Meridian Healthcare Limited

Kirkby House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out over two days on 12 & 16 May 2016. The first day of the inspection was unannounced.

Kirkby House Care Centre is registered to provide accommodation and personal care for up to 44 people. The service is located in the Kirkby area of Liverpool, close to local shops and road links.

The service has a registered manager who was registered with the Care Quality Commission in October 2010. 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 last inspection of the service was carried out in September 2014 and we found that the service was meeting all the regulations that were assessed.

We have made a recommendation about monitoring records. Charts for one person had not been completed as required despite daily records showing that the person had experienced certain behaviours which required monitoring. Records for monitoring people's weight and food and fluid intake were completed as required and used to anticipate any changes in people's needs.

People told us they felt safe and they were protected from abuse and the risk of abuse. Staff had access to training and information about recognising the potential signs of abuse and how to respond to such incidents. Staff were knowledgeable about the different types and indicators of abuse and were confident about reporting any concerns they had.

Environmental risks and those associated with people's individual care and support were assessed and identified. Appropriate risk management plans which were in place instructed staff on the actions they were required to take to keep people safe. Staff had completed training in topics of health and safety and they had access to appropriate emergency equipment such as first aid and firefighting equipment.

Staff responsible for the management of medication had received appropriate training and they had access to up to date guidance and information about to managing people's medication. Medication was checked on receipt and it was safely stored and administered. Medication administration records (MARs) were completed correctly using the correct codes to show when a person had taken or refused their medication. People told us they received their medication at the right times.

People received care and support from the right amount of staff that were suitably skilled and qualified for their job. The process for recruiting staff was safe and thorough. A range of checks to assess the suitability of applicants were carried out prior to an offer of employment, including a check with the Disclosure and

baring Service (DBS).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff were aware of the need to obtain people's consent prior to them providing any care and support.

People were offered a choice of food and drink which they enjoyed. Drinks and snacks were regularly offered in between main meals. A care plan was in place for people who were at risk of poor nourishment and when required, appropriate referrals were made to other professionals including dieticians.

Staff treated people with kindness and were caring in their approach. They knew people well and understood people's preferences, personal routines, likes and dislikes. Family members were complimentary about the way staff cared for their relative and they said they were always made to feel welcome when visiting the service.

People's needs were assessed and a care plan for any identified needs was put in place which detailed the preferred outcome for the person and how it was to be met. Care plans took account of people's wishes and preferences, likes and dislikes. People were supported as required to access a range of healthcare professionals as appropriate to their individual needs.

People, family members and staff made positive comments about how the service was managed, they described the registered manager as approachable and supportive. A new system for assessing and monitoring the quality of the service people received was in the process of being implemented at the service. The majority of checks and audits had taken at the required intervals, place however care plan audits were ongoing. The registered manager had set a timescale in which to complete care plans audits, taking account of priority to minimise any risks to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe and staff knew the signs of abuse and how to report any concerns they had.

Staff were recruited safely and people were supported by the right amount of staff.

Risks people faced were identified and managed to help ensure their safely and they received their medication on time.

Is the service effective?

Good

The service was effective

Communication was effective which helped to ensure people received consistent care and support.

Staff were inducted into their roles and they received ongoing training relevant to their roles and people's needs.

People enjoyed meal times and they were provided with sufficient food and drinks to meet their needs.

Is the service caring?

Good

The service was caring

People were treated with kindness and their privacy, dignity and independence was respected.

Staff reassured people who were upset, with positive outcomes for the person.

Staff knew people well and had developed positive relationships with them and their family members.

Is the service responsive?

Good

The service was responsive

Monitoring records were not always completed as required to enable staff to respond to changes in people's needs.

People enjoyed the activities which were offered to them.

People's needs were assessed, identified and planned for. Care plans took account of people's wishes and preferences.

Is the service well-led?

Good

The service was well-led

The service was managed by a person who was described as approachable and supportive.

Checks were carried out at the service to monitor and assess the quality of it.

People were consulted about the quality of the service and they were encouraged to put forward ideas for improvement.

Kirkby House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 16 May 2016 and the first day was unannounced. One adult social care inspector carried out the inspection.

During the inspection we spoke with eight people who used the service and ten family members. We spoke with the registered manager, operations director and ten staff who held various roles including care staff, kitchen staff and domestic staff.

We looked at areas of the service including lounges and dining rooms, bedrooms, the kitchen and the laundry. At the time of the inspection there were 44 people using the service.

