

Heathbank Support Services

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 June 2016 and was announced. The inspection was announced 48 hours prior to our visit to ensure that the registered manager or other responsible person would be available to assist with the inspection.

We last inspected Heathbank Support Services in October 2015, when we undertook a comprehensive inspection. During this inspection we found the provider was in breach of five regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. These breaches were in relation to: The safe management of medicines. Care planning was not always coordinated to ensure the health, safety and welfare of people. Care provided did not always meet the individual needs of people and reflect their preferences. Consent was not always sort in line with legislation particularly in relation to covert medication. Governance systems and processes were not effective to ensure the delivery of safe, quality care. There was insufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people being supported. The provider had to send us a report detailing what action they were going to take. The service was rated inadequate overall, which meant that it was placed into "Special measures." During this inspection we found significant improvements had been made.

Heathbank Support Services provides care to people in their home. Since our last inspection the registered manager of the service had changed and a new registered manager was in post.

Heathbank Support Services is required to have a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like the registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 (Regulated Activity) Regulations 2014 about how the service is run.

Heathbank Support Services is a small charitable organisation based within the Oldham, Greater Manchester area. The service provide personal care and support to enable people to live as independently as possible within their own home and supported living accommodation. At the time of our visit, Heathbank was providing a Domiciliary Care Service to 8 people living independently within the community and support to 5 people Living in Supported Living Accomodation. All 13 people had a range of health and social care needs.

We found the contents of care records we reviewed were detailed and contemporaneous. The care records contained information to demonstrate that potential risks to people's health and wellbeing had been fully assessed, monitored and managed.

Appropriate arrangements were in place to ensure the proper and safe management of medicines. All care workers had been trained to administer medicines to people.

Care workers were recruited safely and appropriate training was provided to enable them to carry out their role effectively and care for people safely.

Care workers were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Relatives of people using the service spoke warmly about the care workers. We saw that the relationship between people and their support worker's on the day of the inspection was good. We saw people were happy with the care and support they received and spoke positively of the kindness and caring attitude of the care workers.

We found that people using the service and their relatives were involved in making decisions about their care. Care was being planned and delivered to ensure it met the individual needs and preferences of people who used the service.

All systems and processes had been updated to reflect current care practices. Records were being effectively stored, monitored or maintained.

The new management encouraged a positive culture amongst care workers. Care workers spoke positively about the changes in atmosphere and a more approachable management team.

All policies and procedures had been updated.

Care workers had received regular support to enable them to carry out their role and responsibilities effectively.

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.

Care records had been updated and contained sufficient information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

New effective systems were in place to ensure medicines were managed safely. Medication given covertly had been assessed at a best interest meeting.

Care workers had a good awareness of safeguarding and how to report concerns about people's wellbeing.

Is the service effective?

Good ●

The service was effective.

Care records contained detailed and complete information to ensure care workers could effectively care for people.

Support workers were provided with appropriate induction, training and support to equip them with the skills they needed to carry out their role.

People had access to health care professionals when required.

Consent to care and treatment documentation was developed for all people being supported by Heathbank Support Services.

Is the service caring?

Good ●

The service was caring.

People and their relatives were involved in making decisions about the care they received.

Care workers were knowledgeable about the people they supported and people's individual needs were understood by care workers.

People spoke positively about care workers and told us they treated them with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and provided care workers with the information they required to meet people's needs.

Relatives spoke positively about the service and said the service was responsive.

Concerns raised by relatives and care workers were addressed in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was well-led.

We found systems and processes in place to ensure the delivery of improved quality care.

Records were being effectively stored, monitored or maintained by the new management team.

Quality monitoring systems had improved since the last inspection.

There was a clear leadership structure and care workers had confidence in the management team.

Heathbank Support Services

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be at the office to facilitate the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report, action plans and information the provider had sent to us since our last inspection. This included statutory notifications. These are made for serious incidents which the provider must inform us about. We also reviewed the information obtained in the Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

At the service's office we looked at five people's care records and other documentation about how the service was managed. This included information about care workers training and the service's quality assurance systems. We spoke with the new registered manager, responsible individual, and the interim manager. We also spoke with three care workers and gave other care workers the opportunity to participate in the inspection by leaving our contact details.

After the inspection we contacted people who used the service and some relatives by telephone, to ask for their feedback on the service. We spoke with three people that used the service and one relative.

Is the service safe?

Our findings

At our last inspection in October 2015 we found a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to shortfalls found in relation to medication administration.

