Voyage 1 Limited

The Orchards

Inspection report

49 Three Bridges Road
Crawley
West Sussex
RH10 1JJ

Tel: 01293619465
Website: www.voyagecare.com

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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

Voyage 1 Ltd is a large registered provider, having 291 registered locations across the country. The Orchards is registered to accommodate up to four people in what is currently an all-male service. The service provides support to people living with learning disabilities or other complex needs who need support with personal care. At the time of our inspection there were four people living at the service, which is set in a modern detached house in a residential area of Crawley.

This inspection took place on 25 October 2017. The service was given short notice of our visit. This was to ensure people would be available to support us with the inspection.

We had previously inspected the service on 19 May 2015, when the service was rated as good in all areas. We found this good practice had been sustained, and the service remains rated as Good.

The service has 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 registered manager was on leave at the time of our inspection so the inspection was carried out with a senior support worker. A regional manager also attended the service to assist us with the inspection. Following the inspection we contacted the registered manager to gather any information they wished to contribute to the inspection process.

The provider and registered manager had clear and well organised systems in place to ensure people received high quality, safe care and support. Systems ensured priorities for improvement were identified and accountability was understood. For example regular audits were carried out of the service from both the registered manager and teams from within the organisation. Any recommendations were included on a consolidated action plan, which was dated to show when actions had been completed or were due to be completed by.

Feedback was obtained and acted upon from people, relatives, staff and healthcare professionals in order to improve the service. Questionnaires were completed annually and people could also give feedback at reviews, or during regular meetings for staff and people living at the home. We saw people interacting freely with staff throughout the inspection.

Risks to people's health or well-being were robustly assessed and managed, including risks from the environment or in relation to people's healthcare. We saw risk assessments were being used in a positive way to support people to develop new skills and have new experiences, for example such as using kettles independently or spending time without direct staff supervision. Incidents were analysed to identify trends and prevent re-occurrences.

There were sufficient staff on duty to meet people's needs, and staff were recruited safely. The service

ensured there was a full staff recruitment process undertaken, including disclosure and barring service (police) checks. People living at The Orchards had sufficient staff to help them follow their chosen activities as indicated in their care plans. For example on the day of the inspection people went swimming, shopping, attended a work placement and went to a local garden centre.

People received their medicines safely, and with support to help them understand why this was needed if appropriate. One person's prescription needed clarification by the prescribing GP and senior staff agreed to request this.

Staff had built positive relationships with people and their families. People's wishes were respected and staff supported them to develop new skills and have new experiences. Plans included people's goals and aspirations for their future. People had a say in making choices, for example about holidays they wanted to go on or activities they wished to take part in. People were valued for their individual strengths and personalities, and the service had a happy, positive and welcoming atmosphere.

People were treated with dignity and respect. For example we saw staff including people in all conversations and speaking with them respectfully. People's communication was understood, and staff worked hard to develop this further. This included supported communication, which was used by one person. The staff member who was the person's keyworker was attending an evening course to learn the person's communication. The person was also being involved in supporting staff to understand how they communicated, by teaching them new signs to use. This helped demonstrate the person was valued.

Systems were in place to ensure complaints or concerns were responded to and managed. People living at the service were encouraged to 'speak out' if they were unhappy about something. People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005. Where people lacked capacity to make an informed decision, staff acted in their best interests. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to choose their own meals. This included information on making healthy choices, and people were able to be involved in shopping for and preparing meals as they wished. One person had been baking during the inspection at a local centre and bought evidence of their handiwork back to share.

People's healthcare was supported. Each person had an annual healthcare review at the local GP practice and any additional support needed, such as from Physiotherapy services, was accessed. People were encouraged to follow a healthy diet. One person living with a long term health condition had managed to lose weight and take further control of their healthcare with staff support.

The premises offered people a homely and comfortable environment in a residential area, but close to the services and facilities in the town centre, such as cinemas and a leisure centre. People were able to walk into the local town from the service's location, and there was access to local public transport services. The service had an attractive garden and good parking. Each person had their own bedroom, with adapted bathing facilities to meet the person's needs.

Records were well maintained and kept securely.

The service had notified the CQC of incidents at the home as required by law.

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 remains Good

Staff had a good understanding of how to keep people safe.

Risks to people's health or well-being were robustly assessed and managed, including risks from the environment or in relation to people's healthcare.

Incidents were analysed to identify trends and prevent re-occurrences. Learning was shared with other services to promote good practice.

There were sufficient staff on duty to meet people's needs, and staff were recruited safely.

People received their medicines safely.

Is the service effective?