We looked at a range of documentation which included the care records for six people who used the service and six staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems in use.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us, information received from the local authority and Healthwatch and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe and that they had no worries about how they were treated. Their comments included, "I've no worries at all", "Safer than safe is how it is here" and "I feel very safe". Family members told us they had no concerns about their relative's safety. Their comments included, "X [relative] is very safe here. Our family worried a lot about her safety before she came to live here, but we don't have those worries anymore", "I leave here with no worries about X [relative] safety" and "I sleep at night knowing X is safe and well cared for". Healthwatch Knowsley shared the following comment with us which they received from a member of the public; "I believe mum is in a safe place and well cared for by all the staff, and thats all that matters to me".

The registered provider had a recruitment policy which clearly described a safe procedure for recruiting new staff and records showed that the procedure was followed. New staff had completed an application form which included details of their previous employment history, qualifications, skills and experience. Two references, including one from the applicant's most recent employer, and a check with the Disclosure and Barring Service (DBS) were obtained in respect of applicants before they were offered employment. These checks helped the registered provider to make safe recruitment decisions and prevent unsuitable people from working with people who used the service.

There were safe systems in place for managing people's medication. People told us they received their medication on time and in a way they preferred. Medication was administered by designated staff that had completed the relevant training. A policy and procedure and national guidance for the safe management of medication were displayed in the medication room. Medication was stored securely and appropriately labelled by the supplying pharmacy. Medication trolleys and cupboards were locked when not in use. Fridges were used to store medication which needed to be kept cool to ensure their effectiveness and items were dated to show when they were opened. Daily temperatures of fridges were taken and recorded to ensure they were at a safe temperature.

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the times they should be given. Staff completed MARs appropriately, for example after people had taken their medication staff initialled the record to show this and used specified codes to identify other circumstances such as when a person had refused their medication. Some people were prescribed 'as required' medication (PRN). Information obtained from people's GPs confirming the use of PRN medication was in place along with instructions for staff about how and when it should be administered. Each person had a medication profile which included personal preferences and routines for taking medication, and how people who were unable to verbalise communicated pain.

Staff had completed up to date safeguarding training and they had access to the registered providers safeguarding policy and procedures and those set out by the local authority. This information guided staff on how to recognise and report any incident of abuse which they were aware of. Staff knew the different types and indicators of abuse and they were confident about taking action if they witnessed, suspected or were told about abuse. Staff gave the following examples of situations which they would report as a

potential safeguarding matter; If a person told them they had been hurt, witnessing a person being spoken to inappropriately or being roughly handled and seeing marks or bruising on a person's body which could not be explained.

A record of allegations of abuse which had occurred at the service was kept. The records showed that the registered manager and other relevant staff took appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people.

Procedures were in place and accessible to staff for responding to emergencies such as fire or medical emergencies. This included a personal emergency evacuation plan (PEEP) for each person who used the service. PEEPs took account of people's individual needs such any assistance they needed to evacuate the building in the event of an emergency. Staff had completed training in topics of health and safety such as fire safety and first aid and they told us they were confident about dealing with emergency situations. First aid boxes and firefighting equipment was located around the service and staff knew where to find them.

Risk assessments had been carried on the environment and measures were put in place to minimise the risk of harm to people and others. For example, entry into the service was monitored at all times and all visitors were required to sign in and out of a visitor's book. Cleaning products were locked away when not in use, in line with the guidance for control of substances hazardous to health (COSHH). Certificates were in place which showed safety checks had been carried out at the required intervals on gas, electricity, fire detection systems and equipment.

Staff observed good infection control practices to minimise the spread of infection. They had easy access at all times to personal protective equipment (PPEs) including disposable gloves and aprons and they wore them when required. For example, when providing people with personal care and when handling clinical waste.

Good

Is the service effective?

Our findings

People told us that they received all the care and support they needed. People said staff understood their needs and met them well. People's comments included, "Oh yes they [staff] know exactly what I need and when. They all know what they are doing" and "The girls [staff] are fantastic they look after me very well". Family members told us they thought the staff were well trained and did a good job. Their comments included, "I have every confidence in them [staff] they do things properly", "Mum has a good quality of life here, they make sure of that" and "The care mum gets is really good, I've no worries about their ability to care for her".

There were effective systems in place which enabled staff to communicate information about people's needs and the day to day running of the service. This helped to ensure people received consistent and effective care. Daily handovers meetings were held and each one was recorded onto a handover sheet and included the names staff going off shift and those staff coming on shift. The records summarised discussions which took place during the handover meeting such as any events or incidents which impacted on people's health safety or wellbeing, what action was taken and any further action which was needed. A daily record which was completed for each person recorded any care and intervention, progress and other observations which needed to be monitored. A record was also kept of any contact people had with other health and social care professionals, such as GPs, dieticians and district nurses. The records included outcomes and instructions given about any new care or intervention staff were required to provide.

