Willowbank Care Limited

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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?	Good

Overall summary

The inspection took place on 7 December 2015 and was an announced inspection. The previous inspection on 30 August 2013 found no breaches in the legal requirements. Willowbank Care Limited provides a supported living service for people with a learning disability, autistic spectrum disorder, older people, physical disability and younger adults. The service was supporting 29 people in11 supported living properties. This is where people receive personal care and support in their own homes, some of which are shared with other people.

At the time of this inspection there were 29 people receiving support with their personal care.

There was a registered manager for the service. 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.

People had all their needs met by sufficient numbers of staff. People told us there were enough staff to provide their care and support. The service had recruited several new staff to fill the vacancies they had. People received

Summary of findings

continuity of care and support from a team of regular staff. Senior staff also covered care and supported shifts. People knew who would be undertaking their care and support in advance.

People told us they received their medicines safely and when they should. There was a comprehensive medicines policy in place. This was to guide staff in all medicines management procedures.

People were involved in the assessment and planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what help they may require from staff to ensure that their independence was maintained. People had reviews of their care and support where they were able to discuss any concerns.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns to keep people safe.

People were well supported in their home environment and were kept safe from harm and felt safe and happy. Systems were in place to ensure that people who used the service were protected from risk of abuse. The registered manager and staff were aware of procedures to follow to safeguard people from abuse.

People were protected by safe recruitment procedures. Staff files contained the required information. New staff underwent a comprehensive induction programme and shadowed experienced staff, until they were competent to work on their own. Staff training included courses relevant to the needs of people supported by the service. Staff had opportunities for one to one meetings, team meetings and appraisals, to enable them to carry out their duties effectively.

People were satisfied with the service they received. They felt staff had the experience and the right skills to meet their needs. People felt staff were kind and caring.

People told us staff asked for their consent before supporting them. People had also signed a consent form as part of their care plan. People were supported to make their own decisions and choices. Some people were subject to an order of the Court of Protection.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. The service made appropriate referrals and worked jointly with health care professionals, such as occupational therapists.

People said they were relaxed in the company of staff and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their preferences. People's individual religious needs were met.

People felt confident to be able complain, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally.

People felt that the service was well-led and they had good communication with staff. There had been no changes in the senior staff team. The registered manager took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the senior team motivated them and other staff.

The provider had a set of aims and objectives, which included to maximise people's choice and control over their own lives ensuring a person centred approach at all times. Staff were aware of these and how they followed through into practice.

People were registered with a GP and saw other health professional to ensure that their health needs were met.

People were offered support in a way that upheld their dignity and promoted their independence.

People were supported by regular staff who knew their needs and preferences well. Staff were aware of their responsibilities through appropriate training. Staff were aware of the Mental Capacity Act 2005 and had undertaken training to make sure they had knowledge and skills to support people who did not have capacity to make their own decisions.

Summary of findings

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them.

Care plans were written in a personalised way based on the needs of the person concerned.

People were supported with nutritious meals and plenty to drink in accordance with their plan of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

Medicine administration practices and records were up to date and kept people safe. There was a comprehensive medicines policy in place to guide staff on how to safely administer medicines.

Risks associated with people's care and support had been assessed. Guidance was in place to keep people safe.

There were sufficient numbers of staff to meet people's support and care needs.

Systems were in place to ensure people who used the service were protected from risk of abuse. The registered manager and staff were aware of procedures to follow to safeguard people from abuse.

A recruitment policy and procedure was in place and required checks were undertaken before staff began to work for the agency.

Is the service effective?
The service was effective.

Good

People were offered support in a way that promoted their independence.

Staff received induction and training relevant to their role. Staff were

supported and attended regular meetings with their managers.

People received care and support from a team of regular staff who knew them well.

People were supported to maintain good health. People were referred to healthcare professionals when needed.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Is the service caring?
The service was caring.

Good

People were treated with dignity and respect and staff adopted a kind and caring approach.

People felt relaxed with staff and people were listened to by staff who acted on what people said.

People were supported to be as independence as possible.

Is the service responsive?
The service was responsive.

Good

People's care was personalised to reflect their wishes and preferences.

The service sought feedback from people and their representatives about the overall quality of the service. Any complaints and concerns were addressed promptly and appropriately.

People were not isolated and felt staff helped to ensure they lived an active life.

Summary of findings

Is the service well-led?

