The Order of the Good and Perpetual Succour

St Mary's Convent

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

Overall summary

The inspection was unannounced. This meant the provider or staff did not know about our inspection visit.

St Mary's Convent provide care for up to 18 older people. Nursing care is not provided. The home was established as a care home in 1934.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.'

The service was last inspected by CQC on 27 May 2014 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

Summary of findings

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated. During the last 12 months, we found no complaints had been received.

We saw comprehensive medication audits were carried out regularly by the management team.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

We saw staff supporting people in the dining rooms at lunch and choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The home was exceptionally clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS.

People who used the service, and family members, were extremely complimentary about the standard of care.

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

We saw that the home had a full programme of activities in place for people who used the service.

On the day of our inspection most people attended mass in the convents chapel. In the afternoon people were actively involved in a music quiz. Several others were out with family and friends.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

People's human rights were recognised, respected and promoted.

The home had effective infection control procedures in place.

Is the service effective?
The service was effective.

Good

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People were involved in the assessment of their needs and had consented to their care, treatment and support needs.

We found staff were supported through training and development and had the right skills and knowledge to meet people's assessed needs. The provider also supported staff through regular supervision and an annual appraisal.

The premises were safe and had specialist equipment in place for people to be as independent as possible.

People's nutritional needs were assessed/monitored to identify any risks associated with nutrition and hydration.

Is the service caring?
The service was caring.

Good

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

People had access to advocacy services. This enabled others who knew them well to speak up on their behalf.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them and their involved in decisions and had their

People could see who they wanted and when. People were supported to maintain relationships with their friends and relatives.

Emotional and spiritual support was always available to people, their families and friends.

People told us they felt confident to express any concerns or complaints about the service they received.

Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The registered manager had conducted investigations, into safeguarding, whistleblowing, concerns and complaints were thoroughly investigated.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

St Mary's Convent

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

We visited the service on 5 May 2015. The inspection was carried out by one Adult Soacial Care inspector.

We spent time observing people in various areas of the service including the dining room and lounge areas.

We were shown around the premises and saw people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

We also spent time looking at records, which included people's care records, and records relating to the management of the home.

On the day we visited we spoke with six people who were using the service. We also spoke with three relatives and four members of care staff plus the deputy manager and the registered manager.

During the inspection visit we used pathway tracking to review four people's care plans, four staff training and recruitment files, a selection of the home's policies and procedures and infection control records.

Before our inspection we reviewed all the information we held about the service. We examined previous inspection reports and notifications received by the Care Quality Commission. We also spoke with the local safeguarding team and Healthwatch who were involved in the care of people living at the home, no concerns were raised by these organisations..

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Good

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt safe. One person said, “I was quite nervous living on my own. Since I came to live here, I feel very safe indeed.” A relative said, I am confident that my relative is very secure and safe at St Mary’s Convent.”

The home’s safeguarding and whistle blowing policies were readily available to staff, both in the office and within the staff handbook. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

Staff told us they had received updated safeguarding training and this was confirmed when we looked at the staff training records. We asked three members of staff what they would do if they suspected abuse or neglect was taking place. They described to us the correct sequence of actions they would take, including whistleblowing. They also described the different types of abuse and how to spot any potential signs and indicators of abuse. they said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

Records confirmed that where concerns had been identified appropriate action was taken to safeguard the people involved and to work closely with the local safeguarding team and other organisations.

There was a system in place to record accidents and incidents. The records we looked at showed that management took appropriate steps to learn from such events and put measures in place. This helped to reduce the risk of this happening again.

We looked at people’s care records in detail; we found they contained appropriate risk assessments. These were reviewed regularly and covered a wide range of areas that were specific to each individual. For example, one person had been identified as having an increased risk of falls. The risk assessment identified when and where the risk was higher and the actions that had been taken to reduce the risk and to protect the person. Other risk assessments were detailed and provided staff with information about how to minimise the risk. We also saw alternative options had been considered where appropriate. This meant people’s wishes/choices were taken into consideration to enable people to take informed risks.