Good

The service remains Good

Staff had the skills and support they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005. Where people lacked capacity to make an informed decision, staff acted in their best interests. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to choose their own meals. This included information on making healthy choices. People's healthcare was supported.

The premises offered people a homely and comfortable environment in a residential area, but close to the services and facilities in the town centre.

Is the service caring?

Good

The service remains Good

Staff had built positive relationships with people and their families.

People's communication was understood, and staff worked hard to develop this further. This included supported communication.

People were valued for their individual strengths and personalities. The service had a happy, positive and welcoming atmosphere.

People were treated with dignity and respect.

Is the service responsive?

Good

The service remains Good

Staff understood people's needs, and support plans reflected people's wishes, goals and aspirations regarding their care. Plans were carried out.

People benefitted from personalised activities that met their choices and interests. People were active in the local community, using local shops, leisure facilities and clubs.

Systems were in place to ensure complaints were responded to and managed.

Is the service well-led?

Good

The service remains Good.

The provider and registered manager had clear and well organised systems in place to ensure people received high quality, safe care and support.

The Orchards had clear systems for governance. Systems ensured priorities for improvement were identified and accountability was understood.

Feedback was obtained and acted upon from people, relatives, staff and healthcare professionals in order to improve the service.

Records were well maintained and kept securely.

The service had notified the CQC of incidents at the home as required by law.

The Orchards

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 was 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 25 October 2017 and was announced. The service was given short notice of the inspection (24 Hours) This was to ensure someone was available to support us with the information we needed. As the registered manager was away we carried out the inspection with a senior support worker and the regional manager who attended to support the service.

The inspection was carried out by one adult social care inspector.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we looked at the support plans for all the people living at the service. We spoke with or spent time with all the people living at the service, three members of care support staff including the senior support worker, and the regional manager. Following the inspection we also spoke with the registered manager by telephone. We looked at records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and three staffing files, and looked around the building and grounds. With people's permission we also spoke with two family members about their experiences of the home.

Good

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. We saw people were comfortable in conversation with staff, speaking openly with them and requesting support when this was needed. The senior support worker told us they felt confident that people would share any concerns with staff if they were unhappy about anything. Staff had received training in safeguarding people either online or with West Sussex Council and participated in 'Safeguarding Together' forums with other local services to learn from incidents and share experience. Staff told us they would report any concerns about people's well-being without hesitation. Information was on display in the office to support staff to raise concerns about people's well-being. This included contact details of local agencies to report concerns to. The service had acted quickly to report concerns about people in relation to incidents outside of the service, and a concern had also been raised about an incident where a person had fallen and fractured a collarbone. This told us the service acted openly with other agencies to support people's well-being. Arrangements were in place to safeguard people's finances where they were not able to manage this themselves, and where the service supported people to manage money there were clear systems in place. We saw this in practice and spoke with a staff member balancing one person's change after an outing. They told us this was carefully managed to ensure people were protected.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. This included supporting people with healthy living advice and guidance. For example, a person living at The Orchards had a health condition that meant they had difficulties managing their blood sugar levels. The person had been supported to lose weight and as a result had been able to reduce their medication. The service had also provided a risk assessment for the monitoring of the person's blood glucose levels on a daily basis. This included a pictorial plan to support the person with their understanding on carrying this out independently. Risks such as from choking were assessed as it was known that people with learning disabilities were at higher risk of this, although no one at the service had been identified with this issue. Other risk assessments were based on individual needs, for example vulnerability when handling money, vulnerability in the community and using facilities in the house independently such as a kettle.

Where any incidents had taken place the service carried out an audit and review, including debriefing and learning to ensure concerns were not repeated. Any needed actions were shared among the staff group or the wider service. Concerns identified as being a high risk would be escalated within the organisation, and up to director level if significant enough.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. People living at the service had complex needs which for some people meant them needing mental health support as well as support for their learning disabilities. We saw that people's support plans contained guidance about risks to the person's mental health, and signs that the person was becoming anxious. Plans also included guidance for staff on how to manage angry or distressed behaviours, including de-escalation to support the person in a positive way. For example, for one person a sign of their increased anxiety or elevated mood might include questioning each staff member in turn about particular

aspects of their daily life. Plans confirmed how the person could be supported to become calm and be distracted from this activity, including information about activities they enjoyed. Where significant risks were identified the service sought guidance from specialist community support teams. This included support from psychiatrists and other healthcare services. Where people had identified health risks, for example one person who needed regular blood tests every three months, we saw this was carried out.

