

The Brothers of Charity Services

Liverpool Domiciliary Care Service

Inspection report

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Date of inspection visit:
29 February 2016

Date of publication:
04 April 2016

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 was an announced inspection, carried out on 29 February 2016. We gave 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Liverpool Domiciliary Care Service is part of the Brothers of Charity organisation and provides personal care and support to people living in their own homes. Liverpool Domiciliary Care Agency is based in Knotty Ash, Liverpool and provides care to people throughout Merseyside.

The service has a manager who was registered with CQC in 2011. 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 last inspection of Liverpool Domiciliary Care Service was carried out in July 2013 and we found that the service was meeting all the regulations that were assessed.

People who used the service were protected from avoidable harm and potential abuse because the registered provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff were confident about recognising and reporting suspected abuse and the registered manager was aware of their responsibilities to report abuse to relevant agencies.

Procedures were in place to protect people from hazards and to respond to emergencies. Staff were confident about dealing with an emergency situation should one arise.

There were appropriate numbers of staff on duty to meet people's individual needs and lifestyle choices and to keep people safe. Staff recruitment checks were robust and staff were only employed to work at the service following the receipt of satisfactory checks on their suitability.

The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. They worked with relevant others to ensure decisions were made in people's best interests when this was required.

People were provided with care and support that was tailored to meet their individual needs and was person centred. This means that the way in which the service was delivered was based on the individual needs of the people who used it. Staff responded to changes in people's needs and they provided flexible support to make sure people were achieving the things they wanted to.

People's needs had been assessed and they had a support plan which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed and plans to manage any identified risks were in place.

People were well supported to access a range of healthcare professionals as appropriate to their individual needs. People's health and wellbeing was monitored to ensure they remained health and well and appropriate action was taken in response to any concerns noted.

Medication was managed appropriately and people received their medication as prescribed. There were processes in place to ensure medication was managed safely. Staff had access to guidance about how to support people with their medicines, including what medicines were prescribed for.

People were supported to lead active lives both at home and in the community. Support plans included information about how people preferred to spend their time and the support they needed with this. People provided us with many examples of their involvement in the local community and how staff supported them.

Staff spoke about people with warmth and affection and they knew people well, including their likes, dislikes and preferred routines. People were supported and encouraged to be independent and learn new skills. People set goals and were supported by staff to achieve them.

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they underwent annual refresher training in a range of topics. Staff attended regular supervision meetings and team meetings which enabled them to discuss their work, training and development needs and receive updates regarding the service.

Staff were aware of their roles and responsibilities and the lines of accountability within the service. Staff told us there was an open culture at the service and that they felt valued as an employee. They said they would not hesitate to raise concerns if they had any and felt that any concerns they did raise would be dealt with appropriately.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service. Developments were made to the service in response to people's views and to changes in practice guidance.

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 potential abuse. Staff were confident about recognising and reporting suspected abuse.

Staff recruitment procedures ensured staff were suitable to carry out their roles and responsibilities.

Risks to people's safety had been assessed and managed and procedures were in place for responding to emergencies.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to support people effectively.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

People's physical and mental health care needs were understood and met.

Is the service caring?

Good ●

The service was caring.

People were valued and staff treated them with warmth and respect.

Staff encouraged and promoted people's independence and they respected people's privacy and dignity.

The individual needs of people and their wishes and preferences were at the centre of how the service was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff engaged well with people and involved them in decisions about their care and support.

People received personalised care that was responsive to their needs. Staff listened to people and responded to changes in their needs.

People were supported to access work and pursue social and leisure activities on a regular basis.

Is the service well-led?

Good ●

The service was well led.

The service was well managed and staff were clear about their roles and responsibilities and the lines of accountability.

Systems were in place to regularly check on the quality of the service and ensure improvements were made.

There was an open culture within the service which enabled people to openly discuss any issues or concerns they had.

Liverpool Domiciliary Care Service

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 was carried out by one adult social care inspector. The inspection was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

We visited the office and held discussions with the registered manager, 10 people who used the service and four staff. We checked a selection of records held at the office, including care records for six people who used the service, recruitment and training records for three staff, policies and procedures and other records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

People told us that they felt safe when being supported by staff in their own homes and when in the community. People's comments included; "I'm not worried about anything, I'd tell someone if I was" "I'm very safe" and "I know what to do if someone hurt me or upset me".