Good

The service was well led

There was an established registered manager who was supported by a senior staff team.

There was an open and positive culture within the agency, which focussed on people. For example people were able to come in the office if they wanted to.

The registered manager and senior staff worked alongside support staff, covering shifts which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Willowbank Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 7 December 2015 and was unannounced. The inspection was carried out by one inspector.

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.

The provider also supplied information relating to the people using the service and staff employed at the service. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We visited two houses to speak with people in order to gain their views of the service.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, three staff recruitment files, the staff training, supervision and appraisal records, staff rota, accident and incident reports, medicine and quality assurance records and surveys results.

We spoke with two people who were using the service when we visited in their own homes; we also spoke with the registered manager and four members of staff.

After the inspection we spoke with three people using the service, two relatives, and four members of staff on the phone as well as one social care professional who had contact with the service.

Good

Is the service safe?

Our findings

People felt safe using the service and whilst staff were in their home. People told us they received their medicines when they should and felt staff handled their medicines safely. Details about what medicines people were prescribed were up to date in documents within the care plan folders.

Where people were prescribed medicines on a 'when required' basis, for example, to manage headaches or skin conditions. There was individual guidance for staff on the circumstances in which these medicines were to be used safely. There was information about how and when medicines should be given and when staff should seek professional advice for their continued use. This ensured that could result in people received their medicine consistently and safely.

Records showed that some Medicine Administration Records (MAR) charts were pre-printed by the supplying pharmacist and in others they were printed by the agency. MAR charts viewed showed staff had always recorded a signature when administering people's medicines or a code to indicate why medicines had not been given so staff we were able to ascertain whether people had received their medicines in accordance with the provider's policy. There was a comprehensive medicines policy in place to guide staff on how to safely administer medicines.

People had given their consent for staff to handle their medicines. There was a clear medicines policy and procedure in place. Staff had received training in medicine administration, which was refreshed every year. This was followed by a competency check to test staffs knowledge and understanding of the training. There had been one medicine error within the last 12 months. The registered manager told us that if a medicine error occurred, it would be thoroughly investigated and the staff member stopped from medicine administration until they had completed further training and competency checks had been undertaken.

Risks associated with people's care and support had been assessed. This included risks in relation to people's environment, medicine management, accessing the community and using public transport and maintaining healthy skin had been assessed. Guidance was in place to keep people safe. Information recorded to reduce risks was regularly reviewed to ensure it remained up to date.

Risks associated with cooking and meal preparation had been assessed to help ensure people remained safe whilst undertaking these tasks. A risk assessment had been undertaken for one person regarding their food and diet. There was an appropriate guidance in place to reduce the risk of choking. People told us that they felt risks associated with their support were managed safely and they felt safe when staff move them. For example, when staff supported them to transfer to a wheelchair.

Some people could display behaviours that challenged. There were clear strategies in place, which had been developed with health professionals, to manage these behaviours and keep people safe. In one case we saw this included a document, which had been put together to help a person cope with changes to their daily interaction with staff and other people. For example, people not being too close to them. People using the service had an individual contingency plan in case of an emergency, such as arrangements for bad weather.

Recruitment files contained evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. There was a completed application form on each file. All application forms had required record of dates of their education or employment as required by legislation.

.Staff undertook an induction programme and were on probation for the first six months. People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe.

There was a safeguarding policy in place. Staff had received safeguarding training. Staff were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations.

The registered manager and house managers were familiar with the process to follow if any abuse was suspected; and knew the local safeguarding protocols and how to contact the council's safeguarding team. There had been three safeguarding's issues raised in the last 12 months. The

Good

Is the service safe?

registered manager had worked closely with the local authority and taken action to resolve the concerns. The registered manager told us they had learned from the incidents and had made changes to prevent reoccurrence. Implement better financial record keeping.

Willowbank Care supported some people to manage their finances. We looked at the record of a weekly audit of people's finances. Our checks demonstrated that appropriate systems were in place to safeguard and manage people's finances. Financial risk assessments were in place when needed. For example, some people's support plans included risk assessments about their vulnerability to financial abuse and the measures needed to safeguard their finances.

Accident and incidents were reported and details clearly recorded. Senior staff investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. These actions were recorded on a review form, which were signed off by the registered manager. Accident, incidents and investigation outcomes were monitored by the registered manager and house managers during the monthly management meetings.

