

Kisimul Group Limited

Murach House

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 ●

Summary of findings

Overall summary

The inspection took place on 18 July 2018 and was announced. This was the first inspection of Murach House since it registered with CQC in August 2017.

Murach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Murach House accommodates up to six people. At the time of our inspection there were six people living at the service. Murach House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

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

People were protected from the risk of harm as systems were in place to keep them safe. Risk assessments and positive behaviour support plans were completed. These gave staff detailed guidance on the support people required to remain safe. Accidents and incidents were monitored and reviews included looking at what could have been done differently to aid staff learning. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. Health and safety and infection control procedures were monitored closely and equipment had been serviced where required. A contingency plan was in place to ensure people would continue to receive their care in the event of an emergency.

Medicines were managed well and records showed that people received their medicines in accordance with their prescriptions. People were supported to maintain good health and had regular access to a range of healthcare professionals. People were able to choose what they wanted to eat and drink and healthy options were promoted by staff. People's legal rights were protected as staff acted in accordance with the Mental Capacity Act 2005. Where required, independent mental capacity advocates were involved to support people.

Sufficient numbers of skilled staff were deployed to support people both when spending time at home or going out. Staff worked flexibly to meet people's needs and understood the importance of consistency. Prior to starting work at the service recruitment checks were completed to help ensure only suitable staff were employed. Staff received specialist training to support them in their roles and regular staff supervision was provided to monitor staff well-being and performance.

Prior to moving into the service, a detailed assessment process was followed. Information was gathered from a number of sources in order to determine if the service could meet the person's needs. A transition period had been planned for each person to ensure their move to Murach House was as smooth as possible. Care plans were developed from information gained during the assessment and transition period and continued to develop as people settled into their new home. People were supported to develop their independence and gain new skills. Individual activity programmes were designed with people and took into account their likes, dislikes and preferences.

People were supported by staff who showed kindness and care. People's dignity and privacy was respected by staff and people were able to choose how and where they spent their time. Staff had a good understanding of people's communication needs and supported people to make decisions about their care. People were supported to maintain relationships with those who were important to them.

Relatives and staff told us the service was well-led and that the management team were approachable. There was a positive culture throughout the service and staff understood the ethos of the provider in providing person-centred care. Regular audits were completed to monitor the quality of the service provided. Action was taken to address any concerns identified. There was a complaints policy in place and any concerns had been addressed promptly. Records were organised and securely stored.

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.

Systems were in place to help safeguard people from abuse and staff understood their responsibility to report any concerns.

Risks to people's safety were assessed and managed.

There were sufficient staff available to meet people's needs and staff were safely recruited.

Safe medicines management systems were in place.

Health and safety and infection control procedures were in place and monitored.

Is the service effective?

Good ●

The service was effective.□

People's needs were assessed to ensure the service was right for people and could meet their needs.

Staff received appropriate training and support within their roles.

People had a choice of meals and drinks that they enjoyed.

People's rights were protected. Staff were knowledgeable about the Mental Capacity Act 2005 and the principles were followed.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were supported to develop their daily living skills and independence.

Staff understood people's different communication styles.

Visitors were made to feel welcome and staff supported people to maintain relationships.

Is the service responsive?

Good ●

The service was responsive.

A range of activities was provided that took account of people's interests, preferences and needs.

Care records were person-centred and contained detailed information to guide staff on the care and support people required.

Procedures were in place for receiving, investigating and managing complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture and commitment from staff to delivering person-centred support.

Quality assurance systems were in place to monitor and improve the service provided.

People, relatives and staff were involved in the running of the service and their views were respected.

Murach 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 18 July 2018. We gave the service 24 hours' notice of our inspection in order for staff to be able to prepare people at Murach House for our visit and to check people would be in. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had completed a Provider Information Return (PIR). The PIR 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.

As people present during our inspection were unable to fully share their views of the service we observed the care they received and spoke with two relatives. We also spoke to the registered manager, a representative from the provider and four members of staff.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medicines administration records, risk assessments, accident and incident records, complaints records, three staff files and internal audits.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe living at Murach House. One relative told us, "[Name] is completely safe. There are going to be incidents but I know they will be dealt with properly. We trust them. He's as safe with them as he is with us." Another relative said, "He has grown so much in confidence. That wouldn't have happened if he didn't feel safe. I take my cues from him and he seems happy." We observed people appeared at ease in the company of staff.

