Westway Respite Limited

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Inspection report

81 West Way
Hounslow
Middlesex
TW5 0JE

Tel: 02087972809

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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 unannounced inspection took place on 25 and 27 July 2018. The last inspection took place on 31 March and 4 April 2016 and achieved a Good rating.

Westway Respite Limited provides two types of services at the same registered location. This inspection covers both types of services. One of the services is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home has three bedrooms and shared dining, sitting, bathing and toilet facilities. Outside there is a well-maintained garden and an annexe building that is used for therapies and as a relaxation area.

Westway Respite Limited is also registered to provide care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. In that type of settings people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; we only looked at people's personal care and support. People living at the supported living settings had originally transitioned from the respite location and staff work between the respite location and the two supported living settings to provide continuity of care.

The service provides care and support to people with learning disabilities and autism. At the time of inspection there was one person living at the respite location, two people who had short term respite two people in one of the supported living settings and three people in the second setting. The service also provided some daytime outreach hours for two people who do not require personal care.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also the registered person for the service and has been in post since the service first registered in January 2013.

Procedures were in place to help safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and of reporting any concerns.

Risks had been assessed and clear action plans were in place to ensure staff understood the care and support to provide to each individual to minimise risks and keep them safe.

Staff recruitment procedures were in place and being followed. There were appropriate numbers of staff available to meet the needs of the people using the service. Recruitment was ongoing to ensure there was a pool of staff to draw from.

Medicines were safely managed for all those who required support with taking their medicines. Infection control procedures were in place and being followed.

The provider learned from events and took action to minimise the risk of recurrence.

People were assessed so their individual needs were known and comprehensive person-centred support plans put in place to meet their needs.

Staff received the training and supervision they needed to provide them with the knowledge, skills and support they required to care for people effectively.

Staff encouraged people to eat healthily and supported them with meal preparation. People's healthcare needs were identified and they received input from healthcare professionals so these could be met.

The premises were appropriate to meet people's needs and were being maintained.

Staff respected people's right to make choices about their care and support and knew to act in their best interests. Where people's liberty was restricted, the correct legal permissions had been applied for and granted, whether for people living in the care home or in the supported living settings.

People were happy with the care and support they received and staff treated people in a caring way, understanding their individual needs and how to meet these and promote their independence.

Staff understood the importance of respecting people's privacy and dignity and of communicating well with each person.

Care records reflected the care and support people needed and were comprehensive and person-centred, to provide staff with a clear picture of each person and how to provide their care.

Activities were encouraged and provided in-house and people enjoyed going out into the community to take part in activities.

Procedures for raising complaints were in place and people and relatives were confident about how to raise a concern if necessary so it could be addressed.

The service was in the main for younger adults and was not providing any end of life care at the time of our inspection.

Feedback from relatives indicated they were happy with the service and could contact the managers easily if necessary. Staff said the registered manager and deputy manager were approachable and supportive.

Systems were in place for monitoring the service and to identify areas for improvement so this could be achieved.

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.

Procedures were in place to safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and of reporting any concerns.

Risks had been assessed and clear action plans were in place to ensure staff understood the care and support to provide to each individual to minimise risks and keep them safe.

Staff recruitment procedures were in place and being followed. There were appropriate numbers of staff available to meet the needs of the people using the service.

Medicines were safely managed for all those who required support with taking their medicines. Infection control procedures were in place and being followed.

The provider learned from events and took action to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

People were assessed so their individual needs were known and comprehensive person-centred support plans put in place to meet their needs.

Staff received the training and supervision they needed to provide them with the knowledge, skills and support they required to care for people effectively.

Staff encouraged people to eat healthily and supported them with meal preparation. Healthcare needs were identified and people received input from healthcare professionals so these could be met.

The premises of the care home were appropriate to meet people's needs and were being maintained.

Staff respected people's right to make choices about their care and support and knew to act in their best interests. Where people's liberty was restricted, the correct legal permissions had been applied for and granted.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received and staff treated people in a caring way, understanding their individual needs and how to meet these and promote their independence.