During our inspection on the 21 and 22 June 2016, we looked at the arrangements in place for the recording, storage, administration and disposal of medicines. There was a record confirming that unused medicines were disposed of. Records of medicines received in the supported living property and returned to the pharmacist were maintained. A medicines policy, which included procedures for the safe handling of medicines was available. Medicines administration records [MAR] showed that people received the medicines they were prescribed, as intended. During the inspection we observed a care worker administer medicines to people. They explained to the person what their medicines were, provided them with a drink and waited until they had swallowed their medicines. We observed one care worker sign one person's medicines records just after the person had taken their medicines.

Care workers who administered medicines told us they had received medicines training and an assessment of their competency to administer medicines had been completed. They provided us with details of this assessment and examples of the action they would take if they made an error or if someone refused a prescribed medicine. Since our last inspection, records of care workers medication competency assessments were available and we saw all care workers had a medication competency assessment in place. The provider and the registered manager showed us the medicine competency assessment and told us that all care workers would receive a written assessment for administering medicines every six months.

All medicines in the supported living property were stored in a locked medicines locker. Following the last inspection the new registered manager told us that a metal medicine cabinet had been purchased and was installed to make sure medicines were stored safely. At the time of this inspection no one supported by the service had been prescribed 'Controlled Drugs' (CD). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm.

At this inspection we found that the provider was now meeting the requirements of this regulation.

During our inspection in October 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risk assessments had not always been carried out or updated when needs had changed. At this inspection we reviewed care records, which showed risks to people were assessed and detailed guidance was in place for care workers to follow to minimise the risk of people being harmed. Whilst also supporting people to take some positive risks as part of their day to day living. Risk assessments included risk management plans for areas including; risk of falls and moving and handling.

Care workers we spoke with were aware of the details of people's risk assessments. From the sample of care

records we looked at we found that information was more detailed and personalised to the person's individual needs and risks. The provider had an on-going plan in place to reassess and review people's risk assessments.

At this inspection we found that the provider was now meeting the requirements of this regulation.

During our inspection in October 2015 we found a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found no support plan in place for prescribed covert medication or any reviews for the need of continued covert administration of medicines on a regular basis. Covert medicine is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. At this inspection we found that the interim manager had updated this person's care record to reflect their current medication support plan and there was a capacity assessment and a best interest meeting for giving medication covertly.

At this inspection we found that the provider was now meeting the requirements of this regulation.

During our inspection in October 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified seven people being supported in the community with no support plans or risk assessment in place to assess, monitor and mitigate the risks relating to their health, safety and welfare. At this inspection we saw that all eight people supported in the community had an up to date support plan and risk assessment in place with on-going planned reviews.

There were systems in place to manage and monitor care workers and regular spot checks were undertaken to ensure care workers provided people with safe appropriate care.

At this inspection we found that the provider was now meeting the requirements of this regulation.

Care workers told us they felt there was sufficient staff on duty to meet the needs of people using the service. The interim manager informed us staffing levels were adjusted to meet people's specific needs, such as when people attended health appointments or when people were unwell. Throughout the inspection; our observations, talking with care workers and from looking at the care workers rota we found there were sufficient care workers to meet people's needs and to keep people safe. A relative told us "I think there are enough care workers."

The provider told us about recent changes that had been made to improve the communication with care workers working in the community and those supporting people in the supported living property. These included employing a new manager to support the existing teams.

There were policies and procedures in place, which informed care workers of the action they needed to take to keep people safe, including when they suspected abuse. The contact details of the local authority safeguarding team were displayed. Care workers were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the interim manager and were confident that any safeguarding concerns would be addressed appropriately by them. Care workers informed us they had received training about safeguarding people and training records confirmed this.

People using the service spoke in a positive manner about the care workers, interim manager and provider as well as the new registered manager. People told us they would speak to the provider if they had concerns

about their personal safety and/or welfare. A person's relative told us they did not worry about the safety and well-being of their relative. They told us they were confident the person was safe and well cared for.

People received support from their relatives, local authority or court of protection with the management of their monies. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse regular checks of people's monies were carried out.

The five care workers records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable care workers were employed to care for people. These included checks to find out if the prospective care worker had a criminal record or had been barred from working with vulnerable people.

