

## Scope

# Speakers Court

## 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We visited the service on 14 and 15 October 2014. The first day of the inspection was unannounced and we informed the manager that we would be returning on the second day to complete our inspection.

At the last inspection on 31 October 2013 we asked the provider to take action to make improvements around record keeping. We saw this action has been completed.

Speakers Court provides accommodation and care for up to six people with physical disabilities. The accommodation is made up of five self-contained flats

which are owned by Croydon Church's Housing Association, but are managed and staffed by Scope. There were six people using the service at the time of this inspection.

There was a registered manager in post who had worked in the service since November 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and were given information about how to report any concerns. Staff knew how to recognise and respond to abuse correctly and had received safeguarding training. Risks to people's health and safety were being well managed and the service encouraged people to take positive risks. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Staff recruitment procedures helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service and staff received regular training and management support to meet people's needs.

People living at Speakers Court all had capacity to make decisions about their care. The manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to access healthcare services to maintain and promote their health and well-being. The service made sure health and social care professionals were involved when people became unwell or required additional services. People's nutritional needs were assessed and monitored and people were supported to keep healthy.

Staff knew people well and supported them to maintain their hobbies and interests. Each individual was involved in making decisions about their care and had

personalised care plans that they had created. They agreed to the level of support they needed and how they wished to be supported. Their individual preferences and diverse needs were known and staff supported their choices. Where people's needs changed, the provider responded and reviewed the care provided.

Staff were aware of the values of the service and the care they provided was centred on each individual. People's independence was recognised and encouraged; they led their chosen lifestyle and had the opportunity to make the most of their abilities. Staff showed understanding, patience and people were treated with respect and dignity.

The environment was designed and equipped with physical aids and adaptations that people needed. Individual flats were well maintained and homely. The standards of décor and personalisation by people who used the service supported this.

People told us they found the staff and management approachable and could speak to them if they were concerned about anything. We observed an open and inclusive atmosphere in the service and the manager led by example. Staff spoke positively about how the registered manager worked well with them and encouraged team working.

People were involved in reviewing and providing feedback on the care and support they received. The provider carried out regular audits to monitor the quality and health and safety of the service and to plan improvements. Where improvements were needed, action was taken.

# 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. People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm. There were enough staff to support people's needs and safe recruitment procedures were followed.

The environment was safe and maintenance took place when needed. Risks were identified and steps were taken to minimise these without restricting individual choice and independence. Management monitored incidents and accidents to make sure the care provided was safe and effective.

People were protected from the risks associated with unsafe medicines management. Where appropriate, they were supported to retain as much responsibility as possible for their own medicines.

Good



### Is the service effective?

The service was effective. People were confident the staff were knowledgeable about their care and support needs. Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



### Is the service caring?

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care, treatment and support. Care was person centred and focussed on what was important to people and how they wanted to be supported. Staff were aware of what mattered to people and ensured their needs were met.

The service showed innovation and empowered people to take control of their lives.

Outstanding



### Is the service responsive?

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Staff listened to people about how they wanted to be supported and acted on this.

Good



# Summary of findings

People were supported to access activities that were important to them both in the home and local community. People were encouraged to maintain and develop their independence.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

## Is the service well-led?

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

We saw good leadership and the service had clear values, which included choice, involvement, dignity, respect, equality and independence for people.

Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

The provider regularly monitored the care, facilities and support for people using the service. Ongoing audits and feedback from people was used to drive improvement.

**Good**



# Speakers Court

## 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.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications and safeguarding alerts and outcomes. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the service on the 14 and 15 October 2014. The first day of the inspection was unannounced and we informed the manager that we would be returning on the second day to complete our inspection.

This inspection was carried out by one inspector. We spoke with the six people using the service, one person's relative, the registered manager and five members of staff during the course of our visit. People were able to give us direct feedback about their care and experiences.

We looked at records about people's care, including three files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked records kept for staff recruitment, training, supervision and staff allocation. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records. We also checked how medicines were managed.

# Is the service safe?

## Our findings

People told us they felt safe living at Speakers Court and could report any concerns. One person replied, “very much so” when asked if they felt safe. A relative told us they were confident their family member was safe. We saw that people using the service were provided with a booklet “How Scope keeps me safe.” This was produced in easy read format to promote people’s understanding and set out the safeguarding arrangements in place with relevant contact telephone numbers.

Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. Information and contact details for the local safeguarding adults’ team were displayed for easy reference. Staff had a good understanding of how they kept people safe within the service. They knew about the different types of abuse they might encounter, situations where people’s safety may be at risk and how to report any concerns. The staff members we spoke with were confident these would be promptly dealt with.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns.

People were supported to take positive risks so they could be as independent as possible. For example, managing their own medicines and keeping safe both in the home and the community. Risk assessments were personalised, took into account people’s rights and covered risks that staff needed to be aware of to help keep people safe. They included areas such as personal safety, managing money and mobility. There were specific risk plans associated with people’s healthcare needs such as epilepsy and nutrition.

Records of accidents and incidents we checked were fully completed, reviewed by the registered manager and reported to the provider every month. This was to check for any themes or trends. There was evidence in people’s care

records that risk assessments and support plans had been updated in response to any incidents which had involved them. For example, risk plans around managing finances were strengthened for one person.

The home was well maintained which contributed to people’s safety. There were up to date servicing and routine maintenance records for the premises and utilities such as gas and electricity. This helped ensure people were protected from specific risks associated with the building and facilities. Wheelchairs and hoists were regularly checked to make sure they were fit for purpose and safe for people to use. Fire alarms and equipment were tested to ensure they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. Fire evacuation drills were held regularly involving both people using the service and staff. Staff regularly reviewed the water temperatures to ensure they were at a safe level.

There were arrangements to deal with foreseeable emergencies and the provider had procedures and continuity plans in place for unforeseen events such as fire, flooding and utility failure. Staff were trained in first aid to deal with medical emergencies and told us on call management support was always available.

People told us they were part of the interview process in recruiting staff and could ask their own questions. This was confirmed by a new staff member we spoke with. Staff files contained a checklist of all the recruitment checks undertaken by the provider. These showed that the required checks were undertaken before staff began employment. We asked a new member of staff about their recruitment process. They told us they had attended an interview, been asked to provide references and a police check had been undertaken before they were allowed to work. The provider had robust recruitment policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

People said there were enough staff available when they needed them. One person commented, “Staff are available 24/7.” Staffing levels were based upon people’s support needs and the activities they each had arranged on a given day. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. In the mornings there were a minimum of two staff with

## Is the service safe?

another member of staff working a mid-shift where a person required one to one support with activities or appointments. In the afternoons and evenings there were two staff available and overnight, one member of staff was available to be called upon.

People told us they received their medicines on time and were supported to manage their own medicines if they preferred. Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dose and the reasons for prescription. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given.

All medicines were stored securely. People had individual medicine cabinets in their flats and there was an additional locked cupboard in the office to store stock medicines. At the time of our inspection we were told that one person was prescribed a controlled medicine on an as required

basis. This was stored appropriately and two staff checked and signed for the quantity every day. We checked the medicines for two people which corresponded with their Medication Administration Records (MARS). The records were up to date and there were no gaps in the signatures for administration.

There was an up to date procedure for the safe management of medicines and all staff had completed training on safe handling of medicines. Checks on practical competency to safely administer medicines were carried out with staff as part of their supervision. During our visit a senior staff carried out an observation of a new staff member's competency as part of their induction training. A named member of staff had responsibility for the auditing of medicines. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had recently completed a full medicines audit and the manager had addressed their recommendations.

# Is the service effective?

## Our findings

People we spoke with felt confident that staff were trained to meet their needs. For instance one person explained that staff were careful when supporting them to transfer in their hoist. We spoke with a member of staff who was completing their induction. They spoke highly of the support, training and guidance given to them. This had included a period of 'shadowing' experienced other staff before they were allowed to work unsupervised.

The staff training record was maintained electronically and showed all completed training as well as where staff were due to attend refresher courses. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Staff advised that training was regularly available and records supported this. They told us they received the training they needed to care for people and meet their assessed needs. This included practical training sessions on moving and handling so they knew how to move people safely and comfortably. One staff member told us they learnt how Cerebral Palsy affected people's physical movements and it was important to be patient when providing support.

