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Abbey Care

Inspection report

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Date of inspection visit:
26 July 2017

Date of publication:
21 August 2017

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?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 26 July 2017.

Abbey Care is a domiciliary care service that provides personal care and support services for a range of people living in their own homes. These were predominantly older people with age related frailty some of whom were also living with dementia. Younger adults with a range of conditions including learning disability, physical disability and mental health needs also used the service. At the time of our inspection 15 people were receiving support with their personal care on a regular basis. A further 32 people received a service under the local authorities voucher scheme. The majority of people receiving support under this scheme received a sitting service which did not require staff to deliver personal care on a regular basis however some people did on occasion's receive minimal support from staff such as assistance to go to the toilet.

At the last inspection on 13 and 14 April 2016 we identified breaches of legal requirements and the service was rated requires improvement. The registered provider did not have processes in place to systematically audit records such as people's care plans and staff files. We also found the records relating to the administration of one person's medicines had not been completed appropriately and the risk assessments for another person had not been reviewed when their needs had changed.

Following our last inspection, the provider wrote to us to say what they would do to meet legal requirements and sent us an action plan detailing how they intended to ensure they met the requirements of the law. At this inspection, we found the provider had followed their plan and improvements had been made.

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.

Since the last inspection the registered provider had introduced systems for reviewing, monitoring and assessing the quality of the service. Audits of care plans and staff files were taking place which enabled the registered provider to identify gaps in the records and take corrective action. However we also identified these systems needed further development to drive improvement, become fully embedded into practice and sustained. Whilst we did not assess any harm had occurred, it is an area of practice that we identified needed improvement.

Improvements had been made to ensure people's risk assessments had been updated and reviewed to reflect changes in their needs. Individual assessments identified environmental and individual risks. They were up to date and detailed guidance for staff to follow to reduce these risks effectively.

Improvements had been made to ensure that people's medication administration records (MAR) were fully

completed and these had been checked by office staff for accuracy. People received their medicines on time and staff had the guidance they needed to ensure people received their medicines safely.

People were supported by kind and caring staff that knew them well and were aware of their personal preferences, likes and dislikes. One person told us "They talk to me, tell me what they are going to do". A relative commented "It's all about the individual".

Care plans were in place detailing how people wished to be supported and people and/or their representatives were involved in making decisions about their care. People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

People confirmed they felt safe with the staff. One person told us "I feel very safe with them". A relative told us they felt their loved on was "Very safe and quite confident with the carers around". Systems were in place to protect people from abuse and harm and staff acted on any concerns they had. When concerns had been identified these had been passed to the local authority for them to consider under local safeguarding protocols.

People were supported by staff who received regular support, training and supervision and had the skills, knowledge and experience required to support them with their care needs. Staff underwent regular training and updates to ensure they stayed up to date with current good practice guidelines and legislation.

People's privacy and dignity was respected. Staff had a firm understanding of respecting people and providing them with choice and control.

People, relatives and staff spoke highly of the service, the management and staff. One relative told us "Overall I'm happy with the care". Another commented "I'm very pleased with them really, I've even recommended them". People and relatives knew how to complain and were confident their concerns would be addressed.

People's right to make their own decisions about their own care was supported by staff. Staff worked in accordance with the principles of the Mental Capacity Act 2005 (MCA) and sought people's consent before delivering care.

Checks were completed on potential new staff before they started work to make sure they were suitable to support people and the provider made sure there was enough staff at all times to meet people's needs.

Staff felt supported within their role and described an 'open door' management approach. The management team were always available to discuss suggestions and address problems or concerns. A staff member said, "They are very good if you have problems; they listen to you. If you need anything or need to know more about something you can just ask".

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 felt safe receiving care.

There were processes in place to ensure people were protected from the risk of abuse. Staff were aware of safeguarding procedures.

Environmental and individual risk assessments were up to date to reduce and manage risks to people.

There were enough care staff deployed to meet people's needs safely.

Safe recruitment practices were in place.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by trained and competent staff.

Staff were supported in their role and had opportunities to develop.

Staff understood and acted in line with the principles of the Mental Capacity Act 2005.

People were supported to access food and drink of their choice.

People's health was monitored and their health care needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by kind and friendly staff that they knew well.

People's preferences and decisions regarding their care were respected.

People were supported to express their views and their dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and planned in line with their needs and personal preferences.

The delivery of care was flexible and responsive to people's changing needs.