A general fire risk assessment and individual fire safety risk assessments were in place and were regularly reviewed. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks carried out to make sure the premises and systems within the supported living home were maintained and serviced as required to make sure people and staff were protected. These included regular checks of the moving and handling hoists, fire safety, gas and electric systems. Fire drills had taken place. Following the previous inspection the interim manager informed us they had carried out a fire drill involving care workers and people using the service. There was clear guidance on what to do in the event of a fire displayed in the supported living property. All care workers working in the community also had relevant training in fire safety and were aware of procedures to follow for emergencies in the community.

Hand wash and paper towels were available in the supported living property and all care workers had access to protective clothing, including disposable gloves and aprons to prevent the risk of spread of infection. Guidance about washing hands was displayed in the main office. People and relatives told us the supported living property was kept clean. Care workers had received infection control training. From our observations the supported living property was clean and odour free.

Care workers working in the community told us they had ample supply of gloves and aprons, and could get more from the office.

Is the service effective?

Our findings

At our last inspection in October 2015, we found insufficient numbers of suitably qualified, competent, skilled and experienced staff on duty. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection on the 21 and 22 June 2016, we looked at a sample of care worker files, and the matrix that recorded when care workers had received a one to one meeting, an appraisal meeting and a spot check. This is an observational assessment of care workers practice and allows the interim manager and provider to monitor care workers competences against expected standards of care. The matrix showed care workers had received regular support. All 22 care workers had a record of having received a one to one meeting and all care workers had received a spot check in the last six months.

The interim manager told us that they were fully aware that supervisions and appraisals were an area that required improvement since the last inspection. Comments from care workers included: "I have had regular supervision, discuss what's happening with all the changes and I'm able to raise concerns," and "I have supervision, however I can go to see the manager whenever I want". We looked at supervision and appraisal records. These records clearly showed care workers were supported to discuss their training and support needs and were encouraged to develop professionally.

New care workers were given time, support and training to ensure they were able to meet people's needs. One care worker spoke positively about the support they had received during their induction and the support they received working towards a national vocational qualification (NVQ) in health and social care. The provider and newly registered manager told us that care workers were being supported to complete the new Care Certificate as part of their training. The Care Certificate is a set of standards that social care and health workers follow in their daily work activity. It is the new minimum standards that should be covered as part of the induction training of new care workers.

People that used the service, including relatives we spoke with gave a positive response to how well they thought care workers were trained and how knowledgeable they were about the needs of the people they were supporting. One person said, "All the care workers understand my needs." Another person told us, "The care workers are good and know what to do."

At this inspection we found that the provider was now meeting the requirements of this regulation.

During our last inspection in October 2015 we found care records did not always detail complete information to ensure staff could effectively care for people. Care records such as care plans, risk assessments were not detailed and lacked information regarding people's preferences, including signs staff needed to be vigilant of for those people who use the service who may not be able to verbalise any discomfort. The provider sent us an action plan that detailed how they intended to make the required improvements.

At this inspection we found that the provider had made improvements to the process of assessing people's needs. Assessments were more detailed and person specific. Support plans contained detailed information and clearly reflected people's needs in order to ensure staff could effectively care for people. The interim manager told us all care plans had been reviewed and that this was now an on-going process. They told us reviews had been booked and planned for with people and their relatives and this programme was on-going. We looked at the system used to plan these reviews, and were assured that appropriate plans had been made.

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. Where someone is living in their own home, applications must be made to the Court of Protection. We saw the provider included MCA and DoLS training in its arrangements for care workers induction and safeguarding training and that all care workers records showed they had received this training. Care workers we spoke with were able to describe the main principles behind the MCA 2005. The principles of the MCA were known and understood by the new registered manager.

From the sample of care files we looked at we found where people had mental capacity to consent to their care and support they had signed their support plans to show consent had been given. We also saw that the pre-assessment form recorded if a person had a lasting power of attorney in place. A lasting power of attorney (LPA) is a legal document that lets a person appoint a person or people to help make decisions on their behalf. There are two types of LPA, health and welfare and property and financial affairs. Where people lacked mental capacity to consent to their care and support, MCA assessments and best interest decisions were made in accordance with the MCA.

People were supported to eat and drink and to maintain a balanced diet based on their needs and preferences. From the sample of care records we looked at we found improvements had been made since our last inspection to the documentation used to assess people's nutritional needs. Information was more person centred and care records had been updated to clearly define what was meant by 'fork mashed' foods and soft diet foods. Peoples favourite foods and drinks had been clearly documented in support plans. People told us that care workers supported them with meals, shopping and checked food to ensure they were safe to eat by checking weekly expiry dates.

