

Scotts Project Trust

# The Oaks and Willows

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Oaks and Willows provide supported living and personal care to younger adults who have a learning disability or autistic spectrum disorder. The ethos of the service is to enable people to gain and maintain skills to achieve independent living. Tenants who use the service live in two supported living houses and an independent bedsit on the same site. They hold a tenancy agreement for their bedroom and/or flat. There were seven tenants living there at the time of our inspection, one of whom lived with dementia. The organisation's office is located in one of the houses. The Care Quality Commission inspects the care and support the service provides to younger adults but does not inspect the accommodation they live in.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

The service was outstandingly caring. The registered manager and the staff' approach promoted an environment where people could affirm themselves and excel. They promoted people's independence, encouraged them to do as much as possible for themselves and make their own decisions. Comments from relatives included, "Exceptional staff, they care so much, they often go the extra mile", "The staff are truly fabulous, always friendly, always caring" and, "I cannot think of one negative thing to say about them." A local authority case manager who oversaw the wellbeing of some of the tenants in the service told us, "I hope in the future they [the provider] will have more supported living properties like this or an outreach service. They continue to provide a brilliant caring friendly service (...) Individuals are encouraged to live their lives socially, families are encouraged to continue to be part of service users' lives."

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks for people while their independence was actively promoted.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

People were appropriately supported with taking their medicines, attending appointments and were promptly referred to health care professionals when needed.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Personal records included people's individual plans of care, likes and dislikes and preferred activities. These records helped staff deliver support that met people's individual needs. Staff knew about and people's dietary preferences and restrictions, and helped them prepare their menus.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was an effective system of monitoring checks and audits to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and support.

Further information is in the detailed findings below.

## 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 remained : Good.

### Is the service effective?

Good ●

The service remained: Good.

### Is the service caring?

Outstanding ☆

The service remained: Outstanding.

### Is the service responsive?

Good ●

The service remained: Good.

### Is the service well-led?

Good ●

The service remained: Good.

# The Oaks and Willows

## 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 carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 19 May 2017 and was announced. We gave some notice of our inspection to make sure people we needed to speak with were available. The inspection team included one inspector and an expert by experience, who had experience of this type of service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with six people living at the service, and four of their relatives. We also spoke with a person who had recently left the service to live independently in the community. We consulted three local authority case managers to gather their feedback about their experience with the service. We spoke with the registered manager, a team leader, and four members of staff.

We looked at four sets of records relating to people's support, and a range of assessments of needs and risks. We reviewed documentation that related to staff management and to the monitoring, safety and quality of the service. We looked at four staff recruitment files that were kept in a sister location, owned by the same provider. We sampled the service's policies and procedures.

At our last inspection in May 2015, the service was rated good.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. They said, "The staff keep me safe; they help me with my money", "They teach me how to keep my money safe, I find it hard at the moment" and, "I do cooking with staff watching if I use the cooker or do any frying" and, "We're members of a club where we play snooker and darts, but always with a member of staff who takes us there." Two relatives told us, "I have peace of mind knowing the staff oversee things; they are safety and security conscious" and, "I feel [X] is as safe as she can possibly be." A local authority case manager who oversaw people's welfare in the service told us, "The staff are very good at enabling young people to take control of their life with any risks that this entails, while keeping them as safe as possible."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. Safeguarding alerts had been raised appropriately by the service when concerns had arisen for people's safety.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties. There was a sufficient amount of staff deployed to keep people safe at all times. Three bank staff were deployed when permanent staff were unable to cover staff absences.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out an analysis of any accidents and incidents on the day, to identify any common trends or patterns, and establish if any lessons could be learned. One person had tripped on a mat trimming outside the front door and the registered manager had ensured a person responsible for maintenance had come to put it right without delay; when a car that transported people had broken down, they investigated to see how future risks of recurrence could be minimised.

Individual risk assessments were in place for people who were cooking their own food, who were at risk of falls or seizures; who self-medicated; and who may experience a decline in their mental health. Control measures to minimise risks were clear, appropriate and followed by staff in practice. The service and staff ensured a positive risk management approach, where risks were considered according to their severity and when several options were explored taking into account people's wishes. People were involved with their risk assessments that included guidelines such as, 'Before I do something that is new, dangerous or difficult, I must think about how I can do it carefully with help from staff. I must ask the question: how can I try and stop something going wrong?' They participated in identifying the best control measures to fit their needs.

