

Bickham House Trustees

Bickham House

Inspection report

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Bowdon
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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

We inspected Bickham House on 7 and 9 December 2016 and the inspection was unannounced. Our last inspection took place on 18 September 2015. At that time we found two breaches of the legal requirements in relation to recruitment checks for new staff and the safe management of medicines. At this inspection we found improvements had been made.

Bickham House is a large detached Victorian building which provides accommodation for up to 26 people. There were 25 people using the service at the time of the inspection. The home operates as a registered charity. All bedrooms are single rooms and there is a large and well-maintained garden. The house also has a large communal lounge area with separate dining room. Bickham House is situated in Bowdon, which is near Altrincham.

The service had 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 and deputy manager both positively engaged in the inspection process. Both managers were friendly and approachable and operated an open door policy to people using the service, staff and visitors. Throughout the inspection we found Bickham House to have a warm and relaxed atmosphere and overall people living in the home were happy and content.

Feedback received from people using the service and relatives spoken with was generally complimentary about the standard of care provided.

We found that the home was properly maintained and ensured people's safety was not compromised.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the management team if they had a concern.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service.

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

Policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). We found staff were aware of the people using the service who were subject to a DoLS.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

Quality assurance systems were in place in assessing, monitoring and improving the quality and safety of services provided.

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.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day-to-day work.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

Is the service caring?

Good ●

The service was caring.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated, their wishes and emotions.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

There was clear emphasis on promoting people's independence and dignity and staff were respectful of people's wishes and preferences.

Is the service responsive?

The service was responsive.

People were offered opportunities to take part in activities that interested them.

People's care was reviewed to ensure it met their needs and relatives were invited to attend reviews.

A complaints policy was in place and relatives said that staff were approachable.

Good ●

Is the service well-led?

The service was well-led.

Bickham House had a registered manager in place who provided leadership and direction.

There were systems in place to monitor the quality of the service and to drive further improvements.

There was a clear staffing structure and a good staff support network.

Good ●

Bickham House

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 9 December 2016 and was unannounced.

The inspection team consisted of one adult care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We sought feedback prior to the inspection from the local authority commissioning as well as the local Healthwatch board. No one raised any concerns about Bickham House.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 18 people who used the service, three people's relatives, three members of care staff, the chef, the registered manager and the deputy manager.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around the building including in bedrooms, bathrooms, the kitchen and in communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person when asked if they felt safe said, "I feel very safe here," and another person asked the same question said, "I find it really good here, I feel safe yes." A third person told us, "I'm very happy with the safety at the home."

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the recruitment of one staff member.

At this inspection we found improvements had been made in this area. We looked at a sample of three staff records for staff recently recruited. In all three files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Within the three care records we viewed we saw a variety of risk assessments were completed. These included nutritional assessments, skin integrity assessments and mobility assessments. Where risk was identified, instruction was provided to enable staff to deliver safe care. For example, we saw if equipment was required to help people mobilise, this was documented and the number of staff required to support the person safely was included. This ensured staff had access to up to date information to enable them to deliver care in a safe way that met people's needs.

People who lived at the home and staff told us that there was enough staff to provide safe care for people. The deputy manager told us that the staffing levels varied according to the needs of people and staff confirmed this. One person told us, "The staff are always available if I need them." A member of staff told us, "We have the staffing levels just right here."

We arrived at 9.30am and after a tour of the premises spoke with the deputy manager who told us there were four care workers and a senior care worker on duty that morning. We looked at the rotas for the last four weeks saw that they were organised on a fixed four-weekly basis. Staff had regular shift patterns which were a mixture of day and night shifts. This meant that staffing was consistent for the people using the service.

Staffing in the afternoon consisted of two care workers and a senior care worker. At night there were two care workers. In addition a senior care worker slept in an adjacent building and could be woken if support was needed. Two of the staff on duty had more than one role in the service, for example, one was a care worker and also worked as a cleaner and another was a care worker who had administrative duties. All care staff had responsibility for people's laundry.

During the day of our inspection we observed that call buzzers were answered quickly and that there were enough care workers to meet people's needs and keep them safe.

We checked the safeguarding records in place at Bickham House. We noted two safeguarding concerns had been raised since our last inspection. The registered manager was aware of their responsibilities to manage and report any safeguarding concerns via a first account report to the local authority. The service however had not developed an overview system of recording incidents of safeguarding, or the outcomes of these any actions taken or lessons learned. The registered manager confirmed this would be implemented after the inspection.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "We are a responsive home, we are aware of our responsibilities for raising the alarm if we suspect any kind of abuse."