The registered manager audited and analysed accidents and incidents for patterns and trends. Where there had been any learning needs by staff these had been investigated and action taken. For example, if a staff member had not properly managed behaviours that challenging according to the management strategies. The registered manager said the staff would receive additional training and close supervision to reduce the risks of further occurrences and procedures would be been discussed at team meetings.

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the care and support they received. One person said, "I am so happy with my care". One relative said, "I am satisfied with my relatives care. They are so professional". Another relative told us "they know my relative so well, I can't thank them enough." One person had recently commented in a quality assurance questionnaire "Very pleased with the support from staff". Another person said "I am happy with the support I receive".

One social care professional felt staff had a good understanding and knowledge of people's care and support needs. They felt this was achieved after they had worked with people consistently over a long period. They felt staff were skilled, dedicated, and creative and provided good care and support. People responded and chatted to staff positively when they were supporting them with their daily routines. Staff talked about how people had developed since using the service. For example, one person who had a long standing challenging behaviour had improved greatly and had become more independent. This had involved lots of encouragement from staff and using a firm and patient approach.

People told us staff had the right skills and experience to meet their needs. Care plans for people contained information about how each person communicated, such as using simple short sentences, speaking close to the person and this was reflected in staffs practice during the inspection. In addition people used different communication aids, such as picture boards and Makaton. Makaton is the use of signs and symbols to support speech. Staff also used pictures and photographs to communicate and enable people to make informed choices.

Staff understood their roles and responsibilities. Staff undertook an induction, which included orientation to the service and shadowing experienced staff until they were competent. Additional individual induction training was also provided in relation to supporting each individual person.

Staff had previously undertaken the common induction standards, which were competency based and in line with the recognised government training standards (Skills for Care). Skills for Care had recently introduced new standards in the form of the Care Certificate, an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager said both new and some experienced staff, to update their knowledge, were undertaking the care certificate. The file for this training was showed to us during the inspection. The registered manager told us there was a six month probation period to assess staff skills and performance in their jobs.

Staff attended training courses relevant to their role, which were updated annually. Training records showed refresher courses had been booked for January 2016 including dementia awareness. These were linked to the care certificate and included health and safety, first aid awareness, infection control and basic food hygiene. Some specialist training had been provided, such as, autism, managing conflict and positive behavioural support and Makaton. One relative told us they were happy with the training staff had received as this was reflected in the care that their family member received.

Staff felt the training they received was adequate for their role and in order to meet people's needs. 60 of the 82 staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Nine other staff were also working towards this qualification. Other staff had gained qualifications in nursing and learning disability.

The registered manager told us staff had opportunities to discuss their learning and development through team meetings, one to one meetings with their manager (supervision) and an annual appraisal. Staff had confirmed that they had they had these meetings and their learning and development was discussed.

Within the houses team meetings were organised for each team that supported each individual. Items discussed included the needs of people using the service, cash record, handover sheets, and Christmas menu and shopping.

People had signed consent forms and they told us their consent was gained before staff provided them with care

Good

Is the service effective?

and support. People said consent was achieved by staff discussing and asking about the support they were about to provide to them. People said staff offered them choices, such as what to have to eat or drink and what to wear.

The registered manager told us that five people were subject to an order of the Court of Protection and three had a Lasting Power of Attorney in place. The registered manager told us that the service had been involved in best interest meetings regarding whether a person should receive medical treatment. They understood the process, which had to be followed when one was required.

Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One person could be unsteady on their feet and prone to falls, another person could be very challenging and aggressive; restrictions were in place in the form of a gate at their lounge doors to keep them safe. The manager told us that this had been agreed at a best interest meeting and was considered the least restrictive option. Discussions demonstrated that the gates only restricted the persons with falls and aggression not others within the house.

People's needs in relation to support with eating and drinking had been assessed and recorded. The registered manager and team leaders told us there was no one at risk of poor nutrition.

Health professionals had been involved in the assessment of people's nutritional needs. Where there was a risk people's weight was monitored and recorded and a healthy diet encouraged. Other monitoring in place included fluid and food intake records when people not eating well.

People's care plans reflected any support that was required. For example, where people required assistance with their meals staff supported them. For example if they were are at risk of choking.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health or if they were not feeling well. One staff member told us they observed a person with a complex medical condition daily and would contact an appropriate health professional if they were concerned.