Sufficient skilled staff were deployed to ensure people's needs could be responded to promptly. Each person living at Murach House received a minimum of one to one support during the day which reflected the complexity of their needs. Additional staff were also available to support people when going out or to complete specific tasks. Rotas showed that the relevant staffing numbers were available for people. Staff were allocated to who they would be supporting each day to ensure were aware of their responsibilities. Staff told us they felt there were sufficient staff and this gave them the opportunity to get to know people well. The registered manager told us that the provider had a number of services close by. The services had together built a bank of staff who were available to cover shifts when required. Rotas viewed confirmed this was the case.

Procedures were in place to ensure that only suitable staff were recruited. Recruitment files contained evidence of full employment histories, references, a face to face interview and a Disclosure and Barring Service check (DBS). DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Risks to people's safety and well-being were identified and addressed. Positive behaviour support plans were in place for each person and guided staff in how people liked to be supported, things which were of interest to them, possible triggers to anxiety and behaviours and detailed plans of how staff should respond to these concerns. The plans were very detailed and demonstrated an in-depth knowledge of each person's support needs and personalities. For example, one person's anxieties were triggered by receiving support from female staff members. Staff acknowledged this and ensured that only male staff were allocated to support the person. Staff were able to gauge people's anxiety levels and adjust the activities provided to ensure that they were safe for people. Staff were able to describe how they would support one person differently when going for a walk depending on how the person was feeling that day.

People were supported to live their lives in a safe way whilst ensuring they had the freedom to participate in activities of their choice. The service had transport available to people and plans clearly highlighted the support people required when using this, where they needed to sit and how close staff should be to them. This meant that people were able to access a wide range of activities within their local community.

When accidents or incidents occurred, these were recorded and analysed which helped to identify trends and look at ways to reduce the risk of them happening again. Records showed that all staff involved in incidents were consulted and a set format for analysing the incident was completed. This included any incidents where physical intervention was required and considered any triggers to the events, which staff

were involved, if things could have been done differently, responses and any actions. As part of the process a resident's counselling form was also completed to ensure people had the opportunity to reflect on what had happened. Where improvements were required action was taken to address this. One staff member highlighted concerns following two separate incidents which had occurred on the same night which meant staff resources were stretched. Following this staffing levels had increased to ensure people's safety.

There were systems in place which helped to protect people from the risk of harm or abuse. Staff had received training in safeguarding people from potential abuse. They were able to describe the different types of abuse, how they may identify any concerns and how to report to the relevant authorities. One staff member told us, "We all need to be very aware, that's an important part of our job. Depending on the nature, I may discuss with colleagues and would always alert the line manager and the authorities if I needed to." Information was clearly displayed for both staff and those living at Murach House about how they could report concerns both within the organisation and externally. Staff were able to tell us where they could access this information. Records showed that any concerns had been appropriately reported and acted upon.

Staff followed safe procedures for the management and administration of people's medicines. Medicines were securely stored in a locked room and cabinet. Each person had a medicines administration record (MAR) in place. This contained an up to date photograph and details of any allergies. There were no recording gaps in MAR charts and the stock counts matched the relevant records. Guidance was available for staff in the use of any prescribed 'as and when' medicines (PRN) and homely remedies. People's medicines were regularly reviewed and the service had signed up to the STOMP initiative, stopping over medication of people with a learning disability, autism or both. This is a national project involving many different organisations which aims to help stop the over use of psychotropic medicines. One person's records showed that since living at Murach House their medicines had been reduced as a consequence of them being more settled.

Regular health and safety checks had been carried out to ensure the environment and equipment remained safe. Equipment was regularly serviced and certificates were in place to show this had been completed. Additional checks of the premises included water temperatures, window lock checks, first aid supplies and fire equipment. There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan in place which detailed the support they would require to leave the building in an emergency situation. A contingency plan had been developed which guided staff in the action they should take to support people in the event that the building could not be used.

People lived in a clean and comfortable environment and staff followed safe infection control procedures. Gloves were available to staff to support people with their personal care. The laundry area was designed to keep soiled and clean laundry separate. There was a sluice wash available and red dissolvable bags were seen to be used for washing soiled items.

Is the service effective?

Our findings

Staff had received a comprehensive induction and training to support them in their roles. Prior to working without supervision, staff were required to complete an induction programme and shadow more experienced staff members. Staff told us this was invaluable experience as it gave them time to get to know people and understand the different approaches when supporting individuals. One staff member said, "The shadowing has shown me all the ins and outs of the job. I've done the training which has given me a lot of confidence. I've had chance to build a bond with people." The training completed was monitored by the registered manager and records showed a high level of compliance in all areas including health and safety, first aid and infection control. Staff who were new to care were required to complete the Care Certificate during their probation period. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. In addition, all staff had completed specialist training in areas including autism, epilepsy, positive behaviour support and physical intervention. Staff told us that they found this useful and relevant to their role. One staff member said, "The training we get is definitely on point, it gives us confidence and skills in getting the best for them but keeping things calm."

