Kent County Council

Blackburn Lodge

Inspection report

The Broadway
Sheerness
Kent
ME12 1TS

Tel: 03000420998
Website: www.kent.gov.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on the 21 and 25 April 2016, it was unannounced.

Blackburn Lodge is a service provided by a local authority. The service provides accommodation and personal care for up to 35 older people and short term care supporting people to regain their independence with input from other health and social care professionals. They also provide care so that people's main carers have 'respite' time. In addition to the short term care and support, the service provides care and support to nine people who live permanently at the service. There is a day care centre on the ground floor of the premises. People who live in the service are accommodated on the first floor of the building. At the time of the inspection, 34 people were living at the service.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were protected against the risk of abuse. People told us they felt safe. Staff had been trained and recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Staff were recruited using procedures designed to protect people from unsuitable staff. There were sufficient numbers of staff to meet people's needs. Staff were available throughout the day, and responded quickly to people's requests for help. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

Staff were trained to meet people's needs. They met with management and discussed their work performance at one to one meetings and during annual appraisal, so they were supported to carry out their roles.

People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them and greeting the registered manager warmly. Staff interacted well with people, and supported them when they needed it.

There were risk assessments in place for the environment, and for each person who received care.

Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The provider and the registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The provider and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the Commission.

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 abuse by staff who understood the daily challenges they faced and how they communicated their needs. People told us that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

Blackburn Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 25 April 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider 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.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and 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 which the provider is required to tell us about by law.

We spoke with five people and two relatives about their experience of the service. We spoke with the registered manager, the deputy manager, two team leaders, three care staff, the cook and an occupational therapist who visits the service on a weekly basis.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 26 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People commented, "It is very pleasant here, yes I do feel safe", and "All the staff are friendly and kind, so yes I do feel safe as there is always staff around". One relative told us, "I visit all the time and I am always made to feel welcome. The staff provide good care for Mum".

There were enough staff to care for people safely and meet their needs. People said, "There is always someone (staff) to help me", and "I do not have to wait long when I ring the bell". Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. For example, we observed there were enough staff available to walk with people who were at risk of falls when they were using their walking frames.

The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed there were sufficient staff on shift at all times. The registered manager told us if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. This showed that arrangements were in place to ensure enough staff were made available at short notice to maintain the levels of service and at times when people's needs changed.

People were protected by safe recruitment practices. The provider had a recruitment policy in place and this was followed by the provider's human resources department. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. Staff told us the policy was followed when they had been recruited and their records confirmed this. The provider had a disciplinary procedure in place to respond to any poor practice.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. One member of staff said, "We are always going on training, and we are informed when yearly updates are due". Any concerns raised were recorded and the registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. People could be confident that staff had the knowledge and skills to

recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been individually risk assessed. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. In relation to maintaining people's safety, the slips, trips and falls assessments instructed staff to make sure that the person used their walking aid, and to ensure that there were no hazards in their way.

Incidents and accidents were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall. We saw there were risk assessments and guidelines for the use of bedrails which were reviewed on a regular basis.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. A policy was in place to guide staff from the point of ordering, administering, storing and disposal. There was a system in place for checking the temperature of the medicine storage areas to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Where people were able to manage their own medicines staff ensured they were safe to do so and provided any support they needed. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

People were cared for in a safe environment. The premises looked and smelt clean and had been maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. People said, "The food is good, I can always have something different if I do not fancy the choices offered", "I can eat in my room if I want to, and sometimes I do", and "There is always plenty to eat and drink". Relatives told us that staff were good with people and the food was good as alternatives were always available. One relative said, "The staff are very good, nothing is too much trouble", and "Everyone is friendly, no matter what time I come to visit".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised un the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLs.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The registered manager said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until

assessed as competent to do so.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness and stroke awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. One member of staff spoken with was happy with the training that she had received and felt that it was sufficient to both do her job and meet people's needs. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the registered manager was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. All of the staff we talked to told us, "We work well as a team", and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. People were offered choices of what they wanted to eat and records showed what they had chosen. One relative said, "They always provide an alternatives and make sure people have enough to eat". We observed people eating their meal in the dining room. The atmosphere was convivial. People were smiling and chatting and eating their food. The food looked and smelled appetising and people were asked if they wanted more.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed that as necessary, food and fluid intake was monitored and recorded. Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. All people spoken with felt that there was enough to drink. Everyone seen in their rooms and most of the others had drinks within reach, often both hot and cold. This meant that people were less likely to get infections.