People said if they were unwell staff called appropriate health professionals. Where people were at risk of pressure sores staff took action. For example pressure relieving equipment were recently purchased for a person who was at risk of pressure sores. Information about managing health conditions was detailed in the care plans, such as high cholesterol and epilepsy, so that people remained in good health.

Records in the care plans showed people were supported by staff to attend appointments and check-ups with dentists, doctors and opticians. Information about people's health conditions had been obtained and was available within people's care plan. These included any signs and symptoms and management recommendations, so staff were informed.

Good

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. People and their relatives told us staff were kind and were patient with the manner they supported people. People were complimentary about the staff. Comments included, "I like all the staff they are very kind to me". "I like (staff member) because she is good to me". "(Staff) are respectful". "we have a laugh all the time". I have a good relationship with the staff". "They are a nice people". "I don't know what I would have done without them". "They are excellent"." Staff are all very good". This meant that people were well supported to meet their care and support needs.

One relative had recently commented in a quality assurance questionnaire "the care is centred around individual needs which is great. A social care professional told us in their experience staff were caring and kind and professional.

Staff took the time to listen and interact with people so that they received the support they needed. People were relaxed and excited in the company of the staff and communicated happily using verbal communication and nonverbal communication. For example, on person nodded in affirmative to indicate they were happy.

During the visits we made to people's homes as part of the inspection, staff present took the time to listen and answer people's questions. When a member of staff thought that a person did not quite understand the question due to hearing difficulty they quietly intervened, so the person did not become distressed.

Staff talked about how one person's mood had improved since being supported by Willowbank Care. The registered manager told us this person displayed far less challenging behaviour than they had previously. They felt this was down to the whole team that supported the individual who saw the person an individual and not as behaviour. Staff understood their behaviour through specific training and understanding their needs as a result of consistent and good continuity of care.

People received person centred care that was individual to them. Staff understanding people's specific needs was regularly checked by the team leaders while working with them and during spot checks of their practice by the registered manager. Staff told us they had built up relationships with people and were familiar with their life histories and preferences. Care plans contained details of people's preferences, such as their preferred name and some information about their personal histories. Staff talked about people in a caring and meaningful way.

People said their independence was encouraged wherever possible. One person said, "I run my bath myself. I ask staff to help me if I need them to". Another person said I go out on the bus by myself". Staff told us that some people were involved in preparing meals and make drinks and laying the table. Staff told us there were opportunities for people to develop their independent living skills. For example one person volunteers as a shop assistant in a charity shop in preparation to getting a full time job. The staff member told us that over the time the person's ability and understanding of their choices had increased greatly.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people's relatives were also involved. People and relatives felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection most people that needed support to help them with decisions about their care and support were supported by their families and some people had needed to access advocacy services and this was made available to them.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. Staff had their practice observed in relation to this whilst working with team leaders at spot checks by the registered manager. The service had a confidentiality policy in place. This confirmed that people's information was treated confidentially.

One senior staff member told us they were 'dementia friend'. Dementia friend is a national government funded initiative to improve the general public's understanding of dementia. The staff leader told us it was about gaining and updating knowledge and raising awareness. The person said they would cascaded the information to other staff members.

Peoples were supported to meet there spiritual needs. Staff told us in one of the houses we visited that four out of the five people that lived there were supported to attend visit their place of worship every week as they wished.

Good

Is the service responsive?

Our findings

People told us they were involved in the initial assessment of their care and support needs and in planning their care. One person said, "I was very much involved in my care plans". Relatives we spoke with told us they had also been involved in every discussion concerning the family members care plans. One person said "I have been involved throughout and everything there is what I agreed".

Assessments were undertaken by senior staff. In addition when contracting with the local authority the service had obtained information from health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.

Care plans were maintained to a high standard, with information readily available in a chronological order. Care plans gave specific information regarding peoples' medical conditions, care needs and what type of support was needed. These plans had been written in a way that recognised each person as an individual with their own specific support needs.

People were involved in reviews to discuss their care and support. This was achieved through review meetings, which was held with people, their family and their care manager and staff.

People had a programme of leisure activities in place, which they had chosen to help ensure they were not socially isolated. For example, one person told us that staff supported them to attend a local pub to "have some drinks". "I really enjoyed it". Examples of activities attended included, art classes, fishing, bingo and sing along.

People were supported to be ready to attend local day centres to undertake activities or supported to access the local community. People told us they enjoyed the activities they attended. Some people were out attending different activities on the day of our visit.