Staff told us they felt supported in their roles and received regular supervision. One staff member told us, "Supervision has been good for me to keep track of where I'm at and how I'm getting on. The feedback I've had has been really encouraging." Records showed that staff received supervision every two months. Discussions included training and development, any concerns, their individual work performance and goals for the coming months.

People's needs were assessed prior to them moving into Murach House to ensure they could be met and the service was right for them. Once this had been completed a detailed transition plan was completed. Timescales for this were based around the individual to try to make the transition as smooth as possible. The PIR stated, 'A transition plan is then made with the involvement of the individual, relatives/friends, professionals and then implemented. The transitions involve staff working alongside the person in their current environment, visits and overnight stays to the service to ensure that the resident moves to an environment they are familiar with and where they have started building relationships. All transitions are individual to the person and a move would not take place without a suitable transition'. Records for people confirmed this was the case and staff were able to describe what they had learnt and observed during people's transitions and what was important to each person within this process.

A range of professionals was available to people and the staff supporting them to develop and review the support they received. Positive behaviour support specialists were involved in people's care when required. A psychologist was available within the organisation to meet with people if this was needed. Staff told us they had been concerned that one person was not engaging with staff and not going out very often. They were able to seek advice from the psychologist about how to provide the person with the space they needed whilst also offering opportunities. One staff member told us, "Their involvement showed us that we shouldn't let our expectations get in the way of (name's) progress. We slowed things right down and more trusting relationships have developed." The changes in the way staff were supporting the person had led to a reduction in the number of incidents and an increase in the person choosing to access communal areas

and the community. People using the service also had access to a speech and language therapy team through the organisation.

People also had access to a range of external healthcare professionals such as dentists, GPs opticians, chiropody and specialist consultants. Relatives told us they were always involved or updated regarding healthcare appointments. One relative told us, "We've all been to an appointment together today. We all work as part of the team to understand him and get what's best." People's care files contained hospital passports which detailed information regarding their needs which could be shared with hospital staff if required.

People were provided with a healthy and balanced diet. A pictorial menu was displayed in the kitchen which showed a good variety of options. Foods were freshly prepared and people were actively encouraged to be involved in both choosing the menu and meal preparation. Records showed that some people had put on weight since moving into Murach House. The registered manager told us they had begun to work with staff on looking at portion sizes to ensure this did not become an issue in the future. People's preferences were taken into account when planning meals and alternative options were available if people did not want the menu options available. Drinks and snacks including fruit were available to people throughout the day.

The Mental Capacity Act 2005 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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights and freedoms were protected as the principles of the MCA were followed. Capacity assessments were completed for each person in areas such as consent to care, key-padded exits, medicines, finances and physical restraint where appropriate. Best interest meetings were recorded which showed detailed discussions regarding any restrictions including if less restrictive options had been considered. Where required, independent mental capacity advocates had been consulted to ensure that decisions were being taken in people's best interests. DoLS applications had been submitted to the local authority which clearly described any restrictions in place. This meant the local authority had the information required in order to prioritise the applications received. Staff we spoke with had a good understanding of the MCA and were able to describe to us how it impacted on their role, particularly with regards to any physical intervention only being used when all other options had been exhausted.

People lived in an environment which was suited to their needs. Communal areas were spacious which meant that people were able to move around freely. There were several lounge areas which people used when they wanted a quieter environment to the main lounge. A sensory room was being developed and people had access to IT equipment in the main lounge. There was a spacious garden which was divided into different areas, allowing people to be able to spend time outside whilst being private if they wished. Where people required specialist decoration or equipment due to their needs this had been provided.

Is the service caring?

Our findings

Relatives told us that staff were caring in their approach. One relative said of staff, "They are all extremely caring. I watch how patient they are. [Name] loves to come home to us but on a Sunday morning he's more than happy to go back. That tells me he's treated well." Another relative said, "Staff are caring and understanding. You can see he likes them, I know from watching them together."

Staff interacted with people in a kind and caring manner and it was evident close relationships had developed between people and staff. We observed people interacting easily with staff and sharing jokes. One staff member sat next to a person on the sofa. The person moved closer to them and they talked, mirrored vocal sounds and laughed together. Both had a relaxed pose and were clearly enjoying each other's company. People's dignity and privacy were respected. We saw that staff were available to people but gave them space and privacy when appropriate. One staff member told us, "I give as much freedom as possible as this is their home." One person chose to spend much of their time moving around the house. Staff were available and kept a view of the person without restricting their movements. We observed staff periodically check if the person needed anything. Another person chose to spend time in their room. Staff sat close by which reassured the person they could approach them for support at any time.