People's diversity, values and human rights were respected. The registered manager told us the home’s philosophy of care was based on treating people with dignity, respecting people’s diversity and beliefs, and promoting people’s human rights.

People said they were supported to live the life they choose with full regard to their gender, age, religion or belief, and disability. They were able to take risks and were not limited by assumptions and beliefs about their diversity. For example one person said, “I refuse to be confined to the home, I am a little unsteady on my legs but I still like to wander around the gardens on my own, it’s so peaceful and tranquil. This is my decision and I am fully aware of the risks involved.

We asked the registered manager about the home’s policy on restraint. We were told restraint was not used in the home and that staff had been trained to distract people if they displayed behaviour that challenged the service. This meant people were protected from the risk of harm because physical interventions were not used.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP was to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Medicines were stored securely in locked rooms. Records were kept of all medicines received, administered and those disposed of. We saw medicines were handled according to the requirements on the Medicines Act 1968. Controlled drugs were stored in a metal cabinet, which complied with the misuse of Drugs Act 1971. On the day of our inspection, no controlled drugs were being used. We saw a refrigerator was used for storing those medications which required it. There was a system in place for checking and recording the temperature of the refrigerator.

The staff training records showed that staff had received up to date medication training.

We looked at four staff recruitment files and saw the home operated a robust recruitment procedure. Files contained proof of identity, evidence of disclosure and barring service (DBS) checks, two references including one from the previous employer, interview records and application forms. We saw all newly appointed staff received an induction when they commenced employment. This included a period of shadowing more experienced staff,

Good

Is the service safe?

prior to working alone. We saw the home had a very low turnover of staff. We saw all staff were issued with a code of conduct, and received a copy of their job description and terms and conditions.

We spoke with one staff who had started work at the home four years ago. They confirmed these procedures had been followed. They told us the induction had made them feel confident about their ability to carry out their role competently.

We looked at staffing levels and each day they had in addition to the registered manager, a deputy manager three carers on duty for 18 people. During the night there were two waking night staff, with a senior staff on stand-by. The service used a dependency tool which worked out how many staff should be on duty at any one time. People who used the service told us there were enough staff on duty, and that they never had to wait very long for assistance. All relatives we spoke with said, “There was always enough staff on duty.”

We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were exceptionally clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

We saw the service had procedures and clear guidelines about managing infection control. There were two infection control champions who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures. The registered manager showed us the various checks and audits that were carried out. For example, a person had recently taken on the role of checking all areas of the service twice daily to ensure hygiene measures were sustained and all areas were nicely presented. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE. We found the service was safe. This meant there were effective systems in place to reduce the risk and spread of infection.

Good

Is the service effective?

Our findings

We spoke with people who used the service. People told us that the staff understood their needs and always listened to them and always treated them with respect and maintained their dignity. One person said "They (the staff) are very efficient and they certainly know what they are doing." Another said, "The staff are good at what they do and always consult me about the support that I need and they know how I like things to be done and they respect my wishes." Relatives told us the service was very effective and thought the staff team were very knowledgeable and had the right attitude and experience.

We spoke with four care staff they told us it was their priority to ensure people's needs and preferences regarding their care and support were met. The staff had good knowledge about the people they supported. For example they knew the various conditions people had and their likes and dislikes. We asked staff how they were made aware if people's needs changed. They told us that there were detailed daily records kept about people's care welfare and support needs. If any changes occurred these were documented. They said there was also a verbal handover session at the beginning of every shift where the staff coming on duty were updated on any relevant information.

We saw these daily notes were recorded regularly and contained detailed information. For example following a visit from a GP or a hospital appointment. In addition, we saw this information was used to update care plans where necessary. We also saw people's care plans were reviewed and evaluated at least once a month. This helped staff to take the right action to meet all aspects of the health, personal and social care needs of people in their care.

The design, layout and decoration of the service met people's individual needs. We also saw the environment had been sensitively adapted with specialist equipment to aid people's independence. For example there were raised toilet seats, bath hoists, handrails, sitting scales and all rooms had wheelchair access. We saw all equipment was operated and maintained in line with legislation and the manufacturer's recommendations. .