The premises were safe for staff and people because all fire protection equipment was regularly checked and serviced by the landlord. Staff were trained in fire awareness and staff were appointed as fire marshals with specific responsibilities. Quarterly fire drills were carried out with people's active participation. Each

tenant had a personalised evacuation plan that detailed their ability to respond to the alarm system, their awareness of procedures in case of emergencies, and any equipment they may need during an evacuation. These were reviewed every year or sooner to reflect any changes. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Staff oversaw people taking their medicines and prompted them when they had consented to this. Medicines were managed safely with daily checks of medicines administration records. These were appropriately completed and included medicines that were to be taken 'as required' (PRN medicines.) Staff acted in line with the service's medicines policy, followed correct protocols and completed medicines administration records (MARs) which were signed by two members of staff whenever possible. The service ensured people accessed a 'Dosset box' when appropriate (a system that provides pre-packed daily medicines safely.)

# Is the service effective?

## Our findings

People and their relatives were positive about staff effectiveness and capability. They told us, "The staff help me with choosing healthy food", "They help me make appointments", "They weigh me on the scales to check my weight" and, "The staff have trained me for travelling and now I've done so well the staff are not worried." Relatives told us, "The staff are very efficient; they keep us well informed about any changes" and, "The reviews are great, very well organised." A local authority case manager who oversaw people's welfare in the service told us, "The staff understand how to support young people, some who may have complex needs and they make sure to make sure they are able to provide the right amount of individual support."

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example about understanding tenancy agreements, or about managing their finances the way they saw fit. Meetings to reach a decision on behalf of people and in their best interests were carried out appropriately.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff studied to gain the 'Care Certificate'. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care staff are expected to uphold.

All staff including bank staff received regular one to one supervision sessions every two months and participated regularly in staff meetings. They were scheduled for an annual appraisal of their performance. Staff were up to date with essential training that included first aid, manual handling, mental capacity, health and safety and infection control, diversity and equality. Further training was considered and selected in accordance to people's specific needs, such as dementia awareness, managing behaviours that challenge, epilepsy, Makaton, and bereavement.

People were supported to maintain good health. Staff were trained in food hygiene, and knew of people's food allergies, specific dietary requirements and preferences. These were clearly outlined in people's care plans, the content of which was known to staff. People were advised by staff on the best ways to maintain a healthy diet, menu planning and portion control. One person had been observed by staff as gaining weight which could endanger their health. Staff had successfully discussed with them switching their menu to healthier options. Some people were supported with planning and carrying out shopping tasks, ordering food online, and with cooking when they needed prompting or supervision. Two people cooked for each other. Staff encouraged people to drink more or to stay warm during extreme weather. Staff reminded people to wear sunscreen to protect their skin. A person needed additional support to remember their annual health check and with carrying out the advice given by their doctor.

Access to healthcare and other professionals was effectively facilitated. When necessary, people were referred appropriately with their consent to a wide range of specialised clinics, to GPs, psychologists, community nurses and dental services, a local authority benefits officer, occupational therapists, and a



mental health community team.

# Is the service caring?

## Our findings

All the people and their relatives we spoke with told us that they liked the staff and appreciated the way support was delivered. People described the staff as, "Very friendly; I get on well with them", "They are helpful, cheerful, bubbly", "Sometimes they are serious, sometimes they are funny", "They ask me to do things, but I have a choice." One relative described the staff as, "Outstanding, perfect", "Exceptional, they care so much, they often go the extra mile." Relatives told us, "The staff are truly fabulous, always friendly, always caring", "I cannot think of one negative thing to say about them" and, "They are all pretty good, they let you know what is going on"

A local authority case manager who oversaw the wellbeing of some people living in The Oaks and Willows told us, "I hope in the future they [the provider] will have more supported living properties like this or an outreach service. They continue to provide our service users with a brilliant caring friendly service whilst keeping us informed at all times of any concerns. Individuals are encouraged to live their lives socially; families are encouraged to continue to be part of service users' lives. Reviews are person-centred and detailed. They have on many occasions supported with benefit issues helping individuals. I have often visited without making an appointment and have been welcomed by the staff in the usual friendly manner."

