

McNeil Homecare Limited

188 Upper Luton Road

Inspection report

188 Upper Luton Road
Chatham
Kent
ME5 7BQ

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25 January 2018
26 January 2018

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26 February 2018

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 comprehensive inspection took place on the 25 and 26 January 2018 and was announced.

188 Upper Luton Road is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults, including people with dementia and physical disabilities.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, there were five people receiving the regulated activity of personal care from the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

There continued to be a registered manager in post. 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.

People continued to receive care that was safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

There continued to be enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they were able to request their visits at agreed times. People and relatives we spoke with told us they had never experienced a missed care visit.

People continued to receive care from staff that were caring, kind and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained.

People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People's needs continued to be assessed, their care provided in line with up to date guidance and best practice. People's cultural and religious needs were taken into consideration at the time of assessment.

People received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There continued to be systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff continued to support people to attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff told us that they seek guidance from healthcare professionals as required. They told us they would speak with people's families and inform the manager if they had any concerns about people's health.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity. People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff continued to have good levels of support and supervision to enable them to carry out their roles. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people using the service.

Staff continued to be recruited safely through a robust recruitment and selection process. This enabled the provider to select staff that were suitable to work with vulnerable people. Staff received an induction which included mandatory training and shadowing experienced staff.

The provider had a system in place to ensure people received their medicines as prescribed. Staff continued to receive training to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

There continued to be policies in place which ensured people would be listened to and treated fairly if they complained. The provider had a robust process in place to enable them to respond to people and their concerns, investigate them and had taken action to address their concerns.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

Procedures for reporting safeguarding concerns continued to be in place. The provider knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The provider continued to have processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings, meetings with people's families and meetings with social workers.

Quality assurance audits continued to be carried out to identify any shortfalls within the service and how the service could improve.

Staff continued to have access to an 'out of hours' support that they could contact during evenings and weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue.

The provider and staff were committed to the values and vision of the company and they took these into account when delivering care and support.

Further information is in the detailed findings below.

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

188 Upper Luton Road

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 comprehensive inspection visit was announced and was carried out by one inspector. The provider who was also the registered manager was given short notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 25 January 2018 and ended on 26 January 2018. It included visiting the office location on 25 January 2018 to see the registered manager and staff; and to review care records and policies and procedures. We continued to speak with people using the service, their relatives and staff up until the 26 January 2018.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used these information to plan our inspection.

During this inspection, we spoke with two people using the service and three relatives to gain their views about the service. We spoke with four members of staff. They included the registered manager and three support workers. We also received feedback from one external health and social care professional.

We reviewed the care records of five people that used the service, which included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for four members of staff to see how the provider operated their recruitment procedures.

Other records we examined related to the management of the service and included staff rotas, training and

supervision records, meeting minutes, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

We also viewed the safeguarding, recruitment, equality and diversity, infection control, medicines and complaints policies.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with the staff; they know what they are doing." Another person told us, "I have no concern whatsoever with them coming into my home; I feel completely safe with them here." A relative told us, "I can trust them completely and I know [person] is absolutely safe with them." Other comments from relatives included, "I know [person] is completely safe in the care of the staff. I have no concerns at all" and "I know [person] is safe in their hands; they talk to me if they have any concerns."

There continued to be appropriate systems in place to prevent abuse, neglect and discrimination to people. This included staff training, relevant policies and records of referrals to the local authority. Staff told us and records showed that they received safeguarding training and updates. They knew how to access the provider's safeguarding procedures if needed. One staff said, "If I suspect abuse is taking place, I would immediately report it to the manager or their social worker." Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. All staff we spoke with were aware of whistleblowing policy and knew how to contact outside agencies if they felt unable to raise concerns within the service.

Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were risk assessments in place to protect people from the risk of harm. Risk assessments identified individual risks and gave staff guidance on how to mitigate those risks to maintain people's safety and well-being. These included accessing the community, road safety, manual handling, eating and drinking, behaviour that may challenge and management of medicines. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. For example, it was identified that a person may present with behaviour that could challenge, there were clear guidance in the risk assessment for staff to follow, to ensure the person's safety whilst applying the least restrictive control measures, i.e. give the person sufficient time to calm down and to attempt a second visit. These were updated regularly to reflect any change in need.

Staff continued to support people in the right numbers to be able to deliver care safely. People told us there was continuity in the care staff who supported them. People had been assessed for the numbers of staff they would need. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Assessments completed included people's medical history, personal life history, religious and cultural needs, communication needs, environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into people's home for the first time.

We found there was an appropriate method in place for staff deployment. The provider explained that information was gathered from people, relatives and commissioners about people's care needs. A care package was then designed to meet their needs and the allocated staff were based on the person's dependency. The provider explained they also considered the capacity to start new care packages but had refused to take on people's support because of the inability to meet the person's needs. A relative told us, "They are currently able to provide support only on three days a week and I wish they were the only one we could use."