We noted that personal emergency evacuation plans (PEEPS) had also been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. We noted that the monthly summary records were developed and provided evidence of lessons learnt and actions taken to minimise the potential for reoccurrence.

At the last inspection we found a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the safe management of medicines at the home. For example we saw that controlled drugs were stored in a cabinet that did not meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973. This meant that controlled drugs were not stored securely. We saw creams and lotions stored in people's rooms did not have the date they were opened written on them; this is important as some medicines expire a certain time after they are opened. In one person's room we found a tube of prescription cream which had been prescribed for another person and had a dispensing date of July 2014. This meant that the person may have been receiving a cream prescribed for someone else and was potentially out of date and could therefore cause them harm.

At this inspection we found improvements had been made. We looked at the medication system in operation at the home. We discussed with the deputy manager how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems were in place. People were identified by photograph on their medication administration record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. We saw that topical medicines, such as creams and lotions, had body maps and cream charts to show where and how often they should be applied.

During our audit of the medicines we found one person's warfarin medication did not tally correctly with the balance recorded on the MAR sheet, we found this was down by one tablet. We noted from the MAR sheet this person did not miss their prescribed medication and the MAR she had been signed correctly by staff administering the warfarin. We looked at the warfarin packaging and noted this had started to become open and potentially the tablet could have fallen out of the packaging. Discussion with the deputy manager confirmed a warfarin tablet had been found in the medicines room and was due to be returned to the pharmacy. The deputy manager completed a full medicines audit the following day to check the balances of medicines to ensure all medicines were safely secured.

People also had detailed medicine protocols for 'as required' medicines. 'As required' medicines are those administered to a person when they feel they need them, rather than on a regular basis. This meant that medicines administration was person-centred and people were receiving their medicines as prescribed by

their GP.

We checked the arrangements for the storage and management of controlled drugs. We checked the stock of controlled drugs and found that it tallied with what was documented in the controlled drugs book. We also saw that two staff members checked in new supplies and recorded the administration of any controlled drugs. This meant that controlled drugs were managed safely.

Audits of medicines and medicine administration record (MAR) charts were carried out; these covered medicines and the levels of medicine stock to ensure that all medicines supplied were accounted for. This meant that medicines were stored safely, and that people were protected from the unsafe access and potential misuse of medicines.

Hazards in the service were risk assessed and managed. There were up-to-date maintenance contractors' reports, including the landlord's gas safety certificate, the electrical wiring, and the safety of electrical appliances. Fire equipment was checked and serviced regularly. Records we viewed were all up to date.

Is the service effective?

Our findings

We asked the people using the service at Bickham House if they found the service provided to be effective. People spoken with confirmed the service was effective and we received comments such as: "Yes I see a doctor if I need to, they are very good like that." Another person commented, "The staff a very approachable here, you can ask them anything."

Examination of training records and discussions with staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

The staff training matrix showed that staff had training in essential areas such as medicines administration, infection control, health and safety and fire safety. The provider recently provided staff with training in dementia, described as a 'dementia tour'. This course was provided by an external trainer to the staff in September 2016. It aimed to give care workers an idea of what it was like to live with dementia by restricting sight and hearing, and giving the learners tasks they could not understand. The deputy manager said the experience had been hugely beneficial and they were looking to book more sessions in the future.

We looked at the induction process used by the service for new staff. The provider's documentation included the Care Certificate, which came into being in April 2015. The Care Certificate is a set of induction standards against which the competency of staff who are new to health and social care can be assessed. Newly recruited staff were shadowed by experience staff for the first two weeks and received practical and DVD-based training and had also completed learning workbooks. The service had a dedicated training room in the annex to the main building. This showed us that the service provided training to ensure that its staff could meet the needs of the people using the service.

Additional training courses such as national vocational qualifications / diploma in health and social care had been completed by the majority of staff.

We found that care staff had received appraisals annually and also had regular supervision with either the registered manager, deputy manager or a senior care worker. Records of these meetings were detailed and comprehensive and included a discussion of individual staff needs and issues. This demonstrated that the home was supportive of staff's personal and professional development.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the deputy manager. Discussion with the deputy manager showed they had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the deputy manager confirmed that at the time of our visit there was one DoLS that had been granted with additional applications currently being considered by the local authority for authorisation. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

The deputy manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date.