There was a system in place to manage complaints and comments.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits to monitor the quality of the service needed to become embedded into day to day practice to drive improvements.

The management team were approachable and supportive.

Roles and responsibilities within the organisation were clear and the registered manager fulfilled their responsibilities as a registered person.

Abbey Care

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 registered 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.

At our last comprehensive inspection of the service on 13 and 14 April 2016 we identified areas of practice that needed improvement in relation to systems in place for reviewing risk assessments, auditing, care plans and staff files and the recording of medicine administered covertly. The service received an overall rating of 'requires improvement. Following that inspection the provider wrote send us an action plan outlining the steps they would take to ensure they were meeting the requirements of the law. At this inspection we checked they had followed their plan.

This inspection took place on the 26 July 2017 and was announced. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one 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.

Before the inspection, we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events that the service is required to send us by law. We used this information to decide which areas to focus on during our inspection. On this occasion a Provider Information Return (PIR) was not requested prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However we did obtain the contact details of people, their relatives and staff so that we could speak with them over the phone.

During our inspection, we conducted telephone interviews with three people who use the service and the relatives of another five people who were not able to give us their views over the phone. We spoke with four care staff over the phone. We spoke with a senior member of staff responsible for overseeing staff training, a

senior care co-ordinator, a care co-coordinator and the deputy manager all of whom also on occasion's delivered care. We also spoke with the registered manager. We observed staff working in the office as they dealt with issues and spoke with people and staff over the phone.

We reviewed a range of records about people's care and how the service was managed. These included the care and medicine administration (MAR) records for six people. We looked at four staff training, support and employment records. We examined records relating to the management of the service including quality assurance audits, complaints and records relating to the day to day management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt the support they received was safe. One person told us "I feel very safe with them". A relative told us "We feel very safe with the carers". Another told us they felt their relative was "Very safe and quite confident with the carers around".

At the last inspection we identified some shortfalls in the maintenance of records relating to the safety of some people. One person's risk assessments had not been reviewed and updated when their needs had changed and the administration of one person's medicines had not been recorded appropriately. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan identifying how they would ensure they met the requirements of the law. At this inspection, we found the provider had followed their action plan and the breach had been addressed.

People were supported to be safe without undue restrictions on their rights, freedom and choices. Risk assessments had been completed and contained guidance for minimising potential risks such as those related to moving and handling and eating and drinking. These had been reviewed and updated every six months or as and when people's needs had changed. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. For example; risk assessments directed staff to prepare people hot drinks of their choice but to ensure they were not too hot and placed on a flat surface with the handle pointing towards the person to reduce the risk of scalds and spillages. Another person's care plan stated 'When assisting (person's name) in and out of bed staff to ensure the bed control is out of reach to avoid accidental lowering of bed which could cause injury'.

Risks associated with the safety of the environment and equipment in people's houses were identified and managed appropriately. These included an analysis of the condition of flooring, carpets, or rugs and considered whether they presented a risk of trip, slip or fall for either the person or the staff member. The location of the mains electricity supply gas and water shut off valves were detailed along with escape routes in an emergency. Equipment such as hoists used to transfer people were regularly serviced and maintained. Staff explained each piece of equipment had a sticker on to show when it was last serviced, this was checked at the initial assessment and on-going reviews to check they were safe to use.

Staff had completed training in infection control. They were aware of how to protect people from the risk of infection and people and staff told us staff wore gloves and aprons when delivering personal care. They were also aware of the appropriate action to take following accidents and incidents to ensure people's safety including reporting to their line manager and completing relevant records.

People received their medicines safely. Staff had received training in the administration of medicines. Care plans and medication administration records provided staff with the information and guidance they needed to follow to ensure people received their medicines as prescribed and intended. When medicines had been administered these had been signed by staff. People and their relatives confirmed care staff supported them

to take their medicines when they needed them. One relative told us "Yes they give the medication. The doctor sent a letter to them to do that. They check it before they do it and go over it with me. They've got a medication sheet in the book." Another relative commented "Carers give the medication, they are sound with that".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories for new staff who had been interviewed following the submission of a completed application form.

People were protected from the risk of abuse. Staff understood how to identify and report safeguarding concerns. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures. Staff had undertaken adult safeguarding training and were able to identify the correct safeguarding procedures should they suspect abuse. When concerns had been raised these had been passed to the local authority for them to consider under local safeguarding protocols.