Records showed that staff received regular supervision and unannounced spot checks of their practice. This included checks on staff capability when using moving and handling techniques or administering medicines. During our inspection a team co-ordinator [senior staff] undertook such checks with two members of staff. They then met with each staff member to feedback about their observations and discuss any learning or development needs. One of these staff told us they found the spot checks helpful as they could reflect and improve upon their practice. It also gave them opportunity to identify personal training needs. All staff had a yearly appraisal with their line manager and received a rating for their work performance.

People living at Speakers Court were all able to consent to their care and support and nobody lacked capacity to make decisions. Throughout our inspection staff always sought people's consent before carrying out any care or support. One person told us, "Staff always advise and don't tell you what to do." Staff told us they always asked people's permission and respected their decision if they didn't want to do something. One staff member said they would always "give people time" to make a decision. Records showed that people using the service had been

asked to contribute and sign in agreement with records about their care. They had also signed a 'customer consent form' to give their permission for information to be shared about them.

Policies and guidance were available to staff about the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. The manager told us they had not needed to make any applications but systems were in place to do so if needed. This included the action to be taken should a person be assessed as unable to consent. Staff recognised their responsibilities and knew what to do if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as an advocate or GP.

People said they enjoyed their meals and were supported to buy, prepare and cook their meals and snacks, depending on their choices and abilities. One person went out with staff to do their weekly shopping and other people told us staff supported them to follow a healthy diet. People's nutrition and dietary needs had been assessed and reviewed regularly. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. Care plans contained information about the areas people needed support with and any associated risks. For example where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported. One member of staff spoke about the action taken in response to a person's recent weight loss. This had included consulting with the GP and using charts to monitor the person's food and fluid intake. We saw records to support this.

People had access to the health care services they needed. This included GPs, opticians, dentists, chiropodist, occupational therapist and speech and language therapists. Three people told us they managed their own healthcare appointments and staff supported them when needed. During our visit staff accompanied one person to a planned hospital appointment. Staff said they would always contact health professionals if they had any



## Is the service effective?

concerns about a person's well-being. People also had 'hospital passports'. This was a document that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs.

Care plans referred to people's health needs and provided information for staff about the potential impact of any health conditions on the care people required. The records were personalised and showed people's health needs and preferences were kept under review. Timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes.

We met with two people in their accommodation. Each person's flat was personalised according to people's individual choices and interests. People were supported to furnish their rooms how they liked. One person told us they had chosen new wallpaper and flooring when their flat was

recently redecorated. Another person said they had been out with their keyworker to choose a new set of bedroom furniture as it needed replacing. We found that people's flats were designed to meet their physical needs. There was wheelchair access and rooms were equipped throughout to enable people with physical disabilities to be as independent as they could be. For instance there were ceiling mounted hoists in people's bedrooms, adapted bathrooms and low level work surfaces in the kitchens. We saw that slings for hoists were kept in people's room and only used for that person. There was information about what equipment people needed to enhance their independence and guidance for staff about what support each person needed with their mobility. This included a detailed moving and handling plan with photos of different slings people used for activities such as sitting and transferring to the bath.



# Is the service caring?

## Our findings

Everyone told us staff were caring and supportive towards them. One person said the care was “outstanding” as they had once spent some time in hospital and told us, “staff visited me on their days off and they weren’t asked.” Another person described staff as “brilliant.” A relative said the staff were always “approachable and pleasant” when they visited.

We saw the interactions between people and staff were caring and inclusive. People were relaxed with staff, they shared jokes together and staff were attentive to what people had to say. One person described staff as “very caring” and two people said staff were “very good.” Staff knew people well and were able to explain what mattered most to individuals. Staff told us that care was about enabling and allowing people to do as much for themselves as possible. One staff member said, “We ask their preferences and follow their needs.” Staff felt they got to know people well because they spent time with them on a one to one basis.

People were supported to maintain relationships with their families and friends. One person told us about an important birthday celebration and said staff helped them arrange a party involving all their relatives and friends. In people’s care records a circle of support was recorded. This recognised all of the people involved in the individual’s life, both personal and professional, and explained how people would continue those relationships. A relative told us they were able to visit at any time and staff made them feel welcome. People had information about local advocacy services. One person had an advocate which meant they were able to discuss issues or important decisions with people outside the service.