Family members reported good lines of communication within the service. They told us that they were informed about any matters which affected their relative, such as any improvements or a decline in their health or wellbeing. Family members confirmed that they were contacted promptly and informed about any accidents or incidents involving their relative and of any action taken. Comments made by family members included, "They [staff] have always been on the ball when letting me know things about mum", "I can't fault the staff they have always kept me up to date, they know how important that is to me" and "Each time I visit the staff always have a little chat with me about how mum has been".

New staff were inducted into their role. The induction consisted of an introduction to people who used the service and the staff team, a tour of the building and training in mandatory topics. Induction training included emergency procedures, infection prevention and control and people handling. Also as part of their induction new staff worked several shifts alongside more experienced staff before they were included on the rota as part of the core team. A member of staff confirmed they had completed an induction at the beginning of their employment and as part of it had spent time reading care plans. The registered provider had a staff supervision policy and procedure which detailed the arrangements in place for supervising staff. Discussion with staff and records confirmed that staff had received the level of supervision outlined in the registered provider's procedure. This included group discussions in the form of team meetings and individual one to one discussions with a manager. Staff were positive about the support they received. They said the management team were supportive and approachable and that they had no worries about asking for help, advice or support if they needed it. Staff comments included, "Tracey [registered manager] is always there if you need her and is very helpful" and "I know the help is there if I need it".

People received care and support from staff with the right skills and knowledge. Training was planned on an ongoing basis and included updates in mandatory subjects and topics relevant to people's needs. Training was delivered in a number of different ways, including touch training (e-learning) and classroom based training by an accredited training provider. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. A record of training was maintained and used to monitor completion of training and to plan for future training.

People's nutritional and hydration needs were assessed, identified and planned for. Nutritional assessments helped to determine whether a person was at risk of malnutrition and if they were, what the level of risk was and how it should be managed. People at risk had a care plan detailing how their nutritional and hydration needs were to be met to help them maintain their health and wellbeing. Charts were in place for people who required their food and fluid intake monitoring and they had been completed as required. Drinks were readily available to people who were able helped themselves and staff regularly offered drinks to people who required assistance to access them.

People had a choice of where they ate their meals including their bedrooms or one of three dining rooms. There was a large dining room close to the main kitchen and two smaller ones on either side. Main meals were prepared by the cook in a central kitchen and transported onto dining rooms by use of trolleys. Each dining room had facilities for storing and preparing drinks and snacks. A new menu had been devised and was in the early stages of being introduced at the service. The menus had been developed based on people's nutritional needs, food preferences and the time of the year. The menu included homemade meals cooked from fresh produce which was delivered regularly to the service, including vegetables and fruit. There were two main meal choices and a selection of alternatives for people if they did not like the main choices on the menu. The cook held information about people's dietary needs such as if they required their food textured or with a low or high calorific content. People had beenconsulted about the new menus and gave positive feedback about them. One person said, "The food has got much better, it's very tasty. The cook does a really good job" and another person said "I get plenty of nice food to eat, I never feel hungry".

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive and they had access to policies and procedures to guide them if this was required. Relevant staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body and those that had been authorised were in place.

Good

Is the service caring?

Our findings

People told us that the staff were polite, kind and caring. People's comments included, "Very nice indeed, they [staff] are very kind and helpful", "They are like my family, I love them all" and "They will do anything for me". Family members were complimentary of the staff and the way they cared for their relative. Comments made by family members included, "I have nothing but praise for them [staff] they care so much. They are marvellous and so patient", "Mum adores them, they are so good with her", "They are so compassionate. They understand mum so well and she relates to them" and "It was hard putting X [relative] in a home but these girls [staff] have made it so much easier because they care so much".

People were treated with kindness and compassion and staff knew people well and had formed positive relationships with them. Staff reassured people and were patient in their approach. For example, a member of staff sat with one person who was upset, held their hand and spoke in a calming and gentle way and after a short time the person had a smile on their face. People were invited to complete a document titled 'Remembering together' which gave them the opportunity to share information about their backgrounds and personal histories. For example, past working life, skills, personal attributes family make up and religious and spiritual beliefs. A lot of staff lived locally and knew a lot of people and their families because they too had lived locally. This helped to generate conversations about the local area and people's personal histories. Staff shared banter with people and their family members and laughed about stories from the past. Throughout the day staff spent time interacting with people and it was clear from the interactions that staff knew people well and had built positive relationships with them.