People were supported to maintain good health. Care workers we spoke to gave examples of how people had been supported with their health needs. A care worker said, "If [person] catches a cold or is not well we will call the doctor." All of the care workers we spoke with told us how they had reported concerns to the office to alert healthcare professionals of a change to a person's health. We looked at the daily records of two people that care workers had completed at every visit, for a period of one month. These were detailed and included reference to people's health, when concerns had been identified with clear actions to be taken for care workers to follow. There was clear evidence to show the interim manager had also monitored follow up appointments and delegated duties to care workers.

Is the service caring?

Our findings

People that used the service and relatives we spoke with described the care workers as kind and caring. One person said, "They [care workers] are kind; very nice really." Another person told us, "They [care workers] are very lovely and caring" A relative said, "All of the care workers are caring."

Care workers that we spoke with said that they cared for some people on a regular basis, but often changes were made to their rota if a care worker called in sick. They talked positively about the people they regularly supported and how they had developed trusting and caring relationships. They said that they got to know people very well, which enabled them to easily identify if a person was unwell or not themselves that day.

The three care workers we spoke with showed compassion and kindness and a commitment to providing a caring and effective service. One care worker told us, "I ask them how they like their care provided and respect the person's wishes. The people I support at the cottage, I have known for years so we have built a relationship where I understand their needs and especially when they are not well I am able to recognise the signs." Another care worker gave examples of what action they had taken to relieve people's distress or discomfort. This involved providing comfort and reassurance and sitting listening to the person.

People's experience of being supported to express their views and be actively involved in making decisions about their care and support were clearly documented in care records. The people we spoke with felt involved in all aspect of their support. One relative said, "[person] has a care plan. They [assessor] did it with me at the cottage." Another relative told us, "Recently we had a care plan review."

At our last inspection we found that people had access to independent advocacy information. Advocacy support is support provided to help people get the care and support they need and is independent of a local authority. Advocates are trained professionals who support, enable and empower people to speak up and represent the person's best interests. At this inspection one person using the service was being supported through a statutory advocate, who supported them to make choices and decisions about their care needs. A statutory advocate is appointed when a person is legally entitled to an advocate.

We spoke with the interim manager, whose role was to assess people's needs and develop support plans to meet peoples current needs. The interim manager told us that they involved the person and their relative in developing the care package to be provided. Care workers gave examples of how they involved people in the day to day decisions about their care and support. People we spoke with confirmed their involvement in the development of their care package. Support plans and daily records were easily accessible to staff and people in the supported living property, so they could view what was recorded in their care records. We saw evidence of joint partnership working in developing care records for people being supported in the community. All people supported in the community had access to records developed by Heathbank Support Services in their homes.

Care workers gave examples of how they showed dignity, respected people's privacy and prompted people's independence. One care worker said, "I let people do as much as they can for themselves." Another care

worker told us, "I treat people with respect, [person] isn't able to verbally communicate but that doesn't mean we don't consider their likes and dislikes, I always ensure that I talk to [person] when I am supporting them with their needs."

Care workers were aware of their responsibility of maintaining confidentiality. The provider had systems and procedures in place that ensured confidential information was stored appropriately and only shared with relevant people.

Is the service responsive?

Our findings

At our last inspection in October 2015 we found care plans did not reflect people's individual needs and preferences. Where people's needs had changed the service had not included a copy of the most up to date individual care plan in the person's care file. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which contained details of how they intended to make the required improvements.

During our inspection on the 21 and 22 June 2016 we reviewed a sample of care records and found improvements had been made to the documentation used to assess people's needs. Information was person centred and included their preferences, likes, dislikes routines and life history.

Care plans were personalised and contained information about people's daily routines. Care plans and risk assessments had been reviewed and information in the records we looked at reflected people's current needs appropriately. Information was clearly documented and easier to locate. The presentation and format of the records allowed us to find relevant information easily. Recent entries showed that the care plans had been reviewed in the last six months. This meant that records reflected the current care and support needs of people and ensured care workers were using a consistent approach.

The providers review of care plans policy had been updated to reflect the changes the provider had made and to processes.

People told us that following our inspection in October 2015, they had an initial meeting where their needs were assessed and discussed. Additionally, people said that they had been involved in review meetings. A relative told us, "Yes, initially there was an assessment. We had review meetings early in January 2016. Some things changed on [family member's] plan, and I have signed it and agree with it."