There were sufficient number of skilled and experienced staff to ensure people were safe and cared for on visits. The number of people using the service and their needs determined staffing levels, which were adjusted accordingly. For example, the number of staff supporting a person could be increased from a single to double call if required. Double calls are when two members of staff attend a person. The registered provider reviewed staff numbers and recruited staff in response to future need to ensure all visits were covered.

Good

Is the service effective?

Our findings

People and their relatives told us people were supported effectively by staff. One person told us "Some are good and others are alright". One relative told us their loved one was "Happy with the girls they've got". Another relative commented "I'm very pleased with them really. I've even recommended them". A third said "Overall I'm happy with the care".

The registered provider operated an effective induction programme which allowed new members of staff to be introduced to the running of the service and the people receiving care. The induction also incorporated the skills for care, care certificate. The care certificate is a national set of standards that social care and health workers are required to work in accordance with. It is the minimum standards that should be covered as part of the induction training of new care staff. One relative told us "New carers; they come for a week and shadow (experienced staff) before they start". Staff told us they had received a comprehensive induction which equipped them to work with people. One member of staff told us, "The induction covered everything I needed to know. I've done the care certificate".

Staff had received the training they needed to meet people's needs and the skills to carry out their roles effectively. Training records confirmed staff received essential training on areas such as moving and handling, safeguarding adults, health and safety and first aid. Some staff had also received training that was specific to the needs of the people using the service such as dementia care and epilepsy. Staff spoke highly of the opportunities for training. One member of staff told us, "I did a twelve week training course before I started. It was really good and covered everything. I had to sit in a hoist to see what it's like". Another told us "They keep on top of the training I've done meds training a couple of times now".

Staff were given opportunities to learn and develop. Formal systems for development included one to one supervisions with members of the management team. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff also told us and records confirmed they had an annual appraisal of their performance. Staff members commented they felt able to approach management if they needed any advice or support.

Management observed staff undertaking care tasks to ensure that their practice was competent and met the needs of the person supported. Observations enabled the registered provider to check the care was being delivered as planned, monitor staff performance and check with the person that they remained satisfied with the care they were receiving. Management told us new to care were observed more often than experienced staff. One relative confirmed this and told us "I've met with them a couple of times when they've been here". Staff said they worked well as a team and received the support they needed.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff

told us they gained people's consent before delivering care and there was documented evidence that they had been provided with MCA training. Records documented when people's representatives had the authority to make decisions on their behalf for example; one person's care plan detailed that the local authority managed their finances as agreed by the court of protection and staff were aware of this.

People were supported to make their own decisions and choices in relation to their safety. One staff member told us they had supported a person to transfer from their bed to a chair against the advice given by a health care professional of needing to stay in bed, They explained they had reminded the person of the health professional's advice but as the person had the capacity to understand the risk this posed to them they had supported them as requested. They commented "It's their right; they understand the risks and we can't stop them".

People were supported to eat and drink and maintain a healthy diet. Care plans included information on people's dietary needs, likes and dislikes and people and their relatives told us these were met. One person told us "They prepare me something if I want it". A relative told us "They feed my relative breakfast in the morning; they're very good. When they take them out they know the food has to be cut up small". Another relative told us "They prepare or leave something. They always prepare a meal if (their relative) is not at day care".

People were supported by staff that had a good understanding of their nutritional needs and how these were to be met. One staff member told us one person had been assessed by a speech and language therapist (SALT) as needing a soft textured diet and thickened drinks to reduce the risk of choking. They explained they supported the person to order over the internet meals of their choice that had been prepared to the consistency they required. They also explained the person had been reassessed by the SALT the day before our inspection as still needing a soft textured diet but no longer requiring their drinks to be thickened. This information had been recorded on the person's records and a text message had been sent to all staff to inform them of this change. The registered provider also sent us an updated copy of this person's care plan which confirmed the change had been transferred into their care plan.

People's healthcare needs were closely monitored by staff. A relative told us when their loved one was not well staff had brought them home and commented "If they have a fit the staff know to call an ambulance". They confirmed this was detailed in the care plan and went on to say "I'm confident they would call an ambulance because they have done so in the past". Another relative told us "They have warned me a couple of times when my relative has not looked well". Records detailed appointments with health and social care professionals such as GP's and hospital appointments, social workers, and nurses based in the community. Input and guidance had also been sought from the occupational therapist (OT) and physiotherapist services to accommodate the needs of people who needed assistance to move. Advice and guidance given by these professionals was followed and documented.