People were protected against the risk of abuse and harm. Staff were provided with the registered provider's policy and procedure for safeguarding people from abuse and copies of those set out by the relevant local authorities. Staff confirmed that the documents were held at their areas of work. As part of their induction new staff were introduced to safeguarding policies and procedures and they received training in the subject. Staff recognised the different types of abuse people could be at risk from and the signs and symptoms which may indicate abuse. A member of staff gave examples of the different types of abuse which included; physical, emotional, financial and neglect and another member of staff gave examples of the signs which may indicate abuse had taken place including; unexplained bruising, a deterioration in appetite and a sudden change in behaviour or mood. Staff were knowledgeable about the relevant procedures for reporting abuse and they were confident about alerting the relevant agencies with any concerns they had.

The registered manager kept a record of allegations of abuse which had occurred at the service. The records showed that the registered manager and staff had taken appropriate action by promptly informing the relevant authorities such as the Local Authority safeguarding team, the police and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people.

People were protected from the likelihood of injury or harm. Risk assessments had been carried out for a range of situations which had the potential to cause people harm such as supporting people to manage their medicines, cooking and eating, behaviour, managing finances and accessing the community and staying at home alone. Support plans detailed the measures put in place to reduce risks where they had been identified. Staff were knowledgeable about the risks people faced and how to support them with their safety whilst respecting their freedom of choice to take risks and their independence. The registered provider had a positive risk taking policy which provided staff with guidance about how to support people to take safe risks as part of an independent lifestyle.

There were sufficient numbers of staff to meet people's needs. Staff told us that they never felt rushed or under pressure when supporting people. They said there were sufficient staffing available to be able to assist people safely with their care and support needs in their home and when accessing the community. Staffing levels were monitored and where people's needs changed and it was felt they needed additional staff support this was addressed by the registered manager. People who used the service told us that they had always been supported by the right amount of staff and that they had always arrived at their homes on time.

The process for recruiting new staff was safe and thorough. Appropriate checks had been undertaken before staff members began work. Application forms had been completed and applicants were required to provide photographic evidence of their identity. A minimum of two references were obtained in respect of the

applicant, including one from their most recent employer. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the service. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. People who used the service were involved in the recruitment of new staff and were part of the interview process.

People's medicines were managed safely. People were supported to self-medicate where possible and their support plans included information about the level of support people needed so they could do this safely. For example, some people needed reminding to take their medicines and others needed help to collect prescriptions from their GP and medicines from the pharmacist. Staff who handled medicines had undertaken training on best practice and they had access to guidance and advice on managing medicines safely. People who were not able to self-medicate told us they were happy for staff to handle their medicines on their behalf, and that they received their medicines when they needed them. Staff maintained appropriate records to show when medicines had been given to people.

Procedures were in place for responding to emergencies such as fire or medical emergencies. There was an on-call system in place which detailed the name and contact details of managers on call so that staff could seek guidance, advice and support at all times. Personal emergency evacuation plans (PEEPs) had been written for each person and made available as part of their support plan. They documented the support and any equipment people needed in the event of emergency situations such as a fire, flood or breakdown of essential equipment in their home. Staff had been trained in first aid to be able to respond appropriately in the event of any accidents. Accidents and incidents were recorded and reported in line with the registered providers processes.

Is the service effective?

Our findings

People told us they received all the support they needed from staff and that the staff were good at their job. Their comments included; "I like them [staff] a lot they are very good to me" "They know me very well" and "They do everything they are supposed to do. They are like family to me".

Staff received appropriate training and support for their roles. All new staff completed a detailed induction programme which included a range of training, and opportunities to shadow more experienced staff before working unsupervised. As part of their induction, new staff were introduced to the registered provider's policies and procedures and the visions and values of the service. Staff confirmed they completed an induction during their first three months of employment and as part of their induction had completed training in topics such as fire safety, safeguarding, person centred care and support, emergency aid and equality and diversity. Records also confirmed this.

There was an ongoing programme of training for all staff which focused on ensuring they understood people's needs and how to meet them safely. The registered manager maintained a record of staff training which enabled them to monitor staff attendance and plan for future training. All staff had completed the training they needed and they attended regular training updates to help refresh and enhance their learning. As well as mandatory training staff also completed training in topics relevant to the needs of the people they supported. For example; dementia awareness, managing epilepsy, diabetes and conflict resolution. Staff were also encouraged and supported to obtain nationally recognised courses such as a National Vocational Qualification (NVQ) in social care. Staff told us they were provided with good training opportunities and that they were encouraged to attend courses. They spoke positively about the training they received, their comments included; "We get plenty of training and it's really good" and "We are always doing training of some kind. I've learnt a great deal from the training".