People's privacy, dignity and independence was respected and promoted. Staff knocked on doors before entering people's bedrooms, bathrooms and toilets and people and their family members told us this was usual. One person said, "They never just walk in, they always knock first". Another person told us that they liked to spend time alone in their bedroom and this was respected by staff. The person told us that staff regularly popped in to check they were ok and they were happy with that. After assisting people in bathrooms and toilets staff closed doors and where it was safe to do so they gave people time alone. A staff member explained that they did this in order to give people some privacy. Staff gave examples of other practices they followed to ensure people's privacy and dignity. This included seeking people's approval before assisting them and explaining what they were doing and why, and giving people choices and encouraging people to make their own decisions whenever possible.

Decisions people were able to make and their level of independence was recorded in their care records and understood and respected by staff. One person's care records stated that they liked to wash and dress themselves and another person care records stated that they liked to do as much as possible for themselves, and that this should be encouraged. Staff encouraged people to make choices and decisions, for example about where they sat and how they spent their time. Staff knew which people liked to spend time alone and those who preferred to be amongst others. For example, a member of staff said about one person, "They like to be in the main lounge and watch what's going on but do not like to join in any activities" and this was confirmed by the person.

Visitors were made to feel welcome and treated politely and they told us that they could visit any time during the day and night. Staff greeted visitors, briefed them about the wellbeing of their relative/friend and offered refreshments. People had a choice about where they spent time with their visitors, including their bedroom, quiet areas or amongst others in the main communal lounges. On the day of the inspection some people chose to sit out in the garden with their visitors. Visitors told us that they were always made to feel welcome and staff were always polite towards them. Their comments included, "The girls [staff] always make me feel welcome and offer me a drink with mum", "I visit daily and stay for as long as I like and it's never a problem" and "it's like home from home, I love coming here". One family member told us that they or another family member always visited at meal times to assist their relative with eating. They said it was something they like to do and was important to their relative which staff knew and respected. Visitors told us that they were notified of, and invited to events which took place at the service, including birthday parties for their relative and other seasonal celebrations. There was live entertainment in the afternoon of the first day of the inspection and many family members were in attendance. Staff got people up to dance and sat next to others who were unable to mobilise and sang along with them. Throughout the entertainment people smiled, danced with staff and sang along to the music. People and family members commented on how much they had enjoyed the afternoon.

People's personal records were kept confidential. Personal records were stored in locked cabinets when not in use. Staff knew the importance of this and of their responsibility to share information only on a need to know basis. Each person had a signed agreement in place giving authorised staff access to their personal details. Staff comments included, "After I've finished with people's notes I always lock them away, because they are private" and "I never leave information lying around I lock it away so it's safe".

People and their family members were given information about the service including what they should expect from it. Information about the registered provider, registered manager and the staff team were also included along with the arrangements for meal times and the laundry service. People and family members confirmed that they had been given this information and were told about any changes made to it.

Good

Is the service responsive?

Our findings

People who used the service told us that staff knew their needs and met them well. Their comments included, "They [staff] do things properly and the way I like", "They do a smashing job" and "They know everything they need to know and do it properly". Family members told us their relative was well looked after and that they had confidence in the staff. Their comments included, "I know X [relative] gets really good care here, I've no concerns at all, all the staff are brilliant" and "They have got to know mum so well and provide her with really good care. I know they will always do the right thing. I have a lot of trust in all the staff".

Charts were in place for people who required aspects of their care and support monitoring, such as behaviour, weight and food and fluid intake. Monitoring people's care helps to anticipate any changes in a person's needs and is a way of telling if a person is progressing in a positive way. Weight and food and fluid charts were completed as required however, behavioural charts for one person had not been completed since January 2016. This was despite daily records over a period of four months since January 2016 detailing incidents of behaviours which should have been recorded onto a chart, such as agitation and unsettlement. Other information such as where the incident occurred, possible reason for behaviour and how the situation was resolved, should have also been recorded for monitoring purposes, but was not. We recommend that the registered provider seeks support for staff in relation to monitoring people's care.

People's needs were assessed, identified and planned for. Prior to using the service each person underwent an assessment of their needs carried out by a member of the management team. As part of their overall assessment the registered provider also took account of assessments carried out by other health and social care professionals involved in people's care. Copies of the assessments and a care plan which had been developed for each of their assessed needs were held in people's individual care file. Care plans covered things such as sleeping, managing pain, personal care, mobility and communication and they incorporated any known risks and how they were to be managed. Care plans took account of people wishes and preferences such as their preferred personal care routines and the times they liked to retire to bed and rise each morning. People had also expressed things such as their preferred gender of carer and their food likes and dislikes.

