accordingly. This showed that arrangements were in place to ensure enough staff were made available at short notice to maintain the levels of service and at times when people's needs changed.

People were protected by safe recruitment practices. The provider had a recruitment policy in place and this was followed by the provider's human resources department. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. Staff told us the policy was followed when they had been recruited and their records confirmed this. The provider had a disciplinary procedure in place to respond to any poor practice.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had been trained to recognise and respond to concerns about abuse. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. When staff needed to use equipment like a wheelchair to safely move people around, this had been individually risk assessed.

Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity and falls risk assessments were in place for staff to refer to and act on.

Staff knew how to report accidents and incidents in the service. The provider would monitor any accidents and incidents to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall. We saw there were risk assessments and guidelines for going out into the community which were reviewed on a regular basis. This ensured that risks were minimised and that safe working practices were followed by staff.

People bought their medicines into the service with them, and took them away at the end of their stay. Prescribed medicines were stored securely and people were supported to take the medicines they needed at the correct time. A policy was in place to guide staff from the point of receiving, administering, storing and returning medicines. There was a system in place for checking the temperature of the medicine storage areas to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Where people were able to manage their own medicines staff ensured they were safe to do so and provided any support they needed. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

People were cared for in a safe environment. The premises looked and smelt clean and had been maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

Staff were trained to meet people's needs and records showed that people's health and welfare needs were met. People had been encouraged to make their own decisions about their care and routines. Relatives told us, "I am always kept informed of any changes", and "All the staff work as a team".

People were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people when they would like their lunch, how they wanted to spend their time and whether they wanted help with personal care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 un the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLs.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

We observed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and

were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. Management said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and swallowing awareness. Staff spoken with were happy with the training that they had received and felt that it was sufficient to both do her job and meet people's needs. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. In this small service staff saw and talked to each other every day. Staff were aware that management was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. All of the staff we talked to told us, "We all work together as a team", and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. People were offered choices of what they wanted to eat and records showed what they had chosen. We observed people eating their meal in the dining room. People were offered choices and each of the three people had something different. The atmosphere was convivial. People were smiling and chatting and eating their food. The food looked and smelled appetising and people were asked if they wanted more.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed that as necessary, food and fluid intake was monitored and recorded. Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. We observed that people had enough to drink and there were always drinks available, often hot and cold. This meant that people were less likely to get infections.

People were involved in the regular monitoring of their health. Referrals were made to health professionals including doctors and occupational therapists as needed. If people during their stay needed to see a doctor the staff would make an appointment. Where necessary staff referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. People's health and

well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats as necessary, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

Staff had good relationships with people. Due to people's varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. People described and we observed a service that was caring. Relatives commented, "I feel all people are treated with dignity and respect", and "Staff are caring".

Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs.
Staff chatted and joked with people and ensured that the people felt comfortable.

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

Staff chatted to people when they were supporting them and when giving assistance during the mealtime. The staff knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms. We overheard staff comments over the meal time and these included, 'Was that nice, do you want a yoghurt now' and 'Would you like a drink now'. This showed that staff had developed positive relationships with people.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

People said they were always treated with respect and dignity and valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Support was individual for each person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People's care was kept under review and changes were made to improve their experience of the service. Relatives said, "I would speak to the staff or manager if I had any concerns, I have not had any", and "I raised one concern and action has been taken to resolve the concern. This has been written in the care plan".

People and their relatives or representatives had been involved when assessments were carried out. This was an important part of encouraging people to promote independence. People's needs were assessed by staff and care and treatment was planned and recorded in people's individual care plan. There was a care plan in place that covered the needs of people coming in for respite care. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'My mobility is good. If I go out into the community I need constant supervision as I have no concept of danger', and 'I would like all my food chopped up into small pieces or mashed as I am unable to chew large pieces of food'. The staff knew each person and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. They and their relatives as appropriate were involved in any care management reviews about their care.

The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. A care plan stated that the person would choose what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs. They and their relatives as appropriate were involved in any care management reviews about their care.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

People were supported to take part in activities they enjoyed. Activities included, music and singing, baking, puzzles, going shopping, and eating out. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time.

Information about making a complaint was available on the information board at the entrance of the

service. People were given information on how to make a complaint in a format that met their communication needs. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people. Management told us that there had been no formal complaints made in the last twelve months.

Good

Is the service well-led?

Our findings

Relatives told us, "We are kept up to date with any changes", and "There is a good staff team". Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that the manager was approachable and supportive, and they felt able to discuss any issues with them.

Comments from people or their relatives that had completed questionnaires about the quality of the service included, 'The food was really nice. Everyone here is friendly and chat to you', 'Staff are so friendly and caring', and ' Really enjoyed stay here'.

The provider and management had a clear set of vision and values. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was indicated that these values were cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The management team at Osborne Court included the provider, the registered manager, the senior team leader and the team leaders. The area manager provided support to the registered manager, and the registered manager supported the care staff and ancillary staff. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. Relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

Communication within the service was facilitated through regular team meetings. There was a monthly staff meeting held on the day of the inspection visit. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, accidents and incidents, and care planning. There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest level so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.