All staff had regular one to one supervision sessions throughout the year and end of year performance review conducted by their line manager. One to one staff supervisions which took place every eight weeks were planned in advance and the registered manager had a system in place to track them. The sessions provided staff with an opportunity to meet and discuss with their line manager matters such as their general health, relationships at work, and support for their role and training or development needs. A summary of the discussion was kept and included any agreed actions and timescales. Annual performance reviews (APR) which were also recorded were used as a way for staff to reflect on outcomes and achievements over the previous year and agree the next year's performance plan. Objectives were set for the forthcoming year along with the key actions staff needed to take to achieve their objectives. Staff completed a personal development plan as part of their APR which enabled them to provide feedback about the training they had completed, plan future training and explore how they could progress within their role if they wished to.

Staff told us they felt very supported by their direct line manager, the registered manager and colleagues. They confirmed that one to one supervisions had taken place regularly and that they had completed an APR. Staff also told us they attended team meetings on a regular basis. These support systems provided staff with opportunities to explore their practice, to develop as workers and to communicate important

information about their roles and responsibilities.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

Policies, procedures on the Mental Capacity Act (MCA) 2005 and DoLS were made available to staff and people who used the service. The documents were also available in easy read formats which made them accessible to people living with learning disabilities. The registered manager and staff had undertaken training on the MCA and DoLS and they understood what their responsibilities were in relation to this. They knew the main principles of the act and the need to respect decisions of people who used the service.

People who used the service told us they made every day decisions about their lives and that they could ask for help in making decisions if they needed to. People had a decision making agreement which detailed important decisions in their lives, how they must be involved, and the details of others who need to be involved and who will make the final decision. One person's agreement stated, they should make the final decision, but they may need an advocate or social worker for best interests over big decisions. Another person's agreement stated that all decisions must be discussed with them. Mental Capacity assessments had been undertaken in line with the MCA, and provided details of who had been involved in this process.

People were supported with their meals and drinks when necessary. Staff had completed training in food hygiene and nutrition, and they had a good understanding of people's dietary needs. The level of support people needed with eating and drinking was recorded in their support plan along with details of their food likes and dislikes. Staff confirmed that if they had any concerns about people's nutritional intake they reported this onto their line manager and appropriate health professionals were contacted.

People's healthcare needs were assessed and planned for. Staff regularly referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, people had been referred for nutritional advice and support if they had difficulties with maintaining their diet. Those people who required it were regularly supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, chiropodist and optician. People had been supported to have annual well person checks at their GP practice and records showed close working and good communication with people's GP and other health professionals.

Is the service caring?

Our findings

People told us they received good care and support by staff who knew them well. They told us they were very happy with the service they received and that staff were very caring and respectful towards them. People's comments included; "They [staff] really care a lot" "They treat me like the best" and "They include me all the time".

The service provided people with person centred care. A person centred approach gives people as much control as possible over their lives by ensuring they are at the centre of how the service is delivered. Things which are essential to the person were detailed in their support plans in order of importance. The information took account of people's views, wishes, preferences and opinions about how they wanted to be supported. For example, one person's plan stated that it was essential for them to have the freedom to do the things they wanted to do. Another person's plan stated that they liked to pick their own clothes but needs support with colour co-ordination, but often gets it right and another stated that the person deals with all their own finances and doesn't accept support from staff. People told us that staff respected their wishes and provided their support in a way that they preferred.

Staff spoke about people with warmth and affection and it was clear through discussions that staff knew people well, including their likes, dislikes and preferred routines. Staff said "It's important that we know exactly what people want and how they want it". "The people we support have rights just like us and it is important that we get it right for the person".

Support plans were written using plain language and included the use of pictures to make it more accessible for people who used the service. People told us that they understood their support plans because they were easy for them to read. The contents of support plans showed people's needs and choices were fully respected and they reflected people in a positive way. For example, they included information about the things people like and admire about the person such as 'Has a wicked sense of humour' 'Very caring and considerate towards people' 'Very friendly'. Staff also spoke about people in a positive way and it was clear that they valued people and promoted their rights. For example, when speaking about people staff used terms such as choice, independence, encourage and equality.

Where possible people were supported by the same staff, some who had worked at the service for a number of years. This meant that people were supported by staff who knew their needs well and with whom they had had the opportunity to build positive and trusting relationships. People told us they had a say in which staff supported them and that they were supported mostly by the same staff who they liked. One person told us that they had been supported by the same staff for over 10 years and commented; "They are like family" and another person said; "We get on really well because X [staff] likes a lot of things the same as me". People told us that they trusted staff and that they were reliable. One person said; "I trust them [staff] a lot. They never let me down and are always there when I need them".