Staff understood the importance of respecting people's privacy and dignity and of communicating well with each person.

Is the service responsive?

Good

The service was responsive.

Care records reflected the care and support people needed and were comprehensive and person-centred, to provide staff with a clear picture of each person and how to provide their care.

Activities were encouraged and provided in-house and people enjoyed going out into the community to take part in activities.

Procedures for raising complaints were in place and people and relatives were confident about how to raise a concern if necessary so it could be addressed.

The service was not providing any end of life care at the time of our inspection.

Is the service well-led?

Good

The service was well led.

Feedback from relatives indicated they were happy with the service and could contact the managers easily if necessary. Staff said the registered manager and deputy manager were approachable and supportive.

Systems were in place to assess and monitor the quality of the service and to identify areas for improvement so this could be achieved.

Westway Respite Ltd

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 unannounced inspection took place on 25 and 27 July 2018 and was carried out by one inspector. We visited the two supported living settings on 25 July and the respite location on 27 July 2018.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before we visited the service we checked the information that we held about it, including any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including three people's care records and risk assessments, medicine administration record charts for two people using the service, recruitment records for two care workers and profile information for three agency care workers, policies and procedures, servicing and maintenance records, monitoring records and other records relevant to running a care service.

We spoke with two people using the service, the registered manager, the deputy manager, a senior care worker and two care workers. We also met briefly with two other people using the service. Following the inspection, we gained feedback from three social care professionals, one healthcare professional and a relative.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. People confirmed they felt safe living at the service. A relative said, "Yes [my relative is kept safe from harm or abuse], I have every confidence in the staff." Feedback seen from a relative included, "Safety is a priority in your service and my [family member] feels safe and happy when he stays at Westway." Policies and procedures for safeguarding were in place and staff were clear to report any concerns to the senior staff. Staff also understood whistle blowing procedures including reporting any concerns to the local authority, CQC and the police if necessary. The registered manager understood their responsibilities for ensuring any safeguarding concerns would be reported and action taken to protect people from harm.

Risks had been assessed and action taken to minimise risks. Risk assessments were thorough and identified each area of risk and how to manage each risk for the individual to minimise them. They contained historical information so known triggers for behaviours could be avoided. The risk assessments covered indoor and outdoor risks and identified the numbers of staff each person required to accompany and support them to maintain their safety. Each person's risk assessment covered the environment around them and any specific risks, for example, security of kitchen equipment. Care records identified triggers for certain behaviours so these could be avoided wherever possible and we saw that where someone had episodes of behaviour that challenged, these had reduced as risk action plans for their behaviours had been followed. Staff understood the different ways each person needed to be supported to encourage them gain in confidence and feel relaxed and calm.

A fire risk assessment had been carried out for each premise and we saw that fire safety equipment including extinguishers and fire blankets were available at each location. The registered manager explained that they were ensuring the fire safety at the care home and at the supported living settings and we also saw personal emergency evacuation plans were in the care records we viewed. These were clear and provided staff with guidance on how to safely manage the evacuation of each person, should that be needed. Incident and accident reports were completed for any events and those viewed were clear and included body maps if anyone had experienced an injury.

The provider was in the process of recruiting more permanent staff and we saw recruitment records included application forms with education and work histories. Staff confirmed that they were asked to explain any gaps in employment and there was a section for recording this. Checks included criminal records checks, employment references including those from the previous employer, proof of identity and evidence of people's right to work in the UK. A check list for all the required checks was maintained with the recruitment records and the registered manager explained that staff would not start until all the checks and information required were received.

Staff to care for people using the two services were also supplied from two recruitment agencies and the registered manager said that along with the owners of the service they had attended the agency offices and seen evidence of the checks that had been carried out on the care workers assigned to the service. Profile documents were received by the provider and these contained a photo, confirmation that the required

checks had been carried out, that they were eligible to work in the UK, training undertaken with dates and when refresher training was next due.