The registered manager and the staff's approach promoted an environment where people could affirm themselves and excel. A person who had left the service to live independently in the community was visiting the staff. They told us, "I feel lucky to have been here; without them it would have been too difficult; because of them [staff] I was so ready, well prepared, and I am much happier; I look forward to come here for visits; and do the best I can. They encourage me all the time and say how proud they are of me every time I come." Staff described to us how this person had flourished, from being unable to go out on his own, to travelling independently, attending college, volunteering in a nursing home and gaining paid employment. As a result of the staff caring approach, persevering attitude and focus on the promotion of independence, this person had exceeded their goals and gained confidence to live independently.

People were at the heart of the service and their independence was actively promoted. Emphasis was placed on developing skills and confidence. One member of staff told us, "It is a privilege to do a job where we can empower young people and see them improve their skills and gain more independence." The registered manager told us, "Promoting independence is the whole point of our job; it is not about control, but more about guidance and advice, and a positive attitude to risks so these young people can have positive experiences." People had access to the internet and a phone landline in their rooms. People shopped and cooked their own food, processed their laundry, purchased what they chose and maintained their environment. They held keys to the front doors and to their bedrooms. People chose what they wanted to wear, what they wanted to do, and where they wanted to go. They came and went as they pleased, and followed a wide range of activities programmes which they had devised. Their chosen activities included socialising in local and neighbouring communities. This entailed using public transport independently, and staff described to us how they spent as much time as necessary helping people to learn routes, purchase tickets and how to board the right buses or trains. Staff assisted with transport when public transport presented difficulties or was unavailable. This support aimed to assist people as much as possible in

developing and maintaining independent living skills.

Staff spent an agreed amount of hours supporting people and developed positive caring relationships with them. Staff told us how they greatly valued the people who lived in The Oaks and Willows, and that they spent time talking and interacting with them while they provided support. A person told us, "I like to keep the staff on their toes, I play tricks on them, they encourage me, I like them." A member of staff told us, "We are mindful of being friendly but also respecting the boundaries and always aiming to promote their independence so we are not doing things for them but we are showing them how they can do things for themselves. When they achieve what they want to do, the sense of reward is enormous."

Staff had 'gone the extra mile' and had supported people beyond the call of their duty. For example, a person had experienced a fall while they had been away on leave, and had needed to remain several weeks in a different and unfamiliar location for their rehabilitation. Staff had visited the person twice a day during the week. The registered manager, team leader and one care staff covered the twice daily visits at weekends to help the person with "anything she needed". The staff told us, "It was a massive effort from all of us to help [X] settle; we thought of what we could do to make her feel better; we brought a wardrobe from one of our own homes, moved in as much of her belongings as possible to help her settle in amongst familiar things, and we visited her twice a day every day; when she was ready, we took her back in stages, over several visits, trying the stairs a little at a time until we were sure she would be able to cope and that she was not anxious about returning."

A relative described to us how staff had provided, "A home for [X] in all the sense of the word" and supported them during and continuously after bereavement. The person had been supported by staff with the building of a remembrance garden area to commemorate their loved ones. This showed that staff were attentive to people's psychological and spiritual wellbeing. Their relative told us, "For us, his family, the most important thing is the respect the staff have for him; they have real compassion, they took him to visit [another relative] although they did not have to; they took him on a one to one break holiday which is a very difficult thing to do as [X] has cognitive and sight impairment; they helped him manage his grief, and a really difficult family situation. The staff put his needs first and they are always ready to be advocates for him and protect his rights."

The service had a strong, visible person-centred culture and was exceptional at helping people to express their views so they understood their perspective. Staff offered care and support that was kind, compassionate, and respectful of individuality. The service continually strived to develop this approach of their staff team so this was sustained, and confidentiality, diversity and respect were regularly discussed at staff meetings and at 'tenants' meetings'. Staff shared information about advocacy services with people and followed guidance that was provided by the local authority. An advocate can help people express their views when no one else is available to assist them. We noted that independent advocates had been provided on numerous occasions whenever people needed help with representing their views and wishes regarding any matters that were important to them. Independent mental health advocates had been used appropriately during meetings where risks, people's wishes and their best interests had been discussed. Attention was paid to people's spiritual needs. People attended a 'Faith and Friendship' club to meet their religious or spiritual needs when they chose to do so.