We found there was adequate travel time between calls, and in records we saw staff stayed for the required time period for the scheduled calls. We were told there were occasionally inevitable delays in attending to people, which arose from traffic. Where a care staff was running late, they notified the registered manager who then telephoned the relevant person to advise the staff member was running late. A relative told us, "They never missed a call. They were late only once but I was kept informed by the manager."

There was an up to date business continuity plan in place which covered sudden unexpected short staffing. This included details of how staff should manage different kinds of foreseeable events. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

We checked whether people's medicines were safely managed by staff. Not all people who used the service required support with their medicines. We were told where possible, people were encouraged to develop and maintain their independence around medicines. One person told us, "The staff reminds me to take my own medicines as I can forget." Within the relevant care records we saw that information about people's individual medicines were recorded. Staff confirmed they had received training and competency checks in relation to the management of medicines. These were carried out by the registered manager.

People were protected from the risks of infection. A person told us, "They use gloves when assisting with personal care and change this for different tasks" and a relative said, "The staff are always dressed appropriately and their clothes are clean." We found there was good information on any infection prevention and control risks in people's care files and there was evidence staff had attended appropriate training. Staff told us they always used personal protective equipment when delivering personal care and had adequate supplies.

We found lessons were learned and improvements were made when things went wrong. The provider showed us records which documented items such as complaints and concerns, health and safety and accidents or incidents. Staff were aware of the procedure to follow in the event of an accident or incident. They said that they would make a note of any accident or incident in the daily log and then complete the relevant accident and incident form. They explained that the accident or incident would be reviewed and investigated by the registered manager. Staff said that learning points and communication about accidents and other incidents were discussed at regular staff meetings or individual supervision meetings.

We saw records of accidents and incidents that were recorded, and there were remedial action taken, where necessary. For example, when there was an incident of behaviour that challenged, staff had completed relevant behaviour charts, contacted the person's GP, who reviewed the person's medicines and the risk assessment was updated and communicated with staff team.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "I am confident with the staff that come to support [person]. They are experienced and trained", "I am very happy and satisfied with the care they are providing", "They have all been sensitive to my changing needs and I respect them for that" and "They have helped me through some tough times."

An external professional told us, "The provider have worked with me to enable the clients they are supporting to have the most suitable care and support in place to meet their needs. They have good professional relationships with family to enable the family to feel their loved one is safe and being looked after to a high standard. They have supported [people] to meet their goals and to enjoy their day to day lives and have also worked with me in regards to working with the hours available to the person and making the most of this time."

People's care continued to be effectively assessed to identify the support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans were developed prior to the start of the person's care package. The care files were consistently organised, well maintained and a copy was kept at the person's home. This enabled staff to locate information about people easily and promptly. The care plans contained information on people's background, including contacts for family and significant others, GP details and other healthcare professionals and their medical history. There was important information about people's equality and diversity. This included people's personal life history and their routines, ethnicity, religious and cultural information where applicable and preferred gender of the care staff.

We asked people and relatives about the staff's knowledge of their personal care needs. All feedback we received was positive. Comments from people and relatives included, "I could not have asked for better carers. They do everything the way I want", "They are good; I do not have to tell them anything. They know me very well", "I cannot complain about them; they work very hard, all of them" and "They follow instructions that are in the care plan as [person] is not able to communicate very well but nevertheless they explain every step of the way what they are doing. I am always there and they ask me as well."

At the previous inspection, we had found the service supported staff to access training and update their skills. At this inspection, staff told us they continued to have access to training to give them the necessary skills and knowledge to provide people's care and to carry out their roles and responsibilities. They also said they were given opportunities to gain qualifications relevant to their roles. One staff told us, "I would like to do my NVQ and there are plans to start this year." Another staff told us, "I am encouraged by the manager to develop further, for example, although I do not administer medicines, I attended the training so I am prepared to carry out this task if required."

Records showed that staff had undertaken training in topics such as health and safety, moving and

handling, safeguarding adults, equality and diversity, fire awareness, duty of care and positive behaviour support. Staff also spoke with us about additional training that they received to ensure that they could meet a person's individual needs such as dementia, autism and epilepsy. Staff training and the need to ensure it was kept up to date was covered both in staff meetings and supervision meetings.

Staff told us that they were provided with regular supervision and felt well supported. One staff told us, "I find supervision helpful. It is nice to have a two way communication; I can talk about what's not working and what is working well." Another staff member told us, "I am supervised by the manager. He is brilliant. It is a time when I get feedback on how I am doing and if need to make any improvements." Records confirmed regular supervision and appraisal were taking place.

People who used the service did not always require assistance with nutrition or hydration. We saw care plans contained a section related to dietary needs and nutrition. Care plans specified if any assistance was needed with eating or preparation of food and recorded any particular food preferences, allergies or dislikes as well as mealtime routines. Staff told us any food or fluid monitoring would be managed by people's family in most cases. One staff told us, "Clients who may be at risk of dehydration, I remind them to drink plenty and I make sure I leave them with a drink before I go."

We found evidence that the staff worked well within a team to support people's care needs. For example, we saw records of regular spot checks of staff by the registered manager. These were regular, with detailed information about the observed care, appearance, approach and attitude of care staff with people. The registered manager told us that where care provision required improvement, he worked with the staff member to improve their practice to the level expected.

The registered manager and staff told us that they worked closely with other healthcare professionals such as social workers, district nurses, GPs and emergency services as needed. We found evidence of multidisciplinary team working within the care records. These showed dates and details of input from the other healthcare professionals. Staff we spoke with knew where to find the information in the person's file and what type of communications to record. We also noted e-mails correspondence from healthcare professionals and others within people's care files.

Appropriate referrals for people were made when required to health and social care services such as GP's and district nurses. Details of discussions and any actions decided were recorded by staff in the daily records to ensure people received care and support that met their needs.

The Mental Capacity Act (MCA) 2005 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. We checked whether the service was working within the principles of the MCA 2005.

Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks. People told us, "The carers always ask before they do anything. They follow the care plan and listen to us" and "They [staff] do as they are instructed; they talk to me and we work things out." We saw there was evidence of consent to care and support in the care documents we reviewed. We found each file contained consent forms to agree to share information with staff as needed and an agreement to care arrangements set out in the care plan. These were very clear, signed and dated by the

person or their preferred nominated individual.

Is the service caring?

Our findings

People told us that staff were caring and that they felt supported. One person told us, "The staff are caring, compassionate and they respect my choice and wishes." Another person said, "I am very happy with them [staff] and what they do for me. They do all they can to accommodate my requests. I wish I had them every day." Comments from relatives included, "Staff are caring, lovely and kind", "What is best about the manager and his team is that they are very caring and genuine people" and "The staff are extremely caring and respectful."

An external professional told us, "The provider is the most caring agency that I have worked alongside, I feel that this is due to the manager and staff really knowing the clients they support and taking the time to listen to them and know their feelings and wishes. The provider knows what is important to their clients and supports them to meet their goals. The care agency goes above and beyond to ensure the people they support are happy and that their care and support needs are met to a high standard."

Staff we spoke with talked about the people they support with respect and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff told us they had sufficient time to listen to people and spend time with them. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. Staff told us they could access information by reading people's care plans. Staff were able to clearly describe the needs, routines and risks of people they usually support.

People and their relatives told us they were able to have a say in how their care was planned and provided. One person told us, "I am fully involved in my care; they treat me as an individual" and a relative commented, "I am involved in all meetings and all aspects of [person] care." Care plans were developed by the registered manager in liaison with people and their relatives. We found this enabled people and their relatives to provide input on the care and support required. We saw there was a good level of person-centred information in care plans on people's preferences and routines.

People's privacy and dignity continued to be protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. All of the people and relatives we spoke with told us they were satisfied with how their privacy and dignity was respected by staff.

Staff promoted personal choice and independence by ensuring that people were involved in day to day decisions regarding their care and support. One staff said, "I encourage them to do things, no matter how little this might be. I understand this gives them a sense of independence and boost their confidence."

Staff spoke positively about working at the service. One staff told us, "I love my job, it is flexible and everyone is treated equally, which is very important to me." Another staff said, "It is a great place to work; very friendly and good support from the manager."

People's personal records were stored securely which meant people could be assured that their personal information remained confidential. Staff we spoke with understood about confidentiality. All confidential information and records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and support. They said they had been involved in planning their care so the support provided could meet their needs. They told us they were not worried about anything and could talk to staff if they had any concerns. Comments from people and their relatives included, "We get a personalised service all the way through", "I am fully involved in my care; they treat me as an individual" and "I am involved in my reviews, meetings and they talk with me if there are going to be any changes. Communication is very good."

An external professional told us, "The provider have always worked in partnership with me enabling a good professional relation to be built, I am always able to get hold of someone via telephone or email's and always have a reply the same day and the manager is always willing to support. The care agency will always contact me if they have any concerns and keep me informed and up to date with any changes."

People's needs continued to be fully assessed prior to admission and a comprehensive care plan was developed to meet their diverse needs. The registered manager told us that as part of the pre-admission process, people and their relatives were fully involved to ensure that staff had a good insight into people's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised care plan could be put together ensuring the person was at the centre of their care.