The registered manager said they met with and interviewed prospective agency staff before they could work in the services offered by the provider. This enable them to assess each care worker including their knowledge of autism, their work and life experiences and their strengths for supporting the people using the service. The majority of people using the service had one to one support when indoors and either one to one or two to one support when out in the community, to keep them safe. We saw the staff rota and staff were allocated to each care setting and we saw that the numbers of staff allocated met with the numbers each person needed to support them. We noted that some staff were working for several days consecutively and the registered manager said they were aware of this but were providing continuity for people using the service. Five new staff were due to start their induction and shadowing at the service the following week, and this would improve the work allocation for each member of staff. Following the inspection, the registered manager confirmed this had happened. People and relatives said they felt there were enough staff to provide the care and support people required.

Medicines were well managed in the services so that people received their medicines safely. Staff confirmed that prior to being involved with the administration of people's medicines they received relevant training and followed the procedures for medicines management. Medicine receipts were recorded and an audit of all medicines not supplied in blister packs was carried out every two weeks, to ensure stocks were accurate. People's medicines were listed in the care records and medicines were supplied in a blister pack for each person. These were clearly labelled and included a description of each medicine and administration instructions. Medicine administration records (MARs) were printed by the supplying pharmacist and again the information was clear. Two staff witnessed and signed for each medicine that was administered. Information for any 'as required' medicines that were prescribed was provided and gave clear instructions for use. Staff understood the administration procedures and how to approach each person in a way to encourage them to understand and take their medicines. Policies and procedures for the management of medicines were in place and the service also had a current British National Formulary medicine information book that staff could use to look up information about any medicine, should they require to do so.

Policies and procedures for infection control were available, staff had received training in infection control and we saw that all the settings were clean and fresh. Personal protective equipment including gloves and aprons was available for staff to use when assisting people with personal care. Staff said they also used gloves when handling people's medicines to minimise any risk of contamination. People were encouraged to help with household jobs including cleaning and there were also clothes washing facilities that people could use with staff guidance to keep their cloths and bed linen clean.

The registered manager said they learned from any events so that lessons could be learned. There had been some concerns raised around the robustness of recruitment checks for agency workers. As a result, the provider had reviewed the use of agency staff, had checked staff were being robustly recruited and were actively recruiting more permanent staff for the service. Care workers confirmed that any events that occurred were discussed and recorded and they would "be proactive and learn how to minimise the risk of recurrence." The registered manager said they had also learned from events with individuals, reviewing the care and support they needed to manage their needs more effectively, and we saw evidence of where behavioural challenges had lessened and people were more settled. Following on from some safeguarding concerns that had been raised the provider had put in place a suggestion box so that anyone could complete a form and raise any issues they wished to. The registered manager said that this was accessed regularly by the owners so that if any comments were made then these could be addressed.

Good

Is the service effective?

Our findings

People's needs were assessed and care plans put in place to provide staff with the information they required to care for people effectively. Assessments from the placing authority were provided and these were thorough and provided a good picture of the person, their needs and the care and support they required. The registered manager said they then carried out their own assessment of each person who was referred to the service and the care records we viewed were person-centred and reflected each person's needs and the ways in which to provide their care and support to meet their individual needs and wishes. We saw autistic spectrum disorder assessments and transition plans that had been followed for people who had transitioned from the respite location to the supported living settings. The registered manager said they worked to make the transition as smooth as possible for each person and to help them realise their abilities and potential to become more independent.

People and relatives said they felt staff knew how to care for people and appeared to be trained to do this well. Staff had received training to provide them with the skills to care for people effectively. All staff undertook an induction training to introduce them to the service and mandatory training topics including health and safety, fire safety, safeguarding, manual handling, food safety and medicines management. Additional training courses had been undertaken in topics such as privacy and dignity and autism. The staff said they learned communication skills so they could understand each person's needs and wishes.

Some had learned Makaton and other communication techniques promoted by the National Autistic Society, so they could communicate with people effectively and understand how to approach them and use calming techniques. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We saw people using symbols and signing to communicate with staff, who understood them and met their requests. Staff said training in autism and behavioural therapy had helped them to understand better about autism and how to support people.

