

Regal Care (Liverpool) Ltd

# Appleby Court Care Home

## 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

This inspection was carried out over two days on 27 & 31 May 2016. The first day of the inspection was unannounced.

Appleby Court Care Home is registered to provide accommodation for persons who require personal and nursing care. The service provides both long term and intermediate care for up to 60 people. Bedrooms are located on the ground and first floor of the building and each floor has two communal lounges, a dining room, bathrooms and toilets. There were 58 people using the service at the time of this inspection.

The service has a registered manager who was registered with the Care Quality Commission in October 2010. 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 last inspection of the service was carried out in May 2014 and we found that the service was meeting all the regulations that were assessed.

We have made a recommendation about the deployment of staff. Staffing levels had been calculated in accordance with people's needs and the correct number of staff were on duty. However, there were occasions during our inspection when people who were at risk of falls were left unsupervised for long periods of time, therefore putting their safety at risk.

People told us they felt safe and that they had no concerns about how they were treated. Staff understood their responsibilities for keeping people safe and they knew what to do if they had any concerns about people's health, safety or wellbeing. Staff knew how to respond to medical and non-medical emergencies and they had access to emergency equipment.

People told us they had received their medication at the right times. Medication was stored, administered and disposed of in a safe way by staff who had received appropriate training. Each person had a medication administration record (MAR) which detailed each item of their prescribed medication, instructions for use and the records were completed correctly.

People received the care and support they needed with their healthcare needs. They attended appointments as required with their GP and other health care professionals involved in their care. A multi-disciplinary approach ensured people's care was appropriately planned for and reviewed.

People told us they liked the food they were offered and that they were given plenty to eat and drink. Staff were knowledgeable about the support people needed with eating and drinking. People's dietary needs were also met including required food textures, likes and dislikes.

Staff received training and support which they needed. Training relevant to people's needs was provided to staff on an ongoing basis and their competency was checked to make sure they understood and benefited from the training undertaken. Regular staff meetings and one to one supervision sessions enabled staff to explore their training needs and discuss any additional support they needed.

People were treated with kindness and their privacy, dignity and independence was promoted. Staff recognised when people were upset and they used techniques to calm people, with good outcomes for them. People's religion was respected and they were supported to practice their faith, this included attending church services both at Appleby Court and in the local community. People at end of life were cared for in a dignified way and their wishes and preferences at end of life were fully respected.

People and family members had been provided with information about how to complain and they were confident that any complaints they raised would be listened to and dealt with.

The service was well managed by a person who was described as approachable and supportive. People, family members and staff said they were not afraid to approach the registered manager or deputy manager about anything. They said there was an open door policy operated at the service which enabled them to speak openly and in confidence to the management team.

Checks were carried out at the service to make sure people were in receipt of safe and effective care. Any shortfalls which were noted during checks were acted upon to ensure improvements were made to the service people received.

## 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

There were sufficient staff on duty however; there were occasions when people were left unsupervised putting their safety at risk.

Staff recognised the different types of abuse and they knew how to report any concerns they had.

A range of checks were carried out on staff before they were employed to ensure they were suitable for the job.

### Is the service effective?

Good ●

The service was effective

A multi-disciplinary approach to meeting people's needs ensured they received effective care and support.

People had their dietary needs met and they were appropriately supported to eat and drink.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and their privacy and dignity was respected.

People were given the choice to express how they were cared for at end of life and their wishes were fully respected.

Visitors were welcomed and given the opportunity to spend quality time with their relative, in private if they wished.

### Is the service responsive?

Good ●

The service was responsive

People's care was assessed and planned for on admission to the service, however changes in people's needs were not always reflected in their care plans.

People had information about how to complain. They knew how to complain and were confident in receiving a response.

**Is the service well-led?**

**Good** ●

The service was well-led

The service was well managed by a person who was described as approachable and supportive.

The registered manager acted promptly in managing risks to people's health, safety and welfare and they notified us of significant events as required by law.

The service was checked regularly and action was taken when required to improve the service people received.

# Appleby Court Care Home

## **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 inspection took place over two days on 27 and 31 May 2016, the first day was unannounced. One adult social care inspector carried out the inspection.

During the inspection we spoke with seven people who used the service and seven family members. We spoke with the registered manager, deputy manager and staff who held various roles including nurses, care staff, kitchen staff and domestic staff.

We looked at areas of the service including lounges and dining rooms, bedrooms, the kitchen, gardens and the laundry.