People told us they made decisions about their lives and made lots of choices every day. They told us that they could choose what they wanted to do, how they spent their time and organised their lives. One person told us, “Staff know what time I like to get up” and said staff always encouraged them to do as much for themselves as possible.

People’s preferences and decisions were recorded in their plans and reviews. Care records also highlighted people’s

achievements and gave ownership to each person. Where needed, plans were illustrated with photos and large print to enhance people’s involvement and understanding. People’s support plans focussed on what was important to people and how staff should support them. One example said, “My independence is the most crucial thing in my life.” Another person pointed out to us in their plan that “going to church” was most important to them. People felt valued and told us that staff listened to them and respected their views. One person told us they had wanted to change the time they were supported to get up in the morning so they could be ready when their transport arrived.

The philosophy of the service was to put people at the centre of their care and encourage them to make choices on how they wanted to live their life. People’s feedback was consistent in relation to this and they told us they had lots of opportunities to share their views. This included keyworker time, annual reviews and general meetings with staff and other people using the service where they discussed issues that were important to them.

Discussions and observation confirmed that the registered manager and staff understood the significance of person centred care and empowerment for people. The manager had developed the staff team and their approach to person centred support. Staff had undertaken recent training which involved using self-assessment questions to promote person centred thinking and approaches when caring for people. This enabled them to find more innovative ways to help people be more independent.

People told us staff were respectful and always mindful of their privacy. One person told us about their role as a dignity champion within the service and said they had attended a training course. People using the service were each provided with a dignity charter which outlined the values, attitudes, skills and knowledge staff were expected to show. We found that staff followed these principles when they cared for people. One staff member told us they always sought people’s permission and made sure the person was covered before providing personal care. Throughout our inspection, staff respected people’s own personal space by knocking on doors and allowing them time alone if they requested it.

# Is the service responsive?

## Our findings

People made positive comments about the personalised care they received. They felt staff responded to their needs. One person said, “They are extremely good, they listen to me. I can’t fault them in any way.” People told us they met with their keyworker staff on a one to one basis to talk about their care and support. Records of these discussions focussed on the person’s needs, preferences and progress to meet their goals.

Before a person came to live at Speakers Court their needs were fully assessed. This was achieved through gathering information about the person’s background, areas of independence, needs and aspirations in their daily lives. The assessment was used to develop a support care plan that was based on their individual needs. People had been fully involved in developing their care plans and kept a copy in their accommodation. The support plan was personal to them and provided staff with accurate information about their needs, how they liked their care to be given with detailed descriptions of their preferred routines.

People’s care and support needs were regularly reviewed. This was achieved through fortnightly and monthly keyworker meetings and care reviews every year or more frequently where needs had changed. Annual meetings involved the individual, relatives or advocates and other professionals involved in people’s care. All aspects of the person’s health and social care needs were reviewed at these meetings and enabled the service to monitor that the care and support met their needs.

Staff gave us good examples of ways they responded to people’s needs. One staff explained how they supported a person to budget and what support another person needed to manage their continence. Staff completed daily records which reflected people’s day to day experiences and gave a good overview of their health and wellbeing and any other significant issues. Staff also told us they shared information at each shift change to keep up to date with any changes concerning people’s care and support.

People were supported to live their lives in the way they choose and to be as independent and active as possible. They told us they enjoyed activities which were planned around their lifestyle choices. Two individuals told us they

preferred going out and about in their local community, meeting friends and shopping. One person enjoyed going swimming every week and another person chose to visit a place of worship every day. Care plans reflected people’s social and leisure needs and outlined how staff should support them. The information in the care records corresponded with what people told us about their interests. Staff also kept records about the activities people had participated in to ensure their needs were met.

People’s diverse needs were understood and supported and care records included information about their needs. The provider took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this and if they were able to go independently in the local community, they were encouraged to do so. People had the equipment they needed for meeting their physical needs such as wheelchairs, hoists, adapted baths and showers. All staff had undertaken training on equality and diversity and knew how to respond to people’s individual needs. Everyone told us staff respected their beliefs and made sure their support plans reflected their choices.