People's individual communication styles were responded to. Each person had a communications care plan in place which guided staff on how they preferred to communicate and what different words, expressions and gestures may mean. The plans also contained guidance for staff on how to adapt their communication with people should they be showing signs of anxiety. Pictorial communication boards were available to provide people with structure and understanding of what was happening. Social stories had been developed for people to help present particular information or to address specific situations in a manner which they were able to relate to. Staff also used communication to support and identify people's cultural needs. One person enjoyed using a few words in a different language. Staff were able to tell us these words and what they meant to the person. The service also provided cultural evenings where foods from regions of the world relevant to people were prepared.

People were supported to maintain relationships with their families and other people who were important to them. Relatives we spoke to told us they were always made to feel welcome when visiting the service. One relative said, "Staff are happy to work alongside me and are always happy to see me. I can come whenever I want to and they always greet me the same. They don't hide anything." Due to people's difficulties in transitioning between different environments and other concerns, a number of people living at Murach House had previously not been able to regularly return to their family home. Staff and families had worked together to support people in this area and people were now spending days and weekends with their families. Staff told us that this had had a positive impact on people's family lives.

People were encouraged to take an active role in the day to day running of the service and in developing independent living skills. One relative told us, "They really encourage him. He participates in cooking and cleaning his room." Throughout the day of our inspection we observed staff encouraging people with household tasks such as taking out the rubbish, doing their laundry and tidying the kitchen. One staff

member told us they aimed to continue to look at areas where people could develop their independence. They told us, "Some people are doing things they wouldn't have done before like going to different shops to buy their things. We are working on goal setting now so we can keep developing this." Another staff member told us, "I look to be able to come to work to be lazy in the future with everyone doing things themselves. I love to see them progressing, to empower and give independence with the right support."

Is the service responsive?

Our findings

Relatives told us they felt the service was responsive to people's needs and provided person-centred care. One relative told us, "All the things they do with him are tailored to his needs." Another relative told us, "This is as close to ideal for his needs as he could get. The dynamic of the house is that staff understand the nature and needs of each young person and work together. It's like home for him."

Care plans were person-centred, detailed and regularly reviewed, meaning staff had the most up to date information to guide them when providing care to people. Each person's plan contained a section 'About Me'. This gave in-depth information such as the person's history, family and friends, hobbies and interests, communication styles and preferences. Staff we spoke with were able to tell us this information and describe people's likes, dislikes and favourite things. Staff became animated when speaking about people and how they had settled into their lives at Murach House. One staff member told us, "I've built relationships with them all based on their personalities. Some more are more talkative and some more playful. It's good having the time to just be around people and watch what makes a difference to them. It has to be about the person or it won't work for anybody."

Records relating to incidents of anxiety and behaviour showed a marked reduction following people settling into the service. One person's records showed that in their last placement they required far higher levels of staff support and the number of incidents was higher. Staff had recognised that the way in which support was provided was having a negative impact on the persons anxiety levels. The staff member told us, "[Name] didn't understand what was happening because plans were constantly changing. When [name] moved in we took away many of the restrictions and provided more freedom. It's been so positive. Their family recently commented they'd got their son back." One person had a tablet device which was very important to them but on occasions caused them to become frustrated. This resulted in the device needing to be frequently replaced. When the person moved into Murach House staff observed this generally happened when the device was running low on battery or had a slow connection. Staff used a communication board to help the person understand how the battery worked and when the device needed charging. The person was given independent access to the charger. As a result, there had been a reduction in the person's anxiety levels and they had kept the same tablet device for almost six months.

People had access to a range of activities both when at home and within the community. One relative told us, "He goes out a lot which I'm very pleased about. It's like any young person does." Each person had an individual activity programme in place which was designed around their needs, hobbies and interests. The PIR stated, 'Residents are encouraged to make decisions about how they wish to spend their time both within the house and in the community, individual timetables are in place to ensure consistency.' We found this to be the case. Activities included attending college, shopping, trampolining, eating out, walks, aromatherapy and visits to places of interest. People were supported to pursue their individual interests such as music and tablet devices when spending time at home. In addition, we observed people playing football in the garden with staff, accessing the quiet sensory areas and playing games on the communal computer. Staff ensured that one person who chose to spend time alone had access to their favourite musical films and sensory stimulation using water. The person was offered the opportunity to go out on a

daily basis and staff would respond promptly if the person accepted.