People and their relatives felt confident to be able complain, although people did not have any concerns when we asked them. One person told us" I am very happy I have no complaints" One relative told us" I have no complaints whatsoever". People had information in a picture format about how to complain within the folder kept in their home, so people would know how to complain. The service also had a complaints policy. This included the timescales in which they would receive a response.

The registered manager told us when the service received a complaint or any concern it recorded thoroughly investigated and monitored until completed and the complainant had received a response.

Complaints were monitored at management meetings. The registered manager told us that no formal complaints had been received within the last 12 months, but they said that any minor issues were also recorded. The registered manager told us this helped resolve any issues no matter how minor to ensure the service was running smoothly.

People and their families had the opportunity to feedback during review meetings. People confirmed that senior staff worked alongside staff to carry out their care and support, so during this time, people were able to feed back about the service they received. Some people told us they or their relatives had completed questionnaires to give their feedback about the service provided.

Good

Is the service well-led?

Our findings

The registered manager had been in post since the provider first registered with the Care Quality Commission in November 2010. The service have nine team leaders who oversee the day to day running of the service. The registered manager told us these staff were matched to manage the part of the service where their skills and experience matched the people they supported. For example, staff had skills and experience in managing people with complex medical needs such as dementia.

People and their relatives told us that the registered manager was reliable and approachable. People told us that they felt able to talk to both staff and the managers with ease, and were confident that they would be listened to if they raised concerns.

A social care professional felt the service was "well-led". They felt confident in the registered manager and said she was very professional and approachable. They felt that the service was 'a person centred and effective service'. They went on to say that they had a good relationship with the people who used the service and their family and communicated well with professionals.

Other comments about the management team included "The registered manager is approachable, open and honest". "We have known the agency for a very long time. They work so hard to make life better for the clients". This ensured that that people who used the service were well supported and received good. care.

Records were stored and there were minutes of meetings held so that staff were aware of what was happening within the service.

There was an open and positive culture within the office, which focussed on people. The office is an open plan environment. The people who used the service and staff members could come into the office if and when they wanted to. The registered manager worked in the office Monday to Friday and covers shifts on weekends. The registered manager told us they adopted an open door policy regarding communication and people and their relatives were welcomed to at any time to discuss any area of the service.

Staff told us the registered manager and the team leaders motivated them and felt the senior team listened to their views and ideas. One staff member said "open to suggestions and ideas and approachable". Another comment was "The culture of the agency is that of a client led service. It gives the client a life they would not have had If they were in hospital".

Staff told us that senior staff were available by telephone should they have any concerns or queries. One staff member told us" two team leaders are on call everyday so we can get in touch if we have any problems".

The registered manager showed us a copy of the aims and objectives of the agency. The registered manager told us these were linked to staff supervision and annual appraisals. Staff were not sure what the aims and objectives were when we asked them. However, staff said they would include respect, dignity; ensuring people lived a fulfilled life, empowering people to have control over their own lives. The aims and objectives included to provide an individual care package based on each client assessed level of need. Also to provide the minimum support to enable a client to live fully in their own home.

The registered manager told us they and the team leaders used of the internet, and attending managers' meeting within the service and meetings with other stakeholders, such as social services and training to keep up-to-date with changes and best practice.

The service had developed links with the local community. The registered manager told us about a Makaton luncheon club for people with learning disabilities that one person who used the service attended weekly. The agency is also associated with an 'Improving Lives team' (a team put together to provide extra support to help ensure people are safe living in places that are right for them and with the right level of support). This is a part of the NHS and one person using the service attended regularly as a member.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular visits by the registered manager to each house. Audits looked at records that were kept to monitor the care and support people received. This included personal finances, medicines, records of food and menus and daily reports made by support staff. Checks also included visual checks on whether staff were supporting

Good

Is the service well-led?

people to maintain a clean and tidy environment. This audit also included record of how many accidents or incidents there had been since the last audit so these could be monitored closely.

People and their relatives had been sent online quality assurance questionnaires to give feedback about the services provided. The overall response was positive. The registered manager told us that they had taken action to resolve any concern raised. For example, recruiting more staff.

Staff had access to policies and procedures held within the service in each house. We observed that each house we visited a folder containing all the agency's policies and procedures. These were reviewed and kept up to date by the provider. The last review date was December 2015. Staff said they regularly referred to policies and procedure to resolve any issues in regards to people's care and support. In addition they would contact registered manager if they were unclear about the any policy.