People who used the service told us that they enjoyed the company of the staff who supported them and that they often shared a laugh and a joke. One person said I'm always joking with X [staff member] he knows

I like a good laugh and a joke". During our visit we observed much banter between people and staff and this showed positive relationships between them had been formed.

Staff were clear about their roles and responsibilities to respect people's choice, privacy and dignity. They explained how they did this. For example, involving people in tasks around their home such as cooking and cleaning, ensuring people's privacy during personal care by making sure doors and curtains were closed and by speaking to people when assisting them, and by asking people's permission prior to assisting them and explaining what they were about to do. People told us that staff spoke to them in a respectful way and that they were polite and caring in their approach.

Staff received dignity training and were provided with regular updates, advice and guidance about the expectations for promoting and maintaining people's dignity. Each locality manager for the service had been appointed as a dignity champion. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right and not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. Locality managers promoted this amongst the staff.

Staff spoke enthusiastically about encouraging and promoting people's independence. Their comments included; "I will only step in if the person is unable to do something for themselves, their independence is very important" and "It might be quicker for us to do things but a person's independence is far more important". One person said "They [staff] never make me do anything I don't want to do".

People were provided with a handbook about the service which was written in plain language and included the use of pictures to make it more accessible for people. The handbook informed people about things such as services offered by the registered provider, how to access an advisor or advocate for independent advice or support, standards to expect from the service, right to confidentiality, having your say and making a compliment or complaint. People told us they had a handbook which they kept at home with their support plan.

Is the service responsive?

Our findings

People who used the service told us they received all the care and support that they needed. Their comments included; "I've everything I need" "I'm very happy because they [staff] help me a lot and do everything right for me" and "You only have to ask and they [staff] will help you with anything"

Each person who used the service had an individualised support plan which was developed based on an initial assessment of their needs. People's needs were assessed on an ongoing basis and took account of all aspects of their lives including daily living, important relationships, work and education, spiritual, cultural and diverse needs. Support plans were detailed and provided clear guidance for staff on how to meet people's needs. They included information about people's likes, dislikes and preferences. They also included information about what was important to the person and about how they communicated their needs, wishes and choices. Information clearly described how staff needed to support people to have as much control over making their own decisions as possible.

People's support plans were reviewed each year or sooner, if a person's needs changed. This enabled people to have a say about how their care and support was to be provided and to make sure their needs were being met. It also gave people an opportunity to discuss any support they needed to enable them to develop and learn new skills. People told us that they had been involved in reviewing their support plans and that their views and opinions were listened to. People and relevant others including family members and relevant professionals were involved in the reviewing of support plans. Reviews focused on outcomes for people. Current outcomes were reviewed and any new ones which people wished to achieve were set. Review records detailed outcomes which were identified as being achieved and actions were set and agreed by people to achieve new outcomes. Outcomes which people set and achieved included; independence, weight loss, holidays and attending conferences.

Staff were knowledgeable about people's individual needs. They described in detail what each person needed and how they preferred to be supported. This demonstrated that people's choices and decisions were respected and met. Staff told us they made every effort to ensure people received the best care and support they could provide. Staff were aware of people's goals and aspirations and they worked in partnership with people to help them achieve their goals. One person told us how staff had supported them to access a voluntary work placement which they thoroughly enjoyed and another person told us that they have a job because of the help they got from staff.

People were supported to lead active lives both at home and in the community. Support plans included information about how people preferred to spend their time and the support they needed with this. People provided us with many examples of their involvement in the local community and how staff supported them. For example with work placements, college courses, holidays and day trips, football matches, social clubs and attending meetings and conferences. People celebrated special events including birthdays and they held parties at home or at venues within the local community. People told us they got all the support they needed to enable them to pursue their hobbies and interests both at home and in the community. One person said; "I don't have time to get bored I'm always doing something" and another person said, "I like to

go out which I do a lot but there are times when I just stay at home and watch some tele".

Staff had worked alongside a range of health and social care professionals to make sure people were provided with the care and support they needed to promote their health and wellbeing. Staff worked proactively in supporting people, for example they ensured people were supported to identify potential health risks through annual well person checks and other regular checks on aspects of their health.