Risks to people from the premises were identified and action plans put into place to mitigate these. Regular fire precaution checks were undertaken, including a recent update of evacuation procedures, and each person had their own personal evacuation plan. Records showed that regular fire tests were made of equipment and the fire system was regularly serviced and updated. Systems for hot water testing and temperature management were in place to prevent people from injury. One person was beginning to have difficulties with their mobility due to changes in their health. We saw the service were considering in advance what needs this person may have in relation to their mobility, and any changes that may be needed to the premises to resolve this. This may include for example a ramp in the garden area. Action was already under way to replace gravel on the driveway.

People received their medicines safely and as prescribed. We discussed the management of medicines with the senior support worker. One person was in the process of having medication changed to a liquid format as they had so many pills they were having difficulty in taking them each morning. Some people living at the service were able to partially manage some of their own medication. For example one person was supported by staff to administer creams to their legs. One person's medication for pain relief had been prescribed to be given four times a day. Discussions with the senior support worker indicated that this was only given to the person when they needed or requested pain relief. The senior support worker agreed to refer this back to the prescribing general practitioner for review to an "as required" medicine. This was also the case for another person who had been prescribed a medicine for the relief of anxiety. Clear information was available to staff on how and when the person would need this medicine.

Medicines management systems at the service had last been reviewed in June of this year by the supplying pharmacist. Staff had all received training in the administration of medicines and the registered manager and senior support worker had recently completed an advanced medicines course. Audits were carried out on medicines at the service on a weekly basis. This helps to identify whether there had been any errors in recording or administration. The service had a medication management policy and copy of the local medicines management policy. Safe systems were in place for supporting people to take medicines when they were away from the service for example if people went away to stay with family.

People were being protected because a full recruitment process was being carried out for staff employed. We looked at three staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks and references. Where potential risks might be identified during the recruitment process, systems were in place to ensure risks would be assessed to ensure people were protected. People living at the service were encouraged to take part in the staff recruitment process if they wished.

There were enough staff to support people and enable them to safely follow activities of their choosing. The service only had one person on at night who was on a waking duty. This had been determined by the provider as being safe and meeting people's needs following discussions with commissioners and a risk assessment. This was kept under review to ensure if people's needs changed this could be increased. Systems were implemented to ensure alarms were raised if the staff member became ill or was unable to attend to people via a system of texts across other local services throughout the night. People and staff felt there was enough time to support people. On the day of our visit people were being taken out for coffee,

swimming, a trip to a garden centre, or shopping for food supplies. One person was able to attend a work placement independently. Relatives we spoke with told us they were happy with the staffing at the service. Lone working policies were in place and staff could contact "on call" staff for support at any time.

Good

Is the service effective?

Our findings

People received support from staff who understood their needs and had the skills to support them effectively.

Staff had undertaken training in areas which included fire safety, communication, safeguarding adults, basic life support, health and safety, the Mental Capacity Act 2005, positive behavioural support and working in a person centred way. Staff told us they had also received training in de-escalation techniques, to support people with managing risky behaviours. Staff had access to training resources provided by the local authority, or told us they could ask for bespoke training if there was a specific need. Staff told us they felt supported by the service, and we saw records that showed staff had received regular supervision. This included observations of practice and there were annual appraisals in place. New staff received an Induction 'in house' and were supported by other staff until they felt comfortable in their role. Staff were also enrolled on the Care Certificate where appropriate, which is a set of standards that health and social care workers can follow in their working practice to support them to deliver good care. Where appropriate night staff healthcare assessments were carried out to ensure any concerns over staff health could be identified at an early stage.

Staff were knowledgeable about people's care needs. They were able to describe people's needs, personalities, likes and dislikes in ways which demonstrated they had good knowledge about individuals they supported. We saw staff supporting people in positive ways, for example we saw one staff member help one person who was becoming over stimulated to calm and re-focus on what they wanted to say. People knew who their key workers were and one person told us how they enjoyed spending time with them and how they helped them. They said "(staff member name) helps me keep my room tidy. And then we can go out." A relative told us the staff were "very good, very patient, help people have lots of fun as well as learn things. They are always smiling."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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.

We checked whether the service was working within the principles of the MCA. We found staff had a good understanding of people's rights to make decisions and choices, where they had the capacity to do so. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. For example one person had been assessed for their capacity to make a decision regarding a major healthcare issue. The process had decided the person lacked the capacity to understand the implications of the decision. A best interests decision was made involving the person's family and medical staff involved with the person's care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at the service had been assessed as not needing a deprivation of liberty authorisation.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People were encouraged to make meal choices and be involved in cooking where they wished. We saw evidence of people being involved in menu planning. Some people did cooking or baking at day centres. One person shared their baking with us on their return from a Halloween baking session. People's weight was monitored where the person was identified at being at risk. People were also able to make themselves drinks and snacks at any time in the kitchen. This had been appropriately risk assessed, and helped ensure people were able to develop new skills. People were able to express preferences over where they ate, and people told us they enjoyed going out for meals and drinks.

Some people who used the service had healthcare needs which required involvement and support from specialist community or hospital services. People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychiatry services, opticians and dentists. Some people were being encouraged to take responsibility for their own healthcare needs as part of their support planning, for example with weight loss and monitoring blood glucose levels. Each person had a healthcare passport in their file giving support information about the person in case of an admission to hospital. Files also contained copies of Health Action plans for each person, and recording of their annual health check information.

The Orchards is a modern detached property set close to the centre of Crawley, yet in a quiet residential road. The property has an attractive enclosed garden and parking to the front of the service. The accommodation was well maintained and decorated. Each person had their own bedroom and bathroom, which was decorated and personalised to meet their needs. For example one person had recently been provided with a wet room to help them manage their own personal hygiene more independently. One person showed us their room and how everything worked in it, which demonstrated the pride they had in their own personal space. This had been decorated to reflect their interests and hobbies. Thy said "I like my room." People had access to their rooms at any time and could choose to spend time where they wished in shared spaces such as the lounge or dining room. The service's conservatory was used as an office, but we saw people also used this room, where there was a sofa, to spend time interacting with staff informally, talking about their day and sharing conversation.

Good

Is the service caring?

Our findings

The Orchards had a positive and busy feeling. Relatives told us the service had a positive and busy atmosphere. One said "when (person's name) is here with us they are always telling us about The Orchards and what they do there. They seem very happy."

Staff told us people were supported to maintain contacts with friends and family. For example one person's plan contained information about the dates of birthdays and celebrations for each member of the person's family. This helped ensure they could be supported to send birthday cards when due. Two people told us about forthcoming trips they were having to their family, and a family member also told us about how well contact was maintained. The service also had a secure Facebook page where family members who had been invited to do so could see photographs of things people at the service had been doing. Some of the people living at the service had known each other since using childhood services together. One person told us they got on well, however, one person told us they did not always get on well with others. The service were aware of this and were supporting the person to make decisions about where they wanted to live in future in conjunction with healthcare services.

People's privacy was respected. Each person had a key to their room and a front door key. Care was delivered in private and information about people's needs was not shared inappropriately. Staff told us they understood how it was important for people to develop skills to be as independent as possible, and that this was different for each person. For example one person had asked that as part of their developing greater independence they could spend short periods of time alone. They were supported to do this, within guidance and risk assessment from their placing authority. Other people were being supported to have greater independence with budgeting, or developing life skills such as shopping and laundry.

Although everyone living at the service had the ability to communicate verbally, some people also used supported communication. For example, one person used Makaton at times and liked to do so. Staff told us how they were supporting this. A staff member, who was this person's key worker was taking an evening class in their own time to learn how to communicate in this way. The person sat with us and staff members and showed us the signs they used. This information was going to be shared among the staff group.

Staff were positive about working at the service. They told us "This is a good place to work" and "We have a good team here". Staff spoke about people respectfully, and included them in discussions. This included for some people ensuring they had sufficient time to register the information and respond appropriately.

Staff were positive and passionate about supporting people, and showed genuine caring. We saw examples of people being supported and guided with patience and kindness. For example one person needed support to use a computer game they were interested in. The staff member, although cooking, broke off to support the person with their chosen activity. Staff were skilled at observing people's behaviours and intervening to avoid the person becoming anxious or overstimulated, for example through the acknowledgement and redirection of repeated thoughts

People were involved in making choices about their care. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. They told us they had regular meetings with people to identify if there were any things people wanted to do, or any changes made to their care support. People's views and requests were listened to and acted upon. For example the minutes of a recently held meeting for people living at the service showed people had been involved in choosing trips and holidays, and whether people wished to attend a Christmas party. Two people went to church regularly. The meeting also discussed what people should do in case of a fire alarm going off. This helped ensure people understood their own responsibilities in case of an emergency.

Good

Is the service responsive?