Staff provided emotional support to people who had relationships difficulties or were affected by world events, death of relatives or of their favourite celebrities. When a tenant's relative had passed away suddenly, extra staff had been deployed to support the person and their family at the hospital where the relative was staying, and remained with them for emotional support. Staff had attended the relative's funeral to support the person, and had facilitated his access to a counselling service so he could acquire

coping strategies during his bereavement. Staff were actively involved with providing comfort, understanding, and active listening to another person who was significantly affected by the breakdown of a personal relationship. As a result of such support, staff told us how the person had gained insight about her own feelings and increased maturity concerning the forming of relationships. The person told us, "They help me to feel better, a lot." A relative told us how the service had "pulled out all the stops" to negotiate funding with the local authority in order to give their loved one extra help when needed. They told us, "I have never had cause to complain about the quality of care since the beginning in 1999, I have nothing but praise."

People were fully involved in decision making about their care and treatment. They participated in the planning of their support and reviews of their support plans when changes occurred. A relative told us, "The staff listens to [X], they spend the time to truly listen and understand how [X] feels and discuss with him what he wishes to see happen." Reviews of people's support were carried out with their active participation every six or twelve months. At these reviews, individuals were provided with an innovative method to remain in control of the meeting, such as a 'Stop' sign to hold and use. This system ensured people were able to stop other parties speaking over them, thus enabling them to have their say without interruptions. This method was agreed with people and ensured they felt empowered, valued and respected during the review process. Families were invited to reviews when people had consented to this. A person preferred to have a review of their support every six months and this was carried out.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. They were preparing to accompany people on a holiday and had invited two tenants who had left the service. They had also included two residents from a sister home who were having relationships with some of the people living in the service. The registered manager told us, "This will give them an opportunity to spend quality time together and be spontaneous, which can be difficult otherwise due to their busy schedules." In the service, staff did not enter people's bedrooms or communal areas unless they were invited to do so. Should access to a person's room be needed for any repairs or maintenance, this was arranged and agreed in advance with individuals.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People's support plans included their preferences about daily routine, activities, social outings, music, food and the goals people wanted to achieve. Staff were aware of one person's dislike of noise and of their preference to spend quiet time in their room. Another person disliked vegetables and staff were mindful of this when they monitored what food they had ordered. Another person liked their hair dressed in a certain way and requested staff help with this task. Staff were aware of each person's likes and dislikes and respected these in practice.

Clear information was provided to people about the service, in a format that was suitable for people's needs. This included information about support plans, responsibilities, timetable and activities, staffing, transport, and how to complain. Individual menus and allocations of chores were displayed on a notice board in a shared area. People added information of their choice to the notice board. All information that was provided, including satisfaction questionnaires, people's support plans and risk assessments, was available in both standard and pictorial format to help people understand. There was an updated website about the service that was informative, up to date and easy to use. Staff photographs and their titles were displayed in the entrance of the premises so that people and visitors knew who they communicated with.

People were able to form close relationships and invited friends or partners over when they wished. Staff were mindful of balancing people's freedom and their need for protection when appropriate. For example staff ensured that people made informed decisions about intimate relationships and sexuality. The registered manager had advocated on people's behalf to represent people's views and promote their

human rights when people had requested assistance with such decisions. A relative told us, "The manager is these young people's voice when it is needed." This approach meant that people's support focused on people's freedom of choice and that they were encouraged to make their own independent decisions.

## Is the service responsive?

### Our findings

People and their relatives told us that they felt involved in the service and that staff were responsive to their needs. They told us, "Staff help me when I need it, they help me do things I want to do" and, "Staff sort out appointments with doctors for me." Relatives told us, "The staff looks at what is needed and they respond to this, always looking at ways to empower these young people in the process."

People were offered choice and options. Within the terms of their tenancy agreements, they were able to choose which agency provided their care and support. They had a choice about how and when their support was provided and their wish was respected.

People received personalised support. Their support plans included their likes, dislikes and preferences about their daily routine, meals and communication. These plans were comprehensive, person-centred, detailed and included people's individual goals and aspirations. During reviews of their support plans, people carried out an electronic presentation titled, 'Hello and Welcome to my review'. This presentation included explanations about the STOP sign, details of their 'circle of support' with photographs, of their weekly timetable, and what had changed since the last review. This was followed with their personal action plan, 'From this review, what was discussed; what is going to be done; who is going to do it.' Attention was paid to any extra help that may be needed, such as with 'finances, cooking, remembering, medicines, relationships, social media use', and action plans took account of their special interests and social life.