Individuals told us that staff listened and felt assured that any worries or concerns would be dealt with. People shared examples where they had raised issues directly with the manager and said these were responded to appropriately and quickly. One person praised the manager for the time they had taken to talk about and resolve a problem. A relative told us they had never had cause to complain but were confident that the manager would address any concerns.

People were given a complaints procedure when they came to live at Speakers Court. The procedure set out the steps they could follow if they were unhappy about the service. There was information about who to contact and how complaints would be managed. This was written in plain easy to read English and illustrated with pictures. We were told that the procedure could be made available in other languages if needed. We looked at the complaints records, which showed one complaint had been made since our last inspection. We could see how the manager had responded to the complaint and taken action to resolve it.

# Is the service well-led?

## Our findings

People told us they thought the service was well run and they could speak freely to the manager. One person said that the service was “very well-led” and another told us the manager was “very good” and “made a difference.” There was an open, friendly atmosphere at Speakers Court. People were comfortable talking to staff and the manager who all took time to answer their individual requests for advice or support.

The service had a clear set of values. These included choice, involvement, dignity, respect, equality and independence for people. We saw that these values were supported in our discussions with staff. Their comments included, “the customer [person using service] comes first” and “to give people the best quality of life and not to put limitations on people.” The provider’s vision and values were part of staff induction and on-going training, and talked about in their supervision and team meetings. Our discussions with staff showed a commitment to the people they supported.

The service encouraged the views of the staff that worked there. There were regular staff meetings where staff were able to discuss issues openly and were kept informed about matters that affected the service. Staff told us if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to. One staff member told us, “I can go to her [the manager] about anything.” Another staff commented, “She is very understanding.” A new staff member said they could approach the manager at any time if in need of guidance or support. Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. This showed a management culture that encouraged staff to be open in sharing any concerns.

Staff had clear lines of accountability for their role and responsibilities and the service had an effective management structure in place. Staff felt there was good teamwork and there was ongoing dialogue and information exchange about the needs of people using the service. As well as meetings, a communication book, daily shift plans and handover records were used to support the sharing of information. Staff were recognised for achievements in the workplace. A person using the service

told us their keyworker received a recent award for ‘star employee of the month.’ Staff were rewarded if they met ‘exceeding’ in their annual performance review or personal development plan (PDP).

The provider had a number of arrangements to support home managers. Managers had annual conferences, monthly meetings and one to one supervisions with their line managers. The registered manager had undertaken training to help them manage the service effectively and keep up to date with best practice. This had included a recent two day refresher course on leadership.

The PIR gave us clear information about how the service performed and what improvements were planned. The manager told us about the key achievements and challenges for the service. This included reviewing records to improve people’s care and support, increasing activities and developing the skills and knowledge of the staff team. For instance, some staff had completed a leadership course and taken on additional responsibilities to prepare them for a team leading role. A team building session had also been held at a recent staff meeting.

People felt involved in developing the service and their views influenced the way Speakers Court was run. Every year, people using the service, their relatives and other stakeholders were given questionnaires to feedback their comments. These surveys were sent out from the provider’s quality assurance department. Information from these was used to help improve the service and the quality of support being offered to people. The manager advised that this year’s annual plan was underway and one person told us they had recently completed their survey. The previous year’s results showed that, people who participated were very satisfied with the care and services provided. People were provided with a quality policy which explained the standard of quality they should expect from the service and how this would be managed. A newsletter had also been developed which kept people up to date on changes both locally and nationally within Scope.

The provider completed various audits to assess the service quality and drive improvement. A regional manager visited the service every three months to ensure that people were provided with good standards of care and support. The manager completed a monthly compliance report on a number of areas including complaints, staffing, accidents and incidents and finances. The reports were sent to the provider’s quality assurance department and

## Is the service well-led?

enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on. Other in-house audits were regularly carried out including checks on people's care records, risk assessments, medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.

A service improvement plan had been created for the manager and staff to implement in the service. This identified where improvements were needed, the actions

to be undertaken and timescales for completion. We noted that the majority of actions had been addressed or were underway. Progress updates were also recorded. For example, new person centred support plans had been developed with all people using the service. Staff had completed training on managing complaints and refresher courses on medicines and moving and handling.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.