People were encouraged to eat healthily and we saw on the activity plans that snacks and mealtimes were included, so people could choose their snacks and meals and could be content that these had been clearly scheduled into their day. The registered manager said this helped with reducing anxiety as people knew the meals and snacks to expect and that these were provided at the times they expected them to be. The registered manager said they monitored people's weight each week and this was recorded and we saw that food and drinks consumed were recorded so people's intake was monitored. Any dietary concerns could be referred to the dietitian for input. We saw people had been assessed by the speech and language therapist if they were identified as having problems with speech or with swallowing, so care and support could be put in place to address this.

We saw that where people had transitioned from the respite service to supported living settings there had been communication between the provider and social services, plus input from health and social care professionals to ensure the transition was managed effectively. The transition was gradual and people continued to be supported by staff who they knew well and who understood their needs, to lessen any

anxieties. The input one person had from an art therapist had helped them to express their feelings. The styles of their art had been analysed by the therapist and showed an improvement in the person's mood and anxiety levels, demonstrating that art therapy was effective for them.

Support plans recorded the members of the medical and social teams involved with their care. People had input from healthcare professionals including the GP, psychiatrist, behavioural therapist, dietitian and community nurses. Staff accompanied people to healthcare appointments and any changes in care were updated on the support plans. We saw that people had 'hospital passports' and these provided information for the person to take to hospital with them so the staff there could gain an understanding of their support needs, and care workers would also accompany people to hospital to give them care and support.

The respite service was spacious and clean. There was a well-maintained garden and a building in the back garden that people could access to relax in. The registered manager explained that one bedroom was not currently being used and they were in the process of getting it refurbished. Easy read documents were on display, for example, easy read instructions for fire safety. People looked relaxed and the furnishings met 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 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. Staff had received training in MCA and DoLS and they understood people's rights to make choices within the boundaries of keeping them safe. We saw they supported people to make decisions and give consent and where they were not able to, best interests decisions had been made with the involvement of their relatives and healthcare professionals involved in their care. Where relatives had a Power of Attorney to act on behalf of a person then this was recorded so they could act in the person's best interests. A power of attorney is a legal document that lets a person or more people support another person to make decisions or to make decisions on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people required constant supervision in the respite care service, from staff there were DoLS authorisations in place. The registered manager applied for renewals a month before the current ones expired in line with the DoLS guidance. Staff understood the importance of providing people with the supervision they required to keep them safe and we saw that the staff rota reflected the supervision requirements of each individual using the service.

For those in supported living, we saw that applications to the Court of Protection had been made and granted for depriving people of their liberty. This is the legal process that must be followed for people living in their own accommodation who are deprived of their liberty. We saw the support plans and risk assessments for people in supported living had been signed as approved by the Court of Protection as part of the deprivation of liberty approval process.

Good

Is the service caring?

Our findings

People confirmed that staff treated them with kindness and were caring. A relative said, "They encourage [family member] to be more independent and have respect for him, which is perfect for him." A care worker said, "They all have choices, you let them tell you what they want to do."

We saw that people in both services were encouraged to make choices about the care and support they wanted, for example, with meals, with their care and with the activities they took part in. There were weekly meetings for staff and people using the service and people were encouraged to express their views. People also had key workers and they had regular one to one sessions to discuss how they were feeling and to identify any wishes they might have, such as specific outings. One care worker said, "We present people with alternatives, make suggestions and ask them for suggestions too. This way they feel they have made their own decisions." People were encouraged to keep in touch with their families, including by telephone and with regular visits to their relatives' homes which were arranged by the registered manager and the staff.

People were encouraged to express their wishes for their care and support so that these could be understood and met. We saw that the care records were personalised and covered all aspects of each person's care. People were involved with reviews of their care, so that any changes could be implemented. People could go shopping to buy food and ingredients and were supported to assist with cooking their own meals. Staff saw the importance of this and one staff member told us, "We take service users shopping so they can choose, for example, cereals they want. They can push the trolley and can be independent." Another said, "We help them to be independent. Treat them equally, like us. Make sure they get the best treatment, I want the best for them."

Where people had specific religious or cultural needs these had been recorded and staff told us how they ensured these were respected. They explained about the meal provision for people of Islamic or Jewish faiths, ensuring they were not given foodstuffs that were culturally appropriate for the person. They also told us they respected any elements of personal care that required special attention to meet people's religious and cultural needs.

Information from the provider information return (PIR) included, "All staff are trained in equality and diversity, cultural and religious beliefs are respected and an example of this is when a service user in our care was supported to attend a Jewish wedding and religious ceremony. Service users are supported to plan their day and they are given autonomy to choose their activities and meals. The service encourages a 'no blame' culture and ensures fairness, respect and equality. As a service we celebrate most relevant religious festivities for the service users we support. (Eid, Hanukkah, Christmas, Diwali)."

People and relatives confirmed that staff treated people with respect. One care worker told us, "With personal care, we prompt [people] and they feel confident that they are doing it for themselves. You give them space, keep an eye but trust them." We spoke with staff about how they helped people maintain their independence and one care worker said, "I look at them as if it were me." The registered manager said information about people's sexuality and choice of the gender of their care workers was provided by the

local authority, so this could be respected and the staffing rotas planned accordingly to meet people's wishes.

Good

Is the service responsive?

Our findings

The care records for people receiving respite care and also for those receiving personal care contained several documents and provided staff with a clear picture of the person, their needs and how to support them with their care and day to day lives. There was a 'quick view profile' support plan which provided staff with a good overview of the person's needs including communication, interaction style required, independence level, health and diet, dislikes and triggers, likes and rewards, key behaviours and behavioural management. The full support plan went into more detail and was thorough, covering every aspect of the person's care and support needs. Daily records for morning, afternoon and night were completed for each person using the service and were clear and covered the person's day and night care and experiences of care.

Staff said they read all the support plans and risk assessments as part of getting to know each person and understood the importance of this. We saw that the documents were reviewed annually and when there were any significant changes to a person's needs.

People told us they enjoyed the activities. One person said, "I go to the lounge and I socialise – that is important. I have my laptop and my TV. I enjoy going bowling and swimming. I go to college." People had individual activity plans and these were comprehensive and covered each hour of the day, detailing activities, meal and snack times. People said they enjoyed the activities that they were involved with. The registered manager said that one person receiving respite care attended school and worked in the National Autistic Society café, learning new skills and interacting with people. The registered manager told us, "This makes people feel part of the community and raises public awareness for the people we support." People enjoyed going out and outings were encouraged and planned.

One person living in a supported living setting was very into information communication technology (ICT) and had attended college and completed a course. They told us they had enjoyed this and hoped to do more courses, which the registered manager said they were investigating. Another person went to a day centre and this was part of the continuity planning when the person came to the service, in order to maintain the support they already received and enjoyed from outside agencies. Computers were available for people to use at the respite service and people could also have their own ICT equipment if they so wished. The service had two minibuses and those who required supervision were accompanied by staff when on the minibus. If people were assessed as able to use public transport this was encouraged to maintain their independence.

All the people who used the service were able to meet together at the respite location for activities and these included aromatherapy, art therapy and social activities such as barbeques and parties. People were asked what they would like to do to celebrate their birthdays and one person had requested a visit to a theme park, which had been arranged for them and other people using the service to attend. The deputy manager explained that they applied for tickets for a variety of events and there had been recent outings to two open air music events. People were consulted about what they would like to do for holidays and outings and they confirmed that they enjoyed the trips, holidays and activities that were arranged.

There was a complaints procedure and an easy-read version was on display in the respite service. People and relatives said they would speak to the registered manager if they had any concerns and felt confident to do so. There had not been any complaints received since the last inspection.