We received positive feedback from relatives of people that used the service, when asked if their relative received a service that was responsive and personable to their individual needs. One relative told us, "Yes the care workers are very responsive to [relative] needs." A reoccurring comment was made that regular care workers were able to provide a responsive service due to them being 'familiar' with people's needs.

Care workers said that they provided regular care to people and they felt they were able to meet people's needs much better.

At this inspection we found that the provider was now meeting the requirements of this regulation.

We found the provider had implemented a more robust method of recording, responding to and monitoring complaints. We looked at the complaints received since our last inspection and found these had been investigated and responded to in a timely manner; there were no current on-going complaints. Care workers that we spoke with provided examples of the concerns they had raised with the provider. This included a request to have additional support when lone working, which was responded to appropriately. One care

worker said, "We have the complaint procedure documentation. When we raise these concerns [senior management] took control of our worries. The complaints were answered effectively." Another care worker said, "As a result of my complaints, things are generally improving but it's taken a lot as the previous manager refused to listen or acknowledge concerns."

Is the service well-led?

Our findings

Since our inspection in October 2015, a new registered manager had been appointed. People we spoke with knew who was in charge at Heathbank Support Services. They told us, and we saw, the manager was involved and visible across the service. One care worker commented, "The new manager is excellent, you can see the difference in care workers morale, I enjoy working here now."

We met the registered manager during our inspection and they told us about their induction. We asked them about their understanding of the issues identified at the last inspection. They told us that the provider had been open and transparent with them and they had read the report. They highlighted areas where improvements were still needed and how they would be improving the quality of the service moving forward. These areas were reflected on the latest action plan sent to CQC by the provider, which demonstrated that the provider and registered manager were ensuring the continual improvement of the service.

The management team were open and transparent during the inspection and they all shared a clear vision for the future of the service and were able to tell us what plans were in place. Since our last inspection, meetings had been held with both care workers and people who used the service and their families. To inform them of the issues raised at our inspection in October 2015 and the improvements planned. The meeting minutes we saw showed that the management team had shared the issues and discussed them with everyone, demonstrating an open, honest and transparent culture.

The registered manager confirmed that care workers received regular supervision and we saw evidence of recorded supervision meetings. Care workers told us they attended care workers meetings and they described improved teamwork throughout the service. Care workers we spoke with told us they had opportunities to undertake training and development and keep up to date with new information. We saw records of care workers training and the registered manager told us this was a regular topic for discussion in care workers meetings.

The registered manager told us they had been supported well by senior managers and also by the team of care workers, who had worked very hard to bring about necessary changes to the quality of care for people provided by the service.

Care workers told us they felt confident in their roles and responsibilities, they felt happy in their work and were supported well by the manager and the new management team, who they described as 'approachable,' and providing the service with a clear sense of direction. Care workers described a sense of pride in the improvements made by provider since the last inspection and they felt this had involved a real team effort. Care workers reported an improved morale and they were optimistic the changes that had taken place would be sustained.

At our last inspection in October 2015 we found the registered person had not protected people against the risk of people receiving care or treatment that was inappropriate or unsafe through the lack of quality

assurance systems and processes in place to ensure the delivery of high quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that there were tighter measures for assessing and monitoring the quality of service provision. For example, the interim manager told us there had been improvements in the carrying out of audits such as health and safety, cleanliness, care experience and medication. Records confirmed that regular health and safety audits and medication audits were being carried out monthly. Additional quality assurance of service questionnaires indicated the satisfaction level being 'High' for people being supported by the service both in the supported living property and the community.

Maintenance records for the supported living property including the premises and equipment were well organised and available for inspection. Records of regular audits were also available for inspection. The manager told us more analysis of information now took place to ensure information was meaningful and lessons were learnt, such as with accidents and incidents, care plans and risk assessments. Clear actions were identified as a result of the analysis undertaken and outcomes were agreed and signed off by the interim manager when complete to ensure they had oversight, records reviewed confirmed this.

We received positive comments about how the management of the service had improved under the leadership of the interim manager and the registered manager.

Up to date policies and procedures were in place and care workers had signed to say they had read them. This included clear guidelines for staff for whistleblowing, reporting of incidents. This ensured all care workers were aware of their roles and responsibilities and provided safe care and treatment to people.

Since the last inspection care workers from the service had worked in partnership with others to make improvements to the service. They had attended meetings with the local authority regularly.

The service had made notifications to CQC of certain incidents, events or changes to the service as required and appropriate action had been taken by management to ensure people were kept safe.