We asked people about the food that was served at the home. Comments received included, "I love the food here", and "We always get fresh tea and coffee when we want it. The biscuits and cake are nice too",

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that they were completed consistently. The main meal of the day was served at lunchtime. People were given two choices the day before of main courses and two choices of dessert for their main meal but could change their minds if they didn't fancy what they had selected. Food was served from dishes on people's tables, therefore allowing people to serve themselves and take more if they wanted it.

People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician therapist or an appointment with a GP.

During the inspection we spoke with the chef and looked round the kitchen. We saw that information regarding nutritional risk assessment was displayed on the wall of the kitchen and the chef could describe how to meet the dietary needs of people with diabetes, cultural preferences and swallowing issues. The chef was also aware of the people using the service who had a lower body mass index (BMI) and said that an effort was made to provide these people with more of the foods they liked. BMI is calculated using a person's height and weight and is a good indicator of whether someone is a healthy weight. This demonstrated that the service tried to accommodate individual people's preferences and meet the dietary needs of the people at the home.

The most recent local authority food hygiene inspection was in June 2015 and Bickham House had been awarded a rating of 5 stars, which is the highest award that can be given.

We saw from the care plans that the people using the service had access to a range of health care professionals. In the care plans we looked at we saw people had been visited by GPs, district nurses, opticians, chiropodists, audiologists, continence nurses and had also attended dental appointments. Visits were recorded in individual care files.

One relative commented, "Mums health is taken care of. My mum has a GP appointment tomorrow. The

home has made this appointment around our work commitments, which is very good."

Is the service caring?

Our findings

When asked if the staff were caring, people using the service told us, "Staff are lovely and caring." "Staff know me well, just sometimes it would be nice if they could chat a little longer." And "The staff look after me well."

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private.

The staff we spoke with explained how they maintained people's privacy and dignity. One staff member said, "We are like a family here, we always treat people with the utmost respect and dignity."

The lounge area was large and traditionally furnished and had paintings and ornaments; it contained a TV, a piano and a computer with large keys. During our last inspection we asked care staff about the computer and were told that people could use it whenever they wished to search the internet or video call their relatives, with support from care staff if needed, we found this was still the case at this inspection. There was a cat called Thomas who lived at the home; he slept in the lounge most of the day we were there. Shelves of books were also available for the people to choose from to borrow and read and we saw people reading books during the day of our inspection. During the first day of our inspection we observed a person celebrating their birthday in the lounge with other residents. A cake was baked by the chef, and this was thoroughly enjoyed by the people.

These observations showed us that the service tried to make Bickham House homely for the people that lived there and the people that we saw appeared relaxed and comfortable.

The registered manager, deputy manager and the staff team were warm and welcoming and the atmosphere in the home was calm and relaxed. Staff were observed to spend time interacting with people using different resources to stimulate or help people to relax.

We observed the lunch time meal on the first day of our inspection. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind, patient and continually communicated with people and offered advice and support respectfully. We observed care was delivered at a pace appropriate to the person and people were given time to respond and make decisions. Our observations showed us staff were caring and understood the diversity of people's needs.

During the inspection we noted nobody living at the home were currently receiving end of life care. Bickham House is accredited on the Six Steps end of life care programme. The Six Steps is a programme of learning for care homes to develop awareness and knowledge of end of life care. End of life care relates to people who are approaching death; it should ensure that people live in as much comfort as possible until they die

and can make choices about their care.

The registered manager was confident the service was readily available to support people through the end of life process. Discussion about people who once resided at the home confirmed this was the case. Documentation showed us that the home initiated dialogue with people and their relatives about end of life wishes in a sensitive yet informative way in advance of their requirement so that plans would be in place when the time came.

People's wishes for their end of life care were recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this decision.

Each person also had a keyworker file, where the designated keyworker for that person documented the person's involvement in activities. The files were detailed and showed that people's personal preferences were used to plan and review the activities they took part in. This meant that people and their families were involved in planning care that was person-centred and individualised.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Visiting relatives we spoke with told us they were always welcomed by friendly staff and given the chance to be involved in their loved ones care. One relative said, "I was involved with my mum's care plan particularly about DNR with her GP as well." Another relative commented, "Staff are always kind to my husband and me."

People living at the home were provided with information on advocacy services on admission and we saw referrals to advocacy services in people's care files. Advocacy services help people to access information, to make decisions and to speak out about issues that matter to them. Helping people to access advocates meant that the service was promoting their rights and independence.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

Is the service responsive?

Our findings

We asked people who used the service and their representatives if they found the service provided at Bickham House to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs. For example, one person commented: "My family can visits any time they want, this is important to me."