People were involved in the regular monitoring of their health. Referrals were made to health professionals including doctors and occupational therapists as needed. The occupational therapists came into the home every week to support people to regain independence. They also arranged home visits and made sure that people had all the equipment they needed when they returned home. People told us if they wanted to see the doctor the staff would make an appointment. Where necessary staff referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health

and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats as necessary, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People told us that staff are all very good. People said, "Staff treat me with respect when providing personal care", and "The staff are all very nice and we can have a laugh, it is a cheerful place here". Relatives commented, "Staff do all they can to help everybody", and "The staff really do care for people and encourage them to do as much as they can for themselves".

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms. We overheard staff comments over the meal time and these included, 'Where would you like to sit', 'Did you enjoy that, would you like anymore', and 'Would you like more to drink'. This showed that staff had developed positive relationships with people.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

People said they were always treated with respect and dignity and valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people that people that lived permanently at the service had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked

with them. Support was individual for each person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the registered manager. One person said, "I would speak to staff or ask the manager". Relatives told us that if anything changed with the care of their relative they were always informed and kept up to date. One relative told us, "They always keep me up to date, and I can always speak with manager if I need to".

People and their relatives or representatives had been involved when assessments were carried out. This was an important part of encouraging people to maintain their independence. People's needs were assessed by staff and care and treatment was planned and recorded in people's individual care plan. There was an in depth care plan for the people that lived permanently in the service, and a shorter care plan for respite and assessment support. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I like to go to bed early around 7.30pm and I like to get up around 8.00am', and 'I have a hearing aid but chose not to wear it'. The staff knew each person and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. They and their relatives as appropriate were involved in any care management reviews about their care.

The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. A care plan stated that the person would choose what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff encouraged people to follow their individual interests and hobbies. There were activities, both from outside companies. On the first day of the inspection visit, there was a party celebrating the Queen's birthday. People told us they had enjoyed the party and the musical entertainment. Other activities included a wild science visit where small animals for example snakes and rabbits were brought in, and baby chickens visited the service over the Easter period. There was also quizzes, music and movement session and one to one hand and nail care. There were links with local services for example, local churches and local entertainers. Local children visited regularly and read to people. People's family and friends were able to visit at any time.

Information about making a complaint was available on the information board at the entrance of the

service. People were given information on how to make a complaint in a format that met their communication needs. People were given the opportunity at regular reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. Relatives and people who lived at the service knew the registered manager and felt that they could talk to the manager with any problems they had. The provider and the registered manager investigated and responded to people's complaints. The registered manager confirmed that complaints were investigated appropriately and reported on. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale. The registered manager said there had been no formal complaints made in the last year.

The service was adapted to meet people's individual needs. For example, bedrooms as needed had overhead moving and transferring equipment. A new wet room had been completed and this had enabled one person to independently have a shower every day, demonstrating an understanding of person centred care.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, "They all work well together", "The manager is always around, and I can talk to her when I need to", and "All the staff are approachable and helpful". Relatives told us, "We are kept up to date with any changes", and "It is a friendly place, and there is a good staff team".

Compliments from people that had written to the service included, 'We would like to send our heartfelt wishes and gratitude to each and every one of you for the love and care you showed to her', and 'Blackburn Lodge was her home and you all were like a family to her'.

The provider and registered manager had a clear set of vision and values. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was indicated that these values were cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The management team at Blackburn Lodge included the provider, the registered manager, the deputy manager and the team leaders. The area manager provided support to the registered manager, and the registered manager supported the care staff and ancillary staff. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, accidents and incidents, and care planning. There were effective systems in place to manage risks to people's safety and welfare in the environment. The service had been awarded a food hygiene rating 5 following a visit from the Food Agency Standards. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were

protected from harm.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest level so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.