We saw people's bedrooms were decorated and furnished to reflect their personal tastes. People were encouraged to bring their own furniture and personal items in with them if they wished. This meant people were supported to retain familiar possessions that were important to them. In each person's room they had a lockable storage space to keep valuables.

The corridors in the home were wide and well lit. This enabled people to walk freely throughout the home. There were quiet areas and spaces available for people to spend time together or be alone and receive visitors.

Staff we spoke with told us they felt they received enough training to do their job effectively. Training in areas such as infection control, moving and handling, food hygiene, medication, MCA, DOL, equality and diversity and safeguarding were up to date. All staff had achieved a national vocational qualification in care levels two and three, and three staff had commenced level five. In addition the service provided training in areas specific to the people living there. For example challenging behaviour and end of life care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We spoke with the registered manager, she showed us a file where applications had been made for three people. We saw the applications had been authorised. We saw all staff had undertaken training in Deprivation of Liberty Safeguards.

The registered manager showed us a 'consent to support' and Mental Capacity Act (2005) assessment to identify people's capacity to consent to their care. In addition, we saw that for some people a best interest's assessment had been conducted which had involved people who knew them well and health and social care professionals when needed. This enabled staff to provide the right level of care to a person.

We saw systems were in place to support staff to carry out their roles and responsibilities to a good standard. Staff and management told us, supervision meetings took place on a regular basis. Supervision enabled staff to receive support and guidance about their work and discuss any on-going issues, training needs and check on their knowledge of the home's various policies and procedures.

We saw records were kept of staff meetings which were held regularly and these were made available for all those who were unable to attend.

Good

Is the service effective?

We spent time observing, during an activity and over lunch, how staff met their care and welfare needs. We found the mealtime experience to be calm and sociable. We watched as staff supported two people with their food at a pace which was comfortable to them. Staff encouraged people to eat independently, offering assistance sensitively and discretely where this was needed. We watched how staff supported one person with more advanced nutritional needs with their meal. The member of staff talked with this person throughout the meal time experience by offering encouragement and support. During the mealtime experience, we saw staff interacting with people and people were relaxed, happy and comfortable with the staff on duty. We saw people had a choice of two main meal options and three deserts. We saw the dining tables were pleasantly presented with napkins, table cloths and condiments so people could help themselves. We saw the food served was hot and looked appetising. We also saw people were allowed the time they needed to finish their meal comfortably. We spoke with four people about the meals, all were very complimentary about the food. One person said “The food is lovely.” Another said “the food is always very good. With plenty of choices.” People told us there was a different menu every day. "We asked staff how they made sure everyone was having enough to eat and drink. Staff told us, for those people who were assessed as at risk, they kept a record each day of what they had to eat and drink. Staff also described how they involved the community dietician and monitored peoples’ daily intake closely. They also told us, for those people at risk their weight was recorded weekly. We looked at the care records for four people. Each file contained a nutritional assessment called malnutrition universal screening tool’ (MUST). We saw people’s nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders.

Good

Is the service caring?

Our findings

During our inspection, we spoke with six people about how they preferred to receive their care. They told us that they spoke with staff about their personal preferences, and that this was undertaken. Everyone commented on the kindness and the caring attitude of the staff.

One person said, “They are wonderful staff, they will do anything you wish. I consider myself lucky to have found such a place, it’s like a haven to me.” Another said, The staff, manager and the convent sisters are so caring and kind, they are lovely people.”

Relatives told us the privacy and dignity of people was always maintained. Comments included: “They are happy here”; “I can’t fault them. The staff are very knowledgeable and very professional”, “My relative would tell me if they were unhappy” and “Everybody is very kind, that means everything to us as a family.” Another relative said, “This is an outstanding care home, in my opinion the care here is exceptional. We are kept informed of everything, “They’re so caring and my relative absolutely loves it here.” Another said, I visit twice a day, this must be one of the best care home’s in Durham.” We found staff were fully committed to the people they worked with.