Good

Is the service caring?

Our findings

People's experiences of care were positive. When asked if they felt the staff were caring one person told us, "Yes they are and they do the job properly". A relative commented "Yes they are". They went on to explain their loved one could not see and told us the staff talked to their relative and commented "They sing a lot and joke with them. The regular ones who really know them are really good with them. They have a little dance and things like that". Another relative told us "Yes they are just very nice when they come in, they say hello and chat with them". A third relative said "Yes they are very good; they're caring the way they look after them".

People were treated with respect and dignity. One person told us, "They cover me up" when staff attended to their personal care needs. A relative told us the staff shut the door when they were delivering personal care and another told us "They are very good like that. The door gets closed so no one can see". A third relative told us they felt staff were "great" with their loved one and said staff showed respect by "Not talking down to them". A staff member told us "I always ask people what they would like to call them" They told us one person liked to be addressed as Mrs (last name) and others liked to be referred to by a shortened version of their first name.

People were supported to remain independent. One person told us "I do my breakfast myself and do the rubbish myself and they take it out. I like to be as independent as I can be". A relative told us staff supported their loved one to do things themselves and commented "Staff slice the fruit and put it in (their relative's) hand so they can put it in their mouth themselves. They cut a sandwich into pieces so they can do that themselves. Staff do encourage them to do things". Another relative told us their loved one didn't tend to do much for themselves and commented "Staff watch them, they don't mollycoddle them".

People were involved in the care being delivered and had signed their care plans to show their agreement. One person told us "They talk to me, tell me what they are going to do". People and relatives told us that the care people received was what they required from the service; was centred on people's needs. One person's relative told us that staff asked their loved one what they wanted and gave them a choice. Another relative told us they felt the service was "definitely" centred on their loved one's needs and commented "Staff keep them in their own routine. Take them to the bank and the luncheon club. Staff do their upmost to fit in with their routine". A third relative told us "It's all about the individual".

People told us they were usually visited by same the group of staff which they referred to as their 'regular carers'. People who had complex needs were only visited by staff who had been allocated to them and knew them well. A member of the management team explained that where ever possible they tried to match people with the care staff that visited them. They gave an example that one person had requested a staff member that was able to read to them and be able to hold conversation on a wide range of subjects and they had been able to identify a staff member who the person was happy with. They gave another example whereby a relative did not feel that one of the staff members was quite right for their family and so a different staff member had visited them on a 'meet and greet' basis. This gave the person and their family the opportunity to assess whether or not they felt the staff member would be a good match for them. A staff

member told us "I'm the only one that visits one person. We have a great bond. It really makes a difference. They gave some positive feedback at the review; I was made up". Another staff member told us "I see the same people every week, one person I've been going to since I started, we get on really well".

People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Issues of confidentiality were covered during staff induction and the provider had a confidentiality policy which was made available to staff. People's and staff records were stored securely within the location office.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs and wishes. The registered provider had ensured that the delivery of care was individualised and person-centred. Each person's needs had been assessed before prior to receiving a service to ensure their needs could be met. Initial assessments and risk assessments were then used as the basis for compiling their care plan. People, and where appropriate their relatives or representatives had been consulted and involved in planning the care and support provided. One person confirmed they had been visited at home for an initial assessment of their needs and that their care plan reflected the care they received. A relative told us the initial assessment was "Guided by social services at the time".

Care plans included information and guidance for staff to follow about how to meet people's needs. These included areas such as health, nutrition, social, medical, comprehension and communication. For example one person's care plan stated that when eating the person may keep chewed food in their mouth so staff should remind them to swallow the food. This person's care plan also stated the person was able to walk unaided, had an interest in reminiscence and watching television and if they become anxious staff should ease their anxiety by keeping them occupied with things they like doing. A staff member explained how when this person became anxious "We distract them by dancing with them, they love dancing and singing". When we discussed the care of particular individuals with management and staff, they demonstrated a good understanding of people's needs.