We looked at three care files for people who used the service. The service was in the process of changing the format of the care plans, to make the information easier to navigate. People's needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. Care plans were then regularly reviewed and updated to reflect changes in the person's needs or preferences. The deputy manager / senior care workers audited the care plans to ensure they were appropriate to each individual's current needs and preferences. When people's needs increased the service recognised the importance of involving the person's family and appropriate professionals, such as the person's social worker. This ensured the provider was responsive to people's changing needs and ensuring the person's care needs were met.

Staff told us that they were given time to read people's care plans and risk assessments to help them understand the needs and support requirements of people using the service. Care files we looked at included a staff signature list which confirmed that staff had read care plans and other supporting documentation. Care plans provided clear guidance for staff on how to support people's individual needs. People were supported in line with their care plans by staff that had a good knowledge and understanding of their needs and preferences.

A monthly activities planner was available for the people living at Bickham House. Many of the activities included arts and crafts, exercise to music, pamper days, and reminiscence. Visitors also attended the home regularly to provide entrainment to the residents in the form of singing. The local church visited the home regularly and provided a service to the people. People living at the home were able to make suggestions on the activities at their resident meetings.

A monthly newsletter was created called 'Bickham News' that provided information to families informing them of what was happening in the service and calendar events. The newsletters contained details on planned events and activities, sporting events that would be on TV, dates the hairdresser and religious representatives would be visiting the home and a 'residents revealed' section, where interesting facts from a person's life history were shared.

Comments received about the activities included, "I like singing the best it's good", "Yes there are activities on and off you know" and "There is enough going on to keep you busy, but I'm retired so I don't do too much of that".

The home was currently going through a number of home improvements including extensions to the office and dining room. The home had also recently benefited with a number of upgrades to the communal bathrooms within the home.

Clear signage was used at the home to direct people to the nearest toilets and some people's doors had their names on and other rooms included a photograph of the person to help them find their way. The deputy manager confirmed this work to help people orientate their surroundings was still on-going. There are ways to support people living with dementia in residential care, for example, the use of wall and floor colour to aid navigation and memory boxes to stimulate memory and promote discussion.

The home had a complaints policy which people were reminded of at residents' meetings and a copy was attached to the inside of each person's wardrobe. Since our last inspection no complaint had been made.

Is the service well-led?

Our findings

We asked people about the atmosphere at the home. One person told us, "Everyone is approachable, it's a nice home."

During the first day of our inspection the registered manager was not available; the deputy manager who worked full time at the home felt more than confident to assist us with our inspection. During our inspection we observed that people and their visitors felt able to approach the deputy manager directly and they communicated with them in a friendly and caring way. We saw that people referred to the deputy manager by their first name which evidenced there was a friendly relationship between them.

The registered manager was available on the second day of our inspection and had been in post at Bickham House since 2003. All the people we spoke with knew who the registered manager and management team were and said they were approachable, helpful and easy to talk to.

One care worker told us, "The new deputy manager has been a good addition to the home." Another staff member commented, "We can talk to the managers anytime if we have a problem, whether it is work related or personal."

During the last inspection we noted the service carried out annual surveys of people using the service. We noted this was still the case with results analysed and compiled into a report which showed overall satisfaction in all aspects of the care provided.

The home continued to hold regular residents' meetings for the people that used the service. Meeting minutes were available on the lounge noticeboard and copies were provided to each person. Holding residents' meetings and using questionnaires shows that the service is seeking the opinions of the people living in the home in order to identify areas for improvement.

We noted team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two/three months. Staff spoken with confirmed they felt valued and supported in their roles.

Monthly staff meetings included the discussion of relevant news stories, new legislation and home policies and procedures. This was then stuck into the meeting minute's book for other staff to read. This meant that staff were encouraged to take part in professional development and to share knowledge with others.

A range of audits took place on a regular basis. These audits covered infection control; medication; training; care plans; daily observations; night monitoring visits and health and safety checks / audits.

Bickham House operates as a registered charity. Four times a year trustee representatives make unannounced inspections of the home to speak with staff, assess the quality of care and check the premises. The trustee's most recent visit in October 2016 discussed the on-going exterior works within the home and

checked on the progress of this. This demonstrated that the registered provider took steps to audit the quality of care provided and supported the registered manager to make improvements.

We noted that a business continuity plan had been developed. However, we found the plan was not robust to ensure an appropriate response in the event of a major incident. The registered manager confirmed the business continuity plan would be addressed to ensure this covered emergency situations.

A statement of purpose and service user guide had also been developed using signs and symbols to provide information for people using the service and / or their representatives on the service provided.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.