We looked at a range of documentation which included the care records for six people who used the service and four staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us, information received from the local authority and Healthwatch 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.

# Is the service safe?

## Our findings

People told us they knew what feeling safe meant and that they felt safe living at the service. People said they would tell someone if they had any worries about their safety or the way they were treated. Their comments included; "I am treated very well and kept safe here", "I've never felt as safe as I have living here" and "I feel safe and sound". Family members told us they had no concerns about their relative's safety at the service. Their comments included; "I have peace of mind knowing X [relative] is in safe hands" and "I can sleep at night knowing they are safe and well cared for".

There were sufficient numbers of suitably skilled and qualified staff working at the service; however the deployment of staff did not always ensure people's safety. Each of the two floors were staffed separately in accordance with people's needs. There were two nurses and a team of four care staff working on the ground floor which accommodated people with personal care and nursing care needs. A team of four care staff including a senior carer worked on the first floor which accommodated people with personal care needs. The deputy manager worked five days a week which included two days working alongside the staff teams delivering direct care to people.

There were occasions during the first day of our inspection when people were left unsupervised in communal areas of the service for long periods of time. For example six people were sat in the dining room waiting for breakfast and there was a lack of staff presence during this period. Staff entered the dining room to seat people then left to assist others with their morning routines. There was one occasion when people who were sat in the dining room were left unsupervised for 20 minutes. There was also a number of occasions when there were no staff present in the ground floor lounge which people occupied. This was raised with the deputy manager who confirmed that communal areas people occupied needed to be supervised by staff at all times to ensure people's safety. The deputy manager immediately attended to people in the dining room and instructed staff to supervise the lounge area when it was occupied. We recommend that the service review the deployment of staff in relation to people's safety.

The suitability of staff was checked before they started work at the service. Applicants provided information about their qualifications, skills and experience and previous work history. In addition checks were carried out on their character and suitability to work with vulnerable people, including a check with the Disclosure and Barring Scheme (DBS). Photographic evidence of the applicant's identity and two references, including one from their previous employer was obtained. There was a process in place for ensuring regular checks were completed with the registered nurses employed to ensure their registrations were being maintained and kept updated.

People received their prescribed medication on time by staff who had received appropriate training. Staff had access to information about how to manage people's medication safely, including the registered providers medication policy and procedure. When not in use, medication was locked away in secure cabinets which were stored in designated medication rooms. Fridges were used for storing items of medication which needed to be kept cool to ensure its effectiveness. The rooms were clean and tidy and the temperature of the room and fridges was monitored and recorded daily to ensure it was at a safe level for

storing medication. There were safe systems in place for checking medication including when it arrived at the service and when it was disposed of or returned to the supplying pharmacy. Controlled drugs (CDs) were locked away as required and a register which was kept showed that CDs had been safely administered to people when they needed them.

Each person had a medication administration record (MAR) which itemised their prescribed medication, instructions for use and the times it was to be administered. MARs were completed as required. For example, staff had initialled the records to show when a person had taken their medication and used appropriate codes for instances such as when a person had refused to take their medication. We checked a sample of medication and records, including CDs and found that the stock tallied with the records kept.

Staff completed training in safeguarding people and they had access to information to help them prevent, recognise and report abuse. Staff knew what was meant by abuse and they gave examples of the different types and signs and symptoms of abuse. Staff comments included, "I would be concerned and report changes to a person's behaviour or mood. If they were usually quite bubbly but became withdrawn, that would worry me" and "If I noticed a bruise or scratch on someone I would report it right away". A record of allegations of abuse which had occurred at the service was kept. The records showed that the registered manager and other relevant staff took appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people.

Equipment used in the service was maintained and serviced in line with manufacturer's recommendations. This included moving and handling equipment, fire safety equipment and fire and nurse call alarm systems. On the first day of our inspection the sluice room door on the first floor was wide open. This was raised with the registered manager because there was equipment and substances stored in the room which posed a risk to people's safety. The door was locked immediately and staff were instructed to keep the door locked at all times when the room was unattended. Visitors to the service were asked to sign in to comply with fire regulations and to ensure there was a record of who entered and exited the building.

Procedures were in place and accessible to staff for responding to emergencies such as fire or medical emergencies. This included a personal emergency evacuation plan (PEEP) for each person who used the service. PEEPs took account of people's individual needs such as any assistance they needed to evacuate the building in the event of an emergency. Staff had completed training in topics of health and safety such as fire safety and first aid and they told us they were confident about dealing with emergency situations. First aid boxes and firefighting equipment was located around the service and staff knew where to find them.

Staff had access to a good stock of personal protective equipment (PPEs) including disposable gloves and aprons and they wore them when required. For example, when providing people with personal care and when handling clinical waste. Hand washing facilities were located around the service and instructions about hand washing techniques were displayed above hand wash basins. Separate bins were available around the service for the disposal of clinical and non-clinical waste and contracts were in place for the removal of all waste from the premises.

# Is the service effective?

## Our findings

People told us they received good healthcare and that they were involved in decisions about their care and support. People also told us they got enough to eat and drink and that the food served to them was plentiful and enjoyable. Their comments included; "I get to see my doctor when I need to", "My health has improved a lot here", "The always talk to me about the help they are giving me", "The meals are tasty and I get plenty to eat" and "If I say I feel hungry they will get me something to eat".

People's health care needs were assessed, identified and met. People's healthcare needs were recorded in their care plans along with the names and contact numbers of external health and social care professionals involved in their care. People had accessed health and social care professionals when required including GPs, consultants, specialist nurses, dieticians and opticians. A written record of the of the contact was made and included details of any intervention, the outcome and any follow up care which staff needed to provide people with.

There was a multi-disciplinary team [MDT] approach in ensuring people received care, treatment, advice and support to meet their needs. MDT meetings took place at the service as required to plan and review people's care and treatment. Consultants, physiotherapists, occupational therapists, psychologists, speech and language therapists and social workers were amongst some of the MDT members. We observed part of an MDT meeting during the first day of the inspection visit. Both the registered manager and the deputy manager were present and took an active part in sharing important information about people such as changes in their needs and progress made.

People's needs were communicated effectively amongst the staff. Handovers which took place during each shift change enabled staff to share important information about people's care and support needs. Information shared during handovers included; visits people received or were expecting that day from external health and social care professionals, changes to people's medication or routines and any changes made to the service such as staffing and management arrangements. Daily records which were completed for each person also included important information such as how people had been generally, any progress made and any changes to their usual care routine which staff needed to know about.

People's nutritional needs were assessed, identified and planned for. Nutritional risk assessments were completed for people, using a recognised tool and an appropriate care plan was put in place in accordance with the risks identified. Staff demonstrated their knowledge and understanding of people's nutritional needs and they followed care plans for things such as encouraging people to eat and drink enough. When needed staff monitored people's food and fluid intake and weighed people to ensure they were maintaining a healthy weight. Records for these were completed and up to date. Care staff understood their responsibilities for reporting onto senior staff any concerns they had about people's nutrition and senior staff understood how to make referrals to specialist services.

A rotating four week menu was in place which offered a choice of two main meals for lunch and dinner. Other alternatives were made available to people if they did not want the choice on the menu. Menus took

account of people's nutritional needs, food preferences and the time of the year. The chef held information about people's dietary needs and they knew and catered for those who required a special diet, such as sugar-free, pureed, textured or high calorific foods. Meals were attractively presented and generous in portions. Care records identified people's food and drink likes and dislikes, the consistency of food required and any equipment or assistance people needed with eating and drinking. People were served with hot and cold drinks at meal times and at regular intervals throughout the day. People being cared for in bed and those who chose to stay in their rooms had access to drinks and were assisted to drink in accordance with their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive. Relevant staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body, however none had been authorised at the time of our inspection.

Before providing any kind of care and support staff asked people for their consent. Staff explained the support they were going to give in a way that people could understand and people responded positively to this. People and where appropriate their family members told us they were involved in decision making about people's care needs and that staff always respected their views. Staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who were able to make their own decisions.

Staff received training and support relevant to their role and responsibilities. Staff told us they received a range of training to help them meet people's needs. Training records showed staff skills were developed in line with the needs of the people who used the service. For example, safe people handling, dementia care and end of life care. The registered manager also told us they supported the on-going professional development of staff. Records and discussions with staff showed they had obtained or were working towards achieving a nationally recognised care qualification.

Staff received regular supervision and an annual appraisal from the registered manager, deputy manager or one of the nurses. Nurses received clinical supervision from the registered manager or deputy manager. Staff told us a member of the management team was always available for support. They also said supervision sessions helped identify any specific issues regarding their ongoing development and that their knowledge and skills were being continuously developed as a result of the support given.

# Is the service caring?

## Our findings

People told us that the staff treated them with kindness, consideration and with respect. People said they enjoyed the company of staff because they made them laugh. People's comments included; "They are really kind, they'll do anything for you", "Nothing but praise for each and every one of them. They are all so jovial and chatty. They do make me laugh", "They turn a bad day into a good day" and "They are respectful and very polite. They have made me feel right at home".