Staff responded to people's changes of needs. Changes in health were appropriately recorded, communicated with staff and responded to, such as when they may have an infection, an inflammation, or may need routine injections. A person's sight had declined and their support plan had been updated to reflect the additional support they required. Another person who had difficulties waking up had been referred to a sleep apnoea clinic and provided with a device to use at night. Staff were aware of these needs and followed the instructions in the support plans. People's wishes about their care were respected, and staff ensured that they made informed decisions. Another person had declined to take a medicine and this was respected and appropriately discussed with the person. A person who had sensory impairment and who displayed signs of anxiety at night had been provided with an alarm to alert night staff so they could respond to their needs.

People's views were sought at each review of their support plan. 'Tenants meetings' were held monthly where people expressed their views about the service, the staff and their environment. Additionally, survey questionnaires about the overall quality of the service were provided to people, the staff, people's relatives and stakeholders such as case managers from the local authority. All the comments that had been collected were positive. A tenant had commented on a minor problem about the use of a communal toilet facility and this had been remedied without delay. Comments from stakeholders included, "Very happy; everything is in place to support" and described the service as, "pro-active." A relative had commented, "The staff show excellent knowledge and understanding of the service users; I consider my daughter to be very lucky to receive the support she does." People were offered the opportunity to change rooms if they wished and there had been four changes of rooms within the last year. The provider had a complaints policy and

procedure that had been updated in April 2017. People were aware of the complaint procedures to follow.

People followed an activities programme that was extensive, flexible, and tailored to their individual requirements. It included attending a wide range of clubs, trips to the cinema, bowling, swimming, horse riding, pottery, football, woodwork and many more. One relative told us, "They are so occupied and stimulated; they should be exhausted at night." Trips were organised in response to special requests, such as to a specific railway line, a castle, concerts, and particular destinations for holiday breaks.

The service promoted people's engagement and social inclusion with their community. Some people participated in writing a newsletter published by the provider; others were involved in the collection of clothing to assist an orphanage abroad, and participated in Comic Relief which raised funds for charities. Some people had joined an internet site that specialised in getting people with learning disabilities to meet and socialise. People participated in numerous outings throughout the year, individually or in a group when they wished to do so. A trip to Bognor Regis was scheduled to take place shortly. The service had included two young persons who had left the service, and another who stayed in a residential sister home, at the people's request. One person told us with great enthusiasm, "We go to [a holiday resort] every year with two members of staff; we go on the mini bus."

## Is the service well-led?

### Our findings

There was a registered manager in post. 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 management team included a chief executive officer, a board of seven trustees and their chairman, and the registered manager for supported living, who was supported by a team leader who acted as deputy manager when needed.

People, their relatives and staff told us they appreciated the registered manager's style of management. They described the manager as, "lovely", "very professional; totally concerned with the young people's wellbeing", "completely approachable", "very understanding" and, "always prepared to put clients first." They operated an open door policy and people and staff were welcome to the office to chat or discuss any concerns they may have. The registered manager stepped in to cover staff when necessary and maintained a 'hands on' approach towards the work. They had established a positive rapport with each person in the service.

A positive person-centred culture was promoted by the provider, the registered manager and the staff. The registered manager showed us a sign in their office that stated, 'Quality is doing it right, especially when no one is watching.' They told us of their passion to promote people's independence, saying, "A person's freedom comes before anyone else's fear; but we understand the fine line between promoting independence and rights and offering protection within the scope of our boundaries." The provider's values were about care, support and development, including, 'Gaining life skills through continuous learning and development.' A relative commented on the "Wonderful atmosphere in the service."

A system of quality assurance checks was in place and effectively implemented. The registered manager checked and analysed incidents and accidents logs, staff rotas, a staff communication book, complaints and medicines administration records (MAR) on a daily basis. Weekly audits of people's finances, MARs, repairs and maintenance and mental capacity assessments were carried out. They carried out monthly checks that included policy updates, staff training, staff meetings, and case reviews. Support plans were audited twice yearly. Additional annual audits included checks of policies, satisfaction surveys, staff training, tenants and staff meetings, staff supervision, health and safety and all documentation contained in people's files. There was an on-going checking system that ensured all support plans and reviews were appropriately updated and documented.

Every month the registered manager reported their findings to a senior management committee chaired by the CEO, who then reported to the board of trustees. A health and safety committee that included two persons who lived in The Oaks and Willows on occasions, and managers from the supported living service and a sister residential service, met every six weeks. Staff meetings were held every two months. At a staff meeting, a support worker had discussed how a tenant's independence could be promoted further with a specific aid, and this had been followed up and acted on.



All documentation relevant to the running of the service and of people's care was very well organised, appropriately completed and updated. Policies were bespoke to the service, easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements.