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Prospect House 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 took place on 12 and 17 April 2018. The first day was unannounced and the second day was announced.

The last inspection of the service was carried out in January 2017 and during that inspection we found breaches of regulations in respect of the management of medication and assessing and monitoring the quality and safety of the service. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good."

During this inspection we found that the required improvements had been made.

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Prospect House is registered to provide accommodation, personal and nursing care for up to 24 people. There were 21 people living at the service at the time of the inspection.

The person registered with CQC as the manager of the service no longer works there. A new manager has been appointed and they are in the process of applying to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the management of medication. Safe procedures were followed for storing, administering and recording medication. Medication was ordered and obtained in good time to ensure that people received all their prescribed medication when they needed it.

Improvements had been made to the systems for checking on the quality and safety of the service. There were effective systems in operation for checking on aspects of the service and making improvements.

The environment had undergone some improvements since the last inspection making it more comfortable and suitable for people living with dementia. Improvements included the redecoration and refurbishment of some areas. The management team and staff were constantly looking at ways to further improve the environment for people living there.

People told us they felt safe living at the service. They were protected from abuse and harm because staff understood how to recognise and report safeguarding concerns. Risks to people and others were assessed and managed safely. This included risks associated with aspects of people's care and the environment.

The environment was clean and hygienic and smelt pleasant throughout. Staff followed good infection prevention and control practices such as the use of personal protective equipment (PPE) to help minimise the spread of infection.

Safe recruitment processes were followed. The suitability of staff was assessed prior to them being offered a position. This included checks carried out with previous employers and a check on their criminal background. There were sufficient numbers of suitably skilled and experienced staff to meet the needs of people and keep them safe.

Staff received training and support for their role. New staff completed induction training to learn their role and they were provided with ongoing training in areas of health and safety and topics relevant to people's needs. Staff received an appropriate level of support through one to one supervisions, appraisals and staff meetings.

People's nutritional and hydration needs were understood and met. People were given a choice of food and drink which was prepared in accordance with their likes, dislikes and dietary requirements. People received the support they needed to eat and drink in a pleasant and relaxed and environment.

People were supported to access appropriate healthcare services as and when they needed to. Staff recognised when there was a decline in a person's health and wellbeing and took the appropriate action. This included prompt contact with GPs and referrals to other health and social care professionals.

The registered manager and staff had good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. The registered manager worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests when this was required.

People were treated with kindness and compassion and their privacy, dignity and independence was respected. Staff knew people well and had formed positive relationships with them and their families. People and where appropriate their family members were encouraged to express their views and be involved in making decisions.

People were involved along with relevant others in assessing and planning of their care. People's wishes and preferences were obtained and captured in their care plans. Care plans were kept under review and updated with any changes as they occurred so that staff had the information they needed to meet people's needs in the right way. People's end of life wishes were respected.

People were given the opportunity to able to take part in a range of group and individual activities. Profiles detailing people's backgrounds, life history, things of importance and personal preferences were developed. These provided staff with a good insight into people's past lives and lifestyle choices enabling them to engage people in conversations and activities of interest.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the manager as supportive and approachable. They told us many improvements had been made to the service since the last inspection and that they were fully engaged and involved in the running and development of the service.

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

The management of medication was safe. People received their prescribed medication at the right time.

People were safeguarded from abuse and other potential risks.

Safe recruitment procedures were followed. There were sufficient number of suitably skilled staff to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective

People's needs and choices were assessed and expected outcomes were achieved.

People's needs were met by staff who received the right training and support.

People's rights were understood and protected in line with the Mental capacity Act.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their dignity and independence was respected and promoted.

Staff knew people well and had formed positive relationships with them and their families.

People's right to privacy was respected and promoted. Personal information was treated in confidence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and kept under review so that people received the right care and support.

Concerns and complaints were listened to and acted upon to improve the service for people.

People had the opportunity to take part in meaningful activities which they found stimulating.

Is the service well-led?

Good

The service was well led.

There were effective processes in place to monitor and improve the quality and safety of the service.

The management team led by example. They were supportive, approachable and treated people with respect.

People, families and staff were engaged and involved in the running and development of the service.

Prospect House 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 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.

This inspection took place on 12 and 17 April 2018. The first day was unannounced and the second day was announced.

The inspection team on the first day consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second day.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). The PIR 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 requested information about Prospect House from local authority commissioners and safeguarding team. We used the information they shared with us as part of our planning for this inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people living at Prospect House. We spoke with a total of ten people living there and five of their family members. We spoke with the manager, deputy manager, seven care staff, three domestic staff and the chef.

Throughout the inspection, we observed how staff supported people with their care during the day. We used the Short Observational Framework for Inspection (SOFI) during the course of the inspection. SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

We looked around the premises including communal sitting areas, bathrooms, bedrooms, kitchen, laundry and outside areas. We looked at a range of documentation which included care records for four people who

used the service and three staff files, covering recruitment, training and supervision. We also looked at other records relating to the management of the service including, audits, policies and procedures, safety certificates for equipment and systems in operation, minutes of meetings and maintenance records.

Good

Is the service safe?

Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure people were protected from the unsafe management of medication. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made to the management of medication. All medicines were appropriately stored, recorded and regularly checked. Medications prescribed by a doctor were available for each person and ordered in a timely way to ensure that stock was always available. Care plans to instruct staff on the application of topical creams were in place. The plans were accompanied by body maps which highlighted the area/s of the person's body where the cream was to be applied.

Staff had received training and competency checks to demonstrate their suitability to manage and administer people's medicines. People received their medicines safely and on time as prescribed. Each person had a medication administration record (MAR) detailing each item of prescribed medication and instructions for use. MARs were completed correctly following the administration of medicines and they included other essential information such as any known allergies. People told us they received their medicines on time.

People were safeguarding from abuse. Staff were provided with regular safeguarding training to update their knowledge and understanding of the subject. They were also given access to information and guidance about safeguarding people, including the providers and the local authorities safeguarding procedures. These informed staff on the different types and indicators of abuse and how and who to report such incidents. Staff knew what was meant by abuse and confidently described the processes for reporting any incident of abuse they witnessed, suspected or were told about. People understood what keeping safe meant and they told us they felt safe living at the service. They told us that they were not afraid to tell someone if they had any worries about their safety or the way they were treated.

Risks to people were assessed and appropriately managed. Risks assessments were carried out in respect of each person as a way of identifying any hazards that had the potential to cause them or others harm. Risk management plans were developed following assessments and set out any hazards identified and the measures staff were required to take to minimise the risk of harm occurring. People's freedom and independence was considered when managing risk. For example people assessed as being at risk of falls were supported to walk independently with the support of staff and the safe use of walking aids.

The provider had systems in place for recording, reporting and monitoring accidents and incidents which occurred. The records were analysed to help identify any patterns or trends, for example an increase in falls. Where multiple incidents were identified in a short period of time appropriate action was taken to minimise further risks to people. This included prompt referrals to external professionals such as the falls team.

The environment, equipment and utilities had been checked at the required intervals to ensure they were in good working order and were safe to use. A fire risk assessment was in place and checks on the water quality had been carried out. A personal emergency evacuation plan (PEEP) had been developed for each person detailing how to safely evacuate them from the premises in the event of an emergency. The PEEPs included information such any equipment and the level of staff support the person needed to help them get out of the building safely. Staff completed training in topics of health and safety such as fire safety and first aid and they were confident about what to do in the event of an emergency situation. Emergency equipment including first aid boxes and firefighting equipment was located around the service and easily accessible to staff. Staff knew where to find the equipment and how and when to use it.

Safe recruitment practices were followed to ensure the suitability of staff employed. Records held in staff files showed pre-employment checks were carried out on applicants before an offer of employment was made. This included checks with the applicant's most previous employer and with the disclosure and barring service (DBS) which is a check on their criminal background. Staff confirmed to us that they did not commence work at the service until the checks were completed.

There were sufficient numbers of staff to keep people safe. The amount of staff on duty was based on the occupancy levels and people's needs. Staffing was kept under review and amended accordingly to meet people's needs. Absences such as annual leave and sickness were covered by permanent staff to ensure safe staffing levels and consistency of care for people. Staffing rotas were made up of correct skill mix and included a senior member of staff who led the team.