The care plans contained good detail and clear guidance for staff to follow; such as the action they should take to support people, whether in their own home or when out in the community, for example, assistance at mealtimes, washing, dressing and mobility. We also saw records of the call times along with tasks that were to be undertaken on each visit.

Each care plan was reviewed by the registered manager on a regular basis. People and their relatives were continuously involved in the review meetings. Reviews consisted of looking at all information that had been recorded over the previous months and identifying what changes if any were required to people's support and care. Any changes made to the care plans were then shared with the staff team for their knowledge.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a policy and procedure in place for recording and responding to complaints. People had access to an easy read complaints policy if this was required. This provided people with information about who to contact if they had a complaint and who to contact outside of the service if they were unhappy with the response given or action taken by the registered provider.

One person told us, "I have not had to make a complaint but I know all I have to do is to pick up the phone

and speak to [manager] and he will sort things out immediately", another person said, "I am aware of the complaint policy and I have complained in the past. This was resolved very quickly and I was happy with the outcome", and a relative said, "The manager is very good and I can talk to him anytime. He is quick to respond and resolve things."

The complaints records showed that one complaint had been received in the last year. There were procedures in place to deal with complaints effectively, records were fully completed, investigated and responded to appropriately. The manager shared the learning with the staff team, in staff meeting and one to one meetings, with the aim to make improvements at the service.

The provider had received a number of verbal and written compliments which were also recorded and shared with staff. Comments from these included, "First class service, nothing is too much", "Treated as an individual, really appreciate the time and effort" and "Thank you very much for all the support you provide me with [...], without your assistance I wouldn't be able to live alone."

Is the service well-led?

Our findings

People and the relatives we spoke with were very positive of the staff and management team. One person said, "I am very happy with them and what they do for me. They do all they can to accommodate my requests. I wish I had them every day", and another person said, "I can call [manager] anytime, he is always helpful. There is nothing I can't discuss with him." Comments from relatives included, "They are lovely staff, all of them. They are currently able to provide support only on three days a week and I wish they were the only one we could use", and "The service we get is beyond excellent. I can't fault it at all. The manager always keeps in touch and is very involved. The manager is always open and honest. I can contact him anytime; sometimes just to talk."

The feedback from an external professional was positive, they commented, "The manager of the care agency knows each and every one of his service users personally which makes a real difference to the service provided and to the level of care provided which is of a very good standard. The care agency goes above and beyond to ensure the people they support are happy and that their care and support needs are met to a high standard."

The registered manager was also the provider. 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 familiar with their responsibilities and conditions of registration. The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when required. They understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame.

The registered manager had a clear vision and set of values for the service. These were described in the statement of purpose, so that people had an understanding of what they could expect from the service. The registered manager demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided.

Staff were expected to ensure that the care provided to people was of a high standard. The registered manager explained the aims and objectives of the service to us, and these were also reflected in the statement of purpose. They explained their role in managing staff performance, what they did when care was below the service's expectations and how they could drive staff improvement. Appropriate procedures were in place for investigations, staff grievances and disciplinary matters.

All members of the staff we spoke with were very positive about working at the service and all claimed to have a good level of job satisfaction with a supportive, positive and open culture at the service. Staff mentioned that the service was supportive to individual staff when needed, accommodating personal

circumstances and difficulties with genuine empathy and flexibility. We received complimentary comments from staff about the registered manager. These included, "He is very good, he understands all the clients and staff well", "He is always there to help us, whatever concerns you have you can talk to him", "The manager is absolutely brilliant; I have worked in other places before and so far I have not come across just a great place to work" and "The manager has people's welfare and well-being at heart. All the clients are priorities."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided to people. Team meetings were held which covered a range of subjects, including staff training, health and safety and feedback from people. Staff were also encouraged to raise any concerns in the meeting and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Feedback from people and relatives had been sought via questionnaires and meetings. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. All responses received were positive.

The registered manager continued to monitor the quality of service provision. Regular audits of the provider's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and records confirmed that support plans, risk assessments and medicines had been regularly checked. Monthly spot checks were completed by the registered manager to observe practice. They checked that staff were dressed appropriately, wearing personal protective equipment such as gloves and aprons. It was also an opportunity for the registered manager to talk with people and their relatives and gather their feedback on the service. These were fully recorded and feedback provided to the staff team.

The registered manager had good oversight of accidents and incidents. They regularly reviewed information to see if further strategies were required to be implemented due to peoples changing needs.

The provider continued to work closely with social workers, referral officers, district nurses and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

Policies and procedures relating to the running of the service were easily accessible to staff. All policies had been reviewed and maintained to ensure that staff had access to up to date information and guidance to support them within their roles.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their website.