Care plans identified the area of need, the preferred outcome for the person and the support staff were required to provide to achieve the outcome. Care plans were reviewed each month and a record of the review was completed. We found examples in some people's care records which showed they had experienced a change in their needs, however this had not been identified as part of the review, which meant care plans were not updated to reflect a change in need. This included changes in a person's behaviour and weight. We received information from an assistant operations director who was present on the second day of the inspection confirming that the care plans had been updated.

Staff were visible in parts of the service people occupied and they responded promptly to people's requests for assistance. For example, we saw a person request to use the toilet and staff responded immediately to this and another person who requested a change of clothing and was assisted to their bedroom without

having to wait too long. Staff assured people they would return or call for another member of staff on occasions when they were busy assisting others.

There were dedicated staff that organised and facilitated activities for people which included an activities co-ordinator and a volunteer who attended the service several days a week. People told us they enjoyed the activities which took place at the service which included bingo, sing a longs, music sessions and floor and board games. During our visit people enjoyed live entertainment, a sing a long, listening to music and art and crafts. Family members told us they often saw activities taking place during their visits. Church services were held weekly for people who wished to attend.

People were provided with a copy of the registered providers complaints procedure which described the process for making a complaint and the responses people could expect. A copy of the procedure was also displayed in the main entrance and it was included in information which people were given. People told us they had no reason to complain but they were confident about complaining if they needed to. A complaints log was kept with a record of complaints made, how and when complaints were investigated and the outcome.

Good

Is the service well-led?

Our findings

People and their family members told us they were happy with the way the service was managed. They said that the registered manager was approachable and easy to talk to. Their comments included, "Tracey is very nice and listens if you have a problem" The manager and deputy manager sort stuff out right away" and "It's an open door, you can speak to the manager anytime".

There was a clear management structure operated at the service which was understood by people who used the service, their family members and staff. The registered manager had overall responsibility for the day to day management of the service. There was a deputy manager and a team of senior care staff who had delegated responsibilities which were overseen by the registered manager. The registered manager reported directly to an assistant operations director from whom they also received ongoing support and supervision.

Staff described the registered manager as approachable, supportive and fair. They said they had no concerns at all about asking her for advice or help whether it be work related or a personal matter which impacted on their work. The registered provider had a whistleblowing policy which staff had access to and were familiar with. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff told us that they were confident that if ever they witnessed or suspected poor care or harm they would have no hesitation in whistle blowing. They said that they were sure any concerns would be listened to and dealt with in confidence.

The registered provider had recently introduced a new quality assurance system for assessing and monitoring the quality of the service. The system consisted of a combination of practical tools and documentation with guidance for checking and improving the service people received. The frequency of checks and audits varied depending on the activity required, for example walk arounds were required twice daily to check on things such as the direct care and support people received and that the environment was safe. Monthly audits were required on infection control, care plans and medication. The registered manager explained that they were in the process of implementing the new system with the support of the assistant operations director for the service. Records showed progress was being made for example, checks on core daily activities in line with the new system had been carried out and documented including walk arounds, daily briefings and enhancing meal times. The registered manager acknowledged that the auditing of care plans using the new documentation was ongoing to ensure care plans accurately reflected people's current and changing needs.

As part of the services quality assurance framework the assistant operations director for the service conducted monthly visits to the service to ensure the processes for assessing and monitoring the service had been followed in line with the registered providers requirements. Following their visit they produced a report of their findings and shared it with the manager who was responsible for following up on any required actions identified as part of the visit. The last report highlighted that the implementation of the new quality assurance system was in progress and that care plans were in the process of being audited. The registered manager set a timescale to complete care plan audits, in order of priority by the end of September 2016.

People who used the service and their family members were invited each year to complete a customer satisfaction survey. The survey invited people to rate their level of satisfaction and comment on areas of the service including, the helpfulness of staff, cleanliness and décor of the environment, the food and activities. We viewed the results taken from the most recent survey carried out in 2015. Forty two questionnaires were sent out to people who used the service and their family members and 16 (38 per cent) were completed and returned. The results were analysed and a report which included a breakdown of the results in the form of pie charts was produced and made available to people. The report showed that all respondents were satisfied with the service and over 68 per cent were highly satisfied.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system. The registered provider analysed the information each month in order to monitor the service and ensure improvements were made to reduce any further occurrences.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice. Any updates or new information which impacted on the service delivery was shared with managers and staff in a timely way through group and one to one meetings. This included changes to policies and procedures, legislation and good working practices. The registered provider had an annual development plan and they shared information from this with us as part of their submission of the Provider Information Return (PIR).

The registered provider had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.