The registered provider had a complaints procedure which was available in an easy read format. People told us they had a copy of a complaints procedure in their homes which they understood. People told us they would tell someone if they were unhappy with any aspect of the service they received. People's comments included, "I have nothing bad to say about it but I would speak up if I did" "I know I only have to tell them [staff] and they'll sort it out for me" "Nothing wrong at all, I'd let them know".

People who used the service were invited attend a 'pleased to meet you' group meeting which took place every other month. The meetings were supported by staff and chaired by a person who used the service. Prior to each meeting people were provided with an agenda, which also included the date, time and venue of the meeting. The meetings gave people the opportunity to put forward their views and opinions about the service and they discussed any forthcoming events and activities in the community which they may be interested in attending. People told us they knew about the meetings and one person told us that they attended them regularly.

Each year people were invited to complete a survey which invited them to answer questions about the service, such as the staff, the quality of the support they received, how they were treated and availability and access to information. We saw the results of the last survey which took place in July 2015 and found that the results and feedback provided was mostly positive. A report was produced which included a summary of people's responses and a plan of action for improvements based on people's feedback. The report was produced in an easy read format using large print, plain language, pictures, symbols and pie charts to present the information. The report was shared with people and discussed at the 'pleased to meet you' group meeting.

Is the service well-led?

Our findings

People told us they knew who the registered manager of the service was. They told us that they felt at ease speaking with her about anything. People's comments included; "I like Cathy a lot, she is like my friend, she listens and is kind" and "I know where the office is and that I can see Cathy there anytime I want". Staff told us that they thought the service was managed very well and they had no concerns about discussing anything with either the registered manager or their direct line manager.

The service was managed in a way that ensured people's health, safety and welfare were protected. The service was well managed by a person who people and staff described as approachable and supportive.

There was a clear management structure operated within the service which people and staff were familiar with it. The registered manager had overall responsibility for the management of the service and they had the support of five locality managers. Each locality manager had day to day management responsibilities for specific areas of the service which included management of staff in their teams and monitoring and reviewing people's care and support. Care staff reported directly to their named locality manager. Managers and staff understood their roles and responsibilities and the lines of accountability within the service.

Staff were invited to take part in an annual survey which enabled the registered provider to obtain their views and experiences as an employee. Questions in the survey covered things such as leadership, support, communication and training and development opportunities. We saw the results of the most recent survey which took place in November 2014 responses from staff were mostly positive. As part of the survey staff were asked if they felt appropriately supported by their line manager, 94 % of staff replied yes, and comments which they made included; "My manager is very supportive" " My line manager supports me and helps me in every aspect, always gives me advice when I need it.

Staff told us they felt there was an open culture within the service. The registered provider had a whistleblowing policy which staff had access to and were familiar with. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff told us that they were confident that if ever they witnessed or suspected poor care or harm they would have no hesitation in whistle blowing. They said that they felt confident that they would be supported by the registered manager to raise their concerns and that they would be treated in confidence.

The registered provider held annual award ceremonies for staff as a way of acknowledging and rewarding staff for their achievements, including good attendance and years of service. Staff told us they were highly motivated and enjoyed going to work. Some of their comments included "I love my job, I get so much satisfaction out of it" "I couldn't imagine working anywhere else" and "It's a really good service to work for. There are many training opportunities and we can move up the ladder if we want". Staff told us that they always aimed to provide the best possible care and support to people and that they

The provider had a well-structured system in place for assessing and monitoring the quality of the service. This included a range of audits (checks) which were carried out across the service by managers and senior

staff. Checks were carried out at people's homes on things such as their finances, medication and care documentation. Staff competencies were also checked and their performance was monitored to ensure they were providing people with safe and effective care and support.

Audits also included surveying people who used the service, relatives, staff and visiting professionals. Survey results were positive in a majority of areas, and action plans were put in place to make the necessary improvements based on people's feedback.

The registered provider commissioned the services of external quality assurance providers to obtain an independent overview of the service and any recommendations which were made for improving the service were actioned.

The registered provider had a system in place for reporting and recording accidents and incidents which occurred. Staff were aware of their responsibilities and we saw examples where these had been recorded appropriately, including details on lessons that had been learnt. This information was then picked up by management in their monthly audits in order to monitor the service and ensure improvements continued and were maintained.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice.

Information around changes to the service were communicated to managers and staff in a timely way through newsletters, group and one to one meetings. This included changes to policies and procedures, legislation and good working practices. Staff had been informed about the Care Quality Commission's new way of inspecting and the changes made to the associated legislation. The registered provider had an annual development plan and they shared information from this with us as part of their submission of the Provider Information Return (PIR).