People said the staff respected their wishes and listened to their views. One person told us, “I still make my own decisions regarding all aspects of my life, the care and support I receive is very good because they (staff) know how I like things to be done.” This meant that people were treated with dignity and respect and their views on the way their care and support should be provided was listened to. This meant people valued the supportive relationship with staff who worked with them to maintain their independence

People told us that their dignity and privacy were respected, particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom with doors closed and curtains shut when appropriate. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and ask people if it was alright before carrying out any intervention. One staff member commented, “We always encourage everyone to be involved in decisions about their lives, and play an active role in planning the care and support they receive.” This showed that people were treated with fairness, dignity and respect by the staff team.

We found the service had a strong person centred culture. We examined four people's care plans to ensure that the content matched people's assessed care needs, and we found that this was the case. For example, two people we spoke with who used the service told us their care plan included a range of support needs including their social, physical needs, like and dilikes, and developing skills to become more independent.

During our observations we saw staff were caring, compassionate and kind and gave people time to make decisions for themselves. For example people were encouraged to join in with activities within the home but were not pressured into participating. We saw that staff showed patience and understanding with people. They spoke with people in a respectful manner. We saw good interactions throughout the day with staff and people who used the service, people were very relaxed in the company of staff.

There was a core team of staff who had worked at the home, most for many years and knew the people they supported very well. The registered manager said, “It’s nice to see people’s life histories, it’s helps us to get know about what people did before, such as their family background, where they lived, their occupation and their hobbies and interests. Because this helps us to have meaningful conversations with people, It’s particularly useful with those people with short-term memory problems.” This meant having an awareness of people’s histories and lifestyle, provided staff with the right information to be able to interact, care and support them in an individualised way.

People we saw throughout the day were dressed as they chose and looked well groomed and physically well cared for. This showed that staff took time to assist people with their personal care.

We saw the registered manager and staff were proactive in encouraging people and their relatives to make their views known about the kind of care and support they wanted. Managers and relatives told us there was regular and effective communication between them. People who used the service and their relatives were always invited to care planning reviews.

Good

Is the service caring?

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Specialist equipment was provided as and when needed. The service made sure that facilities and support were available for people, those who were important to them and staff before, during and after death. The staff training records demonstrated that staff had received palliative care training.

The registered manager told us that during the 12 years she had been in post, only two people had died in hospital. She said, “People’s wishes were always respected and we make sure we have all the resources available to do so. This meant the service supports people’s end of life wishes.

Good

Is the service responsive?

Our findings

The service had two activities coordinators that worked seven days a week. On the day of the inspection we saw people were occupied and supported. For example, Most people had attended morning mass in the convents chapel. All denominations were welcome to attend. We saw some people playing a memory musical quiz. Later in the afternoon we heard one of the activity coordinators singing in the lounge. People told us she had a beautiful voice and they thoroughly enjoyed these sessions.

We saw staff tended to focus on very small groups or individual activities, for example cake making and walks round the garden. We saw photographs in the home that recorded such activities. One person told us a dog was brought in regularly which they enjoyed. We saw examples of where people had been supported to take part in organised activities, such as board games, in their daily records. We saw activities were consistently recorded in everyones records this meant we could see the frequency and relevance of activities for each individual. One person told us, I go out with a friend at least three days a week which I really enjoy. Another visitor told us, "I visit twice a day and most days we go out into the community. People told us they also enjoyed twice weekly coffee mornings held in the village hall. This meant people were supported to engage in mindful activities.

The four care plans we looked at took into account information regarding each person's interests and preferences. We saw evidence of a relative's involvement in one person's plan where they had provided the home with information as to their personal history and identified needs. We saw in another person's care plan that their needs had changed over the past year. The care plan had been regularly updated accordingly with clear guidance for staff on how best to support the person. We found staff had the most up to date information to be able to care for people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each of the care plans we looked at had been reviewed in the past month and were person centred. We found people had relevant risk assessments in place which had all been reviewed in the past three months. We saw how procedures were in place to obtain valid consent from people using the service or family members. We saw these were followed in practice, monitored and reviewed. For example, people told us they were always consulted about their care needs and what they thought was best for them.