At the time of our inspection no-one was receiving end of life care. The registered manager said this was sometimes a difficult topic to discuss with people and their families. They had recently attended an end of life course and said they would be approaching the community team to look for a way forward for approaching this sensitive topic with people and families.

Good

Is the service well-led?

Our findings

People, relatives and social care professionals were positive about the way the service was being managed. A relative told us, "I can only sing their praises. There is a really open, really happy feel. They know what the people need and encourage them to be independent. I am more than happy." Staff were also complimentary of the way the service was run. One told us, "Management are open, if you have anything you ask and they explain nicely. They ask us 'is everything good, are you okay?' We discuss everything." Another described the management as 'democratic' and told us, "[Service] is how you would want your home to be. I feel I am listened to and they try to make sure everyone enjoys what they do."

The registered manager had qualifications as a behavioural therapist and had completed a Masters degree in Autism. He had recently been accepted for the Duke of Edinburgh Award leadership programme. The registered manager said that with the deputy manager being involved with the day to day running of the services he had been concentrating on working in partnership with other providers, for example, those who had attended college or day centres and had outreach care from another registered organisation. He said he wanted to "be proactive, not be firefighters." They accessed information from the National Autistic Society and from NHS, CQC and other health and social care organisations to keep themselves up to date with developments in this area of care.

The registered manager and the deputy manager both had qualifications in health and social care management. The registered manager and the deputy manager worked together on the day to day running of the service and focussed on the holistic care of the people using the service. This included ensuring paperwork was current, arranging field trips, holidays and liaising with families. They also implemented the staff shadowing and induction programmes which included the deputy manager working alongside new staff to ensure they get to know and understand each person and their needs. The deputy manager said, "I have a platform within Westway where I can bring in a raft of ideas and also grow within the service. I get great support from the registered manager."

Staff meetings were held every Friday and one care worker said, "We are encouraged to talk and discuss things, [management] are open." Staff said if they identified something that was needed then this was obtained without delay. For example, one said they had suggested an ice box to keep drinks cool when out in the minibus and that this was provided the following day. Staff said they had regular one to one supervision sessions and they could discuss any aspect of their work and felt supported by the management. Health and social care professionals were positive about the service and confirmed that the provider was proactive with referring people for input and were providing people with good and effective care and support.

Since the last inspection the registered manager had introduced action plan forms so that any survey responses that were received had an action plan to ensure if any points were raised there was evidence these had been discussed and addressed. We sampled some of the satisfaction surveys that had been completed in 2018 and comments included, "I am impressed with the level of support provided and encouragement given to our young people to help them be as independent as they can be" and "The

management staff are very easy to contact and they are able to answer and deal with our requests."

In response to concerns that had been raised through the local authority safeguarding team regarding staffing levels, the registered provider and owners had put checks into place, including night spot visits to check on the care and welfare of people and staff at each setting. The provider had introduced sign in sheets for all staff and was also introducing an electronic log-in system for staff so that accurate details of staff attendance were available. The manager was confident that the correct numbers of staff were in attendance to meet with people's assessed needs.

A weekly health and safety audit was carried out and we saw that servicing and maintenance checks were completed at the required intervals including those for gas appliances, portable appliance testing, and the electronic installation checks. Audits of each service were carried out every two weeks to cover each aspect of the service and check records were being kept up to date. The service had a business continuity plan in place with guidance on the action to take in the event of an emergency, for example fire, flood or severe weather conditions.

Information technology had provided staff with applications on their phones so they could access and read the company policies and procedures and have access to good practice guidance relevant to the people who used the service. Staff said this was very helpful and enabled them to keep up to date and to look up any areas they wanted to increase their knowledge about.

Policies and procedures were in place for each aspect of the service. These referenced the relevant legislation and good practice guidance and were reviewed annually or if any changes occurred, keeping the information current. With the exception of those for police incidents, notifications for events and incidents had been submitted to CQC in a timely way. Those for any police incidents were submitted at the time of inspection. The registered manager said they would ensure all notifications were submitted promptly in future.