Staff were respectful towards people and they were caring and kind in their approach. Staff knocked on doors before entering people's bedrooms and bathrooms and people told us this was usual. One person said, "They never just walk in they always knock and wait for me to say come in" and another person said, "I like my door left open but they still knock and ask if it is ok to come in". Staff gave examples of other ways they respected people including, involving people by talking to them prior to and during any intervention, checking people are warm and comfortable and encouraging people to do as much as they can for themselves.

Written compliments received by the service which demonstrated the caring approach of staff included; "A big thank you to everyone. I would like to thank everyone for their excellent care, attention and kindness shown to me during my stay", "The staff were friendly and helpful and my requests were dealt with politely" and "To all the staff we would like to thank you for all the care and attention given to my dad in his final days of life, you made his passing comfortable and dignified and we could not have wished for more".

People were encouraged to personalise their bedrooms with items which were important to them such as family photographs, ornaments, cushions, plants and pieces of furniture. One person told us that having their personal belongings around them was very important as it helped them to settle and it reminded them of special memories which they held.

Staff comforted people who were upset and provided them with reassurance in a calm and patient way. For example, a member of staff sat next to a person who was tearful, they held the person's hand and chatted gently to them. The member of staff stayed with the person until they were settled and regularly enquired about their wellbeing. Staff engaged with people about things of interest which showed they knew people well. For example, they chatted about things going on in the local community and about their family members.

The registered provider had accreditation for the Gold Standard Framework (GSF) to provide end of life care. It involved them working together as a team and with other professionals including GPs, specialist nurses and teams to help to provide the highest standard of care possible for people at end of life and their families. People's care records contained advanced decisions around their end of life choices. Where people had wished to participate in this discussion, important information about where they would like to be buried, along with any religious or spiritual needs, was documented.

People's religious and spiritual needs were met. Members of local churches visited the service on a regular

basis to meet with people and provide services, including Holy Communion. Staff also supported people to attend churches in the local community. A member of staff told us how they had built positive relationships with a local church and how this had benefited people who used the service. For example people were invited to a range of organised activities and events at the church. This was confirmed by a member of the church who visited the service during our inspection. A member of the clergy team from a local church informed us that people who used the service had been long term members of their church and when they visited the service to meet with people they had always been made to feel welcome. They said there had always been a room set aside with everything they needed for them to use. The clergy also told us that they had attended Appleby Court to pray with people at end of life and that they had always observed those people being treated with great respect and having their wishes taken into account. They also told us that there had always been staff present at funerals which they had held for people who had used the service.

Some people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order in place which had been authorised by their GP. These are put in place where people have chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNAR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff at the beginning and end of each shift. This made it clear to staff what action to take in the event of a person's death.

Visitors told us they were always made to feel welcome and that they were offered refreshments with their relative. Visitors said there were no restrictions placed upon them when visiting and that they could spend time with their relative either in communal areas amongst others or in the privacy of a quiet lounge or their relative's bedroom. One family member told us there had been many occasions when they had been invited to have a meal with their relative. People's friends and family members were invited to join in celebrations which took place at the service including seasonal celebrations and birthday parties.

Records and documentation containing people's personal information was kept in locked offices, and secured in locked cupboards. Electronic systems were password protected to prevent unauthorised people from accessing personal information. This helped ensure that people's confidentiality was maintained.

# Is the service responsive?

## Our findings

People told us that staff looked after them well and that they always responded to their requests for assistance. People said they had no concerns or complaints but would speak up if they had. Their comments included, "I've no complaints at all they [staff] have always been there when I needed them", "The girls [staff] see to me well" and "If I was unhappy I would tell Matron [registered manager] and I am certain she would sort it".

Prior to using the service people underwent an initial assessment of their needs and an appropriate care plan was developed for them. Assessments took account of any risks associated with people's care such as the risk of; falls, malnutrition, moving and handling and continence. Care plans incorporated any risks people faced and how they were to be managed in a way that did not restrict the person's independence and freedom of choice.

A recognised tool for assessing and planning people's care in relation to falls was being used. However we saw examples of where the documentation had not been fully completed to include information such as known triggers and the actions put in place to minimise the risk of falls. Although we did not evidence any negative outcomes for people there was the potential that people were at risk of not having their needs fully met in relation to falls. We discussed this with the registered manager who confirmed that they would commence a review of the falls documentation to ensure it was fully completed to reflect people's current needs.