There was a complaints policy in place which was displayed within the communal hall in an easy to read format. During residents' meetings pictorial prompts were used to ask people if they had any concerns regarding the service. Relatives told us they knew how to raise concerns if needed. One relative said, "I feel confident to be able to [make a complaint] if I wasn't happy but I haven't had to do that. If I had a problem I know it would be dealt with immediately." The registered manager maintained a complaints log which showed that all complaints had been responded to in the timescales set within the policy. The log contained a detailed description of nature of the complaint, the action taken, and the outcome. This information was collated as part of the monthly audit process to ensure that any developing trends were identified.

Is the service well-led?

Our findings

Some people living at Murach House had previously attended a residential school run by the same provider. Relatives told us they felt both the service and the wider organisation was managed well and showed commitment to improving the lives of the young people they supported. One relative told us, "I'm extremely grateful I found Kisimul (provider). I really don't know where our family would be without them. (Family member) was at the point where they didn't trust anybody and Kisimul have brought him back. I am so happy with everything. We mainly deal with the deputy manager and they've been superb." Another relative told us, "They have taken time to understand him and the staff don't change all the time so he has trust. The manager and deputy and the staff are all approachable and they want to listen and work together."

There was a positive culture throughout the service and staff understood the ethos of the organisation. The registered manager told us, "We make it clear what we are about here right from interviews (for staff) and that's carried through induction training and supervisions. It's a very positive house and very calm. We have arranged the staff in specific ways to make sure we have the right skills." Staff confirmed this was the case and demonstrated through our discussions that through positive interactions and personalised support they aimed to enhance people's opportunities. One staff member told us, "If you go in with a positive attitude it reflects back off people. I've seen them doing things they wouldn't have done when I started." Another staff member told us, "I always show I'm physically relaxed with people. I'm aware there's potential (for incidents) but don't work as though I'm expecting it. I don't approach people with fear." We observed this positive attitude was displayed during our inspection. People responded well to staff and there was a clear trust between them. The management team ensured they spent time with people and staff to monitor the quality of the care people received. The PIR stated, 'The deputy manager spends time on shift each day to ensure there is a good oversight of the delivery of support and to identify where improvements are required and good practice can be enhanced.' We found this to be the case. The deputy manager was able to describe changes which had been made from observing how people were supported. They told us, "We have to make staff into support workers, to get them into the mind set of being led by the individual. It's about getting staff to trust that behaviours will reduce if they work to a positive, person centred approach."

Staff told us they felt supported in their roles and were involved in the development of the service. One staff member told us, "I feel very supported but am allowed the freedom to explore possibilities and introduce things." Another staff member said, "You can always ask for support here. The [deputy manager] has been fantastic." A third staff member told us, "I feel as though I can talk to [registered manager and deputy manager] about anything. We debrief after incidents and we can talk to each other. We work as a team, we come together with a shared ethos." Team meetings were held and there was good attendance. Records showed that staff were able to discuss any concerns and share ideas regarding how they supported people.

Audits were completed to monitor and improve the quality of the service provided. The registered manager completed a manager's report on a monthly basis. This collated information on areas including accidents and incidents, complaints, safeguarding reports, physical interventions, supervision and training. This enabled both the registered manager and provider to monitor any significant events and any emerging trends which needed to be addressed. The information was also used by the provider's compliance team to

inform them of any areas which they needed to explore in more detail. The provider's compliance team visited the service on a monthly basis to complete a full audit. Systems were in place to ensure that if the service audit score fell below a set number then weekly audits would be completed to support the service to improve. There was a clear trail of quality audits which showed that where shortfalls had been identified, these were addressed promptly. For example, audits had identified that one person's risk assessments required more detail. We found this had been addressed and clear guidance was now in place for staff to follow. Another audit had found that some medicines protocols were not available. We saw that this had been addressed. An action plan was in place which was reviewed during each audit to ensure that any new areas for improvement were highlighted. This showed that the service was currently working on goal planning with people. There was evidence that this work was in progress.

People and their relatives were involved in the running and development of the service. Regular residents' meetings were held. Discussions included menu planning ideas, any activities people would like and any complaints or concerns. A sheet with pictorial cues was given to people to assist them with understanding what feedback they were being asked for and to aid communication. As part of the audit process, the compliance team contacted people's relatives several times a year to gain their feedback regarding the service. Comments seen were positive and it was clear that good relationships had been developed between relatives and staff. One relative commented, 'I find all staff I meet when I visit my son respectful, friendly and professional'.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper copies of care plans were also available to ensure easy access for staff. These were stored securely in locked cabinets within the staff offices. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.