Care plans provided staff with information about the level of support and tasks required at each care call. People had combinations of call times and call duration according to their need. Care plans provided an outline of the tasks required at each call. For example one person had three care plans detailing the support they needed from staff at different times of day such as getting out of bed, dressing and food preparation. Another person had different plans to reflect their routines on different days of the week such as the support they needed for the days they stayed in and the support they needed when staff supported them on activities in the community. This person's plan contained information about how they liked to spend their time and the activities they liked to participate in when out with staff in the community. Staff told us they found the care plans helpful and informative. One staff member commented "The care plans are on point". They told us they had read people's daily records and signed entries at the conclusion of their visit. Reviews of care had been arranged with people on a six monthly basis or sooner if their needs had changed. These had been carried out with the person and where appropriate their relatives and professionals involved in their care. One person told us "I've had a couple of reviews. It's pretty much the same". A relative commented "They come out and review. The care is as my relative wants it".

The delivery of care was personal to each person and responsive to their changing needs. The registered provider and staff displayed a flexibility and willingness to adapt care calls in order to care for people safely and effectively. A relative told us that recently the calls had been changed so they were shorter but the number of visits had increased and explained "They've changed the 10 hours around to suit my relative." Staff confirmed they felt they had sufficient time at calls to provide personalised care. They told us the management tried to ensure they had sufficient time to travel in between calls but as a lot of staff used

public transport sometimes they were delayed. For example, one staff member told us, "If I'm running late I can ring the office and ask them to ring the next person or get someone to cover my next call". Feedback from people showed that calls were attended within a reasonable timeframe, on time and that in the main, communication was good if there were to be delays.

Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes in their service user guide. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. Records showed that complaints had been investigated appropriately and to people's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

Most people and their relatives felt the service was well led, that management were helpful and approachable. Everyone was aware of and spoke highly of the member of the management team who oversaw the day to day management of the service. One person told us "You can contact them with anything you want. They come regular if I want anything; come out and help you". A relative told us they thought they were "Very helpful. If they can't deal with it they pass it on to others in the office that can".

At our last inspection we identified the registered provider did not have processes in place for systematically auditing records such as care plans and staff files to check they were accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the registered provider sent us an action plan identifying how they would ensure they met the requirements of the law. At this inspection we found the provider had followed their action plan and the breach had been addressed. However the quality assurance systems and quality monitoring processes needed to become embedded into day to day practice.

Since the last inspection people's care plans and staff files had been audited. Records showed that care plans had been checked for their completeness and accuracy. However we identified the audits used had not checked each section of the care plans and although all care plans had been reviewed, some had not been audited for over a year. The shortfalls the audits had identified included what corrective action was needed to be taken. Audits were stored in individuals' care plans and the provider did not have an overview of the results. Therefore they could not easily identify any themes and trends. Similarly although complaints had been recorded and investigated appropriately there was no system in place for the issues arising to be analysed to identify any areas for improvement. Records detailed matters arising from checks on care calls and observation of staff practice however they did not always show whether these matters had been addressed and not all staff practice had been observed delivering care. The registered manager told us they were in the process of developing a schedule for systematically auditing the records which would be organised in such a way as to provide the overview they needed to learn by mistakes and drive improvement. This is an area of practice that we identified as needing improvement.

The registered manager and management team were approachable and supportive and took an active role in the day-to-day running of the service. Staff were comfortable and relaxed talking with them in the office. We observed positive interactions and conversations were being held with staff and people in the office and on the telephone. Management took time to listen and provide support where needed. Care staff felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. One staff member said, "I can go to the management about anything I'm more than comfortable approaching them". They told us when they had raised an issue with them they had "dealt with it quickly" and told us they were "100% confident any concerns would be dealt with professionally". Another staff member told us "They are very good if you have problems; they listen to you. If you need anything or need to know more about something you can just ask".

Staff understood their roles and responsibilities. They told us communication was good and information

was available by telephone and in person. This helped them to keep up date on what was happening within the service or if there were any changes and developments. Issues highlighted by staff, such as changes in people's conditions, were quickly picked up and dealt with by staff in the office. The daily records that staff completed about the care they delivered and of the medication administration records were checked for their accuracy and completeness when they were returned to the office. Management told us any shortfalls identified were then taken up with the member of staff who had completed the call and corrective action taken.

Systems were in place to obtain feedback from people and their relatives. People were asked for their views of the service as part of their reviews and when spot checks of staff performance were completed. Satisfaction surveys had just been sent out to people who used the service and their relatives. The registered manager told us the feedback from these would be used to identify shortfalls in service provision and identify areas for improvement.

The registered persons were aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were worked in an open and transparent way in relation to the care and treatment provided.