Care plan reviews were undertaken regularly, however we saw examples of where people's care plans had not been updated in line with changes identified during reviews. For example one person's care plan which was initially developed in 2011 recorded that the person was at high risk of falls. Recent reviews showed the person was no longer at high risk of falls due to their limited mobility, however their care plan had not been updated with this change, it continued to show that the person was at high risk of falls. The person's care plan was updated after we pointed this out. Records lacked information about how the review took place and who was involved. The records were very brief recording things such as; no changes and continue with care plan. Review records did not always demonstrate what aspects of the care plan had been reviewed and who participated in the review. We recommend that the service review the systems in place for reviewing people's care.

Charts were in place for people who required aspects of their care monitoring, for example, their food and fluid intake, mood and behaviour, pressure area care and continence. Staff completed the charts to reflect the care and support people received. The charts which were reviewed daily helped to identify any changes in a person's needs so that they could be responded to in a timely way.

The service employed an activities co-ordinator however we were told they had been on a period of annual leave. In the absence of the activities co-ordinator staff did their best to organise and facilitate activities for people. However they reported that sometimes they found this difficult because they were so busy attending to people's care need requirements. Staff responded quickly to people's requests for assistance

with their personal care needs such as assisting people when they requested to use the toilet. Staff also ensured that people's preferred routines were followed including, using the toilet, bathing and showering. People who required bed rest during the day were assisted with this in line with their care plan and staff regularly checked on people who occupied their rooms.

People knew there was a complaints policy and it was available for people to access easily at the service. People and their family members told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken.

A number of compliments had been made about the service including; "May I thank you for the kindness and support from the staff during my stay with you. By the end of my stay I was feeling better. I no longer felt depressed and my leg was healing. The staff put me at ease and helped me cope with panic attacks, restored my confidence and alleviated my fears" and "The medical care was excellent, both day and night".

## Is the service well-led?

### Our findings

People and family members told us staff always listened to their views and they had a chance to say what they thought about things at any time. They said the registered manager and deputy manager were easy to access and had an open door approach. People's comments included, "Irene is always happy to help" and "The manager is superb I get on really well with her". A family member told us, "The manager is really easy to talk to. I've never had a problem getting hold of her."

The registered manager had been in post for a number of years and was fully aware of her role and responsibilities. There was a clear management structure operated at the service which everybody understood, including people who used the service, family members and staff. When the registered manager and deputy manager were not on duty there was a named senior person in charge of each shift and staff told us there was always a senior manager on call if they needed advice. Care staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said the registered manager and deputy manager made themselves available to speak with either directly or by telephone. A registered nurse told us, "The lines of communication here are good and the management are really easy to work with".

Throughout the inspection staff freely approached the registered manager, deputy manager and nurses for guidance and advice and to update them as required on matters regarding people who used the service. Staff described an open and supportive culture within the staff team. They said they had no concerns about approaching the management team with any questions or requests for advice or if they had a personal issue which impacted on their work.

Staff demonstrated they were aware of whistleblowing procedures and they said they would not hesitate to use them if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

There were systems in place for monitoring the quality of the service. This included checks on things such as people's care records, the environment, infection control and medicines management. The registered provider carried out occasional visits to the service to speak with people and staff and check on the development of areas such as the environment, and any concerns or complaints received. Action plans were in place to address any shortfalls highlighted during quality checks. The registered manager said that she held weekly discussions over the telephone with the registered provider to keep them up to date with the running of the service.

There was a system in place for reporting and recording any accidents or incidents which occurred at the service. The records were analysed on a regular basis as a way of identifying any trends or patterns and they were used to learn lessons and help prevent any future occurrences.

The registered manager had informed us promptly about any untoward incidents or events which occurred at the service. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations. For example the registered manager recently notified us promptly about a power cut in the local town which resulted in the service being without electricity. The registered manager demonstrated they had taken appropriate actions to minimise any risk of harm to people who used the service and others. People were kept safe and disruption to the service was minimised as a result of the action taken. Measures were put in place to make sure people were kept warm and had sufficient food and drink available to them. The registered manager notified us the same day to confirm that the power had been restored and that nobody had come to any harm.

The registered provider had a range of policies and procedures for the service which were made available to 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. The registered manager explained that they were in the process of reviewing and updating policies and procedures to bring them in line with any changes in legislation and best practice. In the interim any updates or new information which impacted on the service delivery was shared with staff through group and one to one meetings.