Our findings

People received individualised support, based on an assessment and knowledge of their needs, and included in a plan of their care. People had been involved in drawing up their plans, and were encouraged to share their aspirations for their future at regular key worker meetings and reviews. Some plans had not received a full review recently but the senior support worker told us the overall system and records for support planning were due to be replaced in the near future, and that current plans were still an accurate reflection of people's needs. People and their relatives were fully involved in these meetings alongside staff and healthcare professionals or social workers as needed. Each aspect of their care was reviewed and their opinions, views and ideas were sought where possible. Staff told us they worked with people to look at how their aspirations could be broken down into smaller steps that were more manageable for the person to achieve. Minutes of team meetings showed how the team were trying to ensure consistency in approach to support a person with a behavioural issue. This included the use of a chart to record the person's progress.

We looked at the support plans and review documents for all four people living at the service. Plans contained guidance on what a "Good day" looked like for the person. Positive support plans indicated signs of people's well-being, and detailed information about their specific needs, personal preferences, preferred routines, personalities, abilities. The philosophy of care at the service was based on principles of positive behavioural support, and developing people's potential and confidence. We saw these principles being carried out in practice. For example one person was being encouraged to decrease a particular negative behaviour. They had a visual record of how well they were doing and showed us how well they were doing. They were very proud of their achievements.

Plans were understood by staff, and we saw them being followed in practice. For example one person was experiencing a change in their mobility. The service had made adaptations to ensure the person had access to a wheelchair for longer walks, but on days when the person wished and was able to walk this was encouraged. On the day of the inspection the person had walked independently for shorter distances and had enjoyed this. We saw staff kept this under observation and review and were clear about signs of when the person was becoming tired.

People were supported to follow activities of their choice. Each person had an activities plan in their file and a chart on the wall as a baseline but people were able to make changes to this each day to allow them to have more experiences as they wished. On the day of our inspection people were following a number of activities of their choice. For example one person attended a work placement. Other people were going shopping, were taken out for coffee at a local garden centre or swimming. The person who had visited the garden centre had enjoyed this because they had a particular interest in Christmas and decorations.

People were keen to show us how they followed their interests and hobbies. For example one person enjoyed being referred to by the name of a literary figure, and we saw this was done. They had memorabilia in their room about films about this person, and a collection of posters, clothing and DVDs to watch. One person's plan indicated how they enjoyed playing a particular computer game and we saw them doing this on the inspection. People were supported to go on holidays of their choice and days out. The service had

recently supported people on a day trip to France; other days had included the London Eye, Madame Tussauds and 'Harry Potter World'. People showed us photographs of themselves enjoying their days out.

Systems were in place to manage any concerns or issues raised, including easy read information to assist people's understanding. The senior support worker told us they were confident any issues would be addressed. The service had received no formal complaints or concerns since the last inspection.

Good

Is the service well-led?

Our findings

We found The Orchards was well led.

The service had well-structured management and clear processes for quality assurance and management. There was a clear management structure which staff understood. In their PIR the registered manager told us there was open interaction between staff and the registered manager, with "on floor joint working, open door attitude, team meetings, regular supervision and annual appraisal". Staff told us the registered manager was approachable and responsive.

People were encouraged to give their views about how well the service was working and what could be improved. Families, supporters and others such as visiting professionals were able to give their views about the operation of the service. A relative told us "We go to the reviews and take part; we feel our input is important". Another told us "we would sometimes like to know more about what he is doing." People, relatives and staff were involved in completing a series of questionnaires about the service. These had just been sent out for 2017, but we were able to review the audits of an earlier process. People were supported to complete these by their keyworkers at meetings, so people's communication could be supported. We saw actions were taken as a result of information gathered, for example to menu choices and activities. Regular staff and "service user" meetings were held. These also contained information about any changes or activities people would like to participate in. For example people had been involved in choosing holidays they wished to go on. Staff told us these were being organised.

The organisation recognised the importance of recognising staff and the service's commitment and performance through the Voyage Excellence Awards. A staff member had been nominated and recognised as Best Support Staff in the region, in part for their work as diabetes champion in the service. This had included ensuring the person was given support in ways they could understand in taking control of their own health condition.

The provider organisation ensured there were clear procedures for ensuring effective governance and the quality and safety of services provided to people at The Orchards. There were a series of audits in place which were carried out by the service manager or other teams within the provider organisation, such as the quality or estates management teams. Any actions or changes were needed were included on a Consolidated Action Plan, which set dates for completion and who was responsible for the actions needing to be completed. Standards were set by the organisation, for example for training targets, and each service was given clear information about their on going performance and where areas needed to improve.

Records were well maintained. Records were maintained in hard copy and on computer. Hard copy records were kept in the service's office. Staff told us although people living at the service used this area with staff observation they would not have access to other people's information. The service was registered with the information commissioners and so was subject to safe systems for information management. Safe and confidential destruction of records was available.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.