Most of the people who used the service had capacity which meant they were able to comment on decisions regarding their care. One person said, "The staff know how I like things to be done" Relatives also told us they had opportunities to be involved in the development and review of care plans if they wished.

All relatives told us they felt communication with the home was excellent and they were kept up to date regarding care planning and any changes in their relatives health needs. One relative told us: "I can go home and not worry. I know they'll let me know if anything happens." Another relative told us they felt the staff were very good at keeping them informed of any changing needs and reassessed them regularly to ensure they were supporting them appropriately. For example, they told us their relative had recently attended hospital and they were informed immediately which meant they could accompany their relative to the hospital. We also saw that all people using the service had a document completed about their life, preferences, care, treatment and support needs, these including their specific health needs, conditions and medicines prescribed. This was used when people were transitioned between services. This is sometimes referred to as a hospital passport, and was used to make sure that people received consistent care.

We saw that, as well as guiding staff in how to support people with personal care, care plans also advised on the best approach to support people emotionally. For example one plan stated: "When I become upset it is best to leave me alone to calm down."

The service is a registered charity and had a board of governors who oversaw the affairs of the service, such as, performance, finances, policies and procedures, protocols, and staff recruitment.

We saw the home's complaints policy and procedure. This was clearly displayed within the home. It contained contact details for the local social services department, the health authority, the management team and the board of governors of the service. The policy outlined clear stages of the complaints procedure with a timescale of when people could expect their complaint to be addressed.

Good

Is the service responsive?

We looked at the complaints book and saw none had been recorded during the last 12 months. We inspected the paper work associated with a previous complaint made prior to this and saw it had been appropriately investigated in a timely way in line with the policy. Relatives we spoke with told us they had not had any reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff we spoke with were positive about the management of the service. One member of staff told us that everyone was "Friendly and because the home was so small we are like a big family." During our visit we observed staff approaching members of the management team openly for direction and advice and saw there was a relaxed atmosphere. Staff told us they felt supported to do their jobs to a good standard.

Relatives told us they found the registered manager to be very approachable." One said: "She always makes her presence known to me and always keeps me informed of events."

The service had asked relatives of people who used the service to complete a satisfaction survey. Of the 18 surveys sent out most had been completed and returned. The survey results had been analysed and an overall report produced in order to highlight any issues that may have needed action. We saw the results were very positive.

We asked the registered manager how they gathered the views of people who used the service. She told us they held regularly meetings and these were used to get feedback about how the service was managed. We saw in the care files each section had a space for notes of people's expressed views which were updated every month or as required. These were subsequently used to reflect people's preferences and ideas about the aims and objectives of the service.

The staff in the service were proactive in attempting to engage with relatives and involved them in care planning, and gaining their views about the running of the service. This was done via a six monthly surveys and relatives meetings, and asking for their input in care planning reviews. The management team told us this worked well.

We saw staff meeting were held regularly. This gave staff an opportunity to receive support and guidance about their work and discuss future training needs and the development of the home. The staff meeting records showed that there was an opportunity within the sessions to air any issues staff might have or suggest any ways in which the service could improve. This demonstrated the management believed in openness and demonstrated a willingness to listen.

The member of the management team with responsibility for training told us all new members of staff completed a six week induction that followed Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. During this period they would shadow more experienced staff whilst working shifts. At the end of the induction period a lead senior member of staff would assess competencies before signing the person off as able to work independently. Staff files showed, and staff told us, that this procedure was adhered to.

The registered manager told us, and we saw from the documentation, that they carried out regular audits. These included audits associated with equipment, fire safety and Legionella disease as well as audits of people's care documentation such as care plans and risk assessments. We saw audits regarding medication were also carried out. This showed us the system for auditing was robust and people were protected from the risks associated with their personal care and health and safety equipment.

Accidents and incidents were recorded appropriately. We saw these were analysed on a monthly basis and the documentation showed that, where a trend was highlighted, actions were taken.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local health authorities, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

Good

Is the service well-led?

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.