People were protected from the risk of the spread of infection. Staff had completed training in infection control and prevention and they followed good practice guidance. They had access to a good stock of personal protective equipment (PPE) which they used appropriately. Cleaning schedules were in place and being followed on all areas of the service, including the cleaning of equipment used by people such as wheelchairs and stand aids.

Good

Is the service effective?

Our findings

People's needs were assessed to determine and plan for effective outcomes. Initial assessments covered people's physical, mental health and social needs such as personal care, moving and handling, nutrition, mobility and communication. People and relevant others such as family members were involved in the assessment process to help ensure that people's wishes and preferences about their care and support needs were fully captured.

Equipment was used to promote people's independence. One person's care plan instructed staff to assist them to communicate using flash cards and written information. Staff communicated effectively with the person using the methods described in their care plan. Information including the current date, time, activities and menu choices were displayed at the service in formats including written information, pictures and symbols. The manager explained that they were in the process of researching suitable assistive technology to further enhance people's independence. This included devices to enable people to communicate face to face with family and friends who were unable to visit frequently.

The environment has been improved making it more suitable, comfortable and attractive for people. Colour schemes along corridors and in communal areas were chosen in line with colour schemes suitable for people living with dementia. For example hand rails along the main corridor were painted in a different colour to the walls to help people recognise them. There were suitable signs to help people with wayfinding such as on bathrooms, toilets, lounges and the dining room. People were observed moving around freely without any confusion. The manager told us that plans were in place to further develop the environment making it more dementia friendly. This included more items from the past and memorabilia to further enhance wayfinding and promote stimulation for people.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their capacity assessed appropriately.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff had completed MCA training and understood their responsibilities for ensuring people's rights were protected. They worked in partnership with relevant authorities to ensure appropriate DoLS applications were made for people, put in place and adhered to. Where a DoLS authorisation was in place for people they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff obtained

people's consent before assisting them with any care or support. For example staff always asked people if they required help or were ready to move. Staff waited for the person to respond before they provided assistance. People made their own decisions about things such as how they spent their time and who with.

People received care from staff that were appropriately trained and supervised. On commencing work at the service new staff received a thorough induction. All staff were provided with ongoing training relevant to their roles and responsibilities and were supported and encouraged to take on further training and gain nationally recognised qualifications. Training completed included topics linked to the nationally recognised Care Certificate such as health and safety, mental capacity, safeguarding adults and privacy and dignity. Staff also completed training relevant to people's needs including dementia care, diabetes, and bipolar disorder and challenging behaviour. Following each training session staff were required to undertake a competency check to assess their knowledge and understanding of the topic. If they failed to achieve the expected outcome they were required to repeat the training. All training was sourced through an accredited training provider and included online and classroom based training. Staff told us they really enjoyed the training and found it informative and beneficial. They commented that the on line training was very good and they particularly liked that style of training because it was flexible.

Staff received formal supervision on a regular basis throughout the year and an end of year appraisal. These provided staff with an opportunity to discuss their work, training and development needs and to reflect on outcomes and achievements over the previous year. Daily handovers and regular staff meetings also took place as a way of keeping staff informed and up to date with any changes to people's needs and the service. Staff told us they were encouraged to share ideas and they felt their opinions were listened to. They described the manager and deputy manager as very supportive and approachable.

People's healthcare needs were understood and met. Each person was registered with a GP and they had access to other primary healthcare services including opticians, chiropodists and dentists. Staff monitored people's health closely and worked with other health and social care professionals according to people's individual needs. People who required it received support and care from community nurses who visited them regularly. One person living with diabetes received daily visits from a community nurse. A record was kept of all contact people had with external healthcare professionals, the outcome of the visit and any advice and guidance for staff to follow.

People were supported to maintain a balanced diet. People's nutritional and hydration needs were assessed using a nationally recognised tool. Care plans were based on the outcome of the assessment and kept under review. The plans detailed people's preferred foods and any dislikes, any special dietary requirements, equipment and any assistance people needed to eat and drink. People identified as being at risk of malnutrition and/or dehydration had their food and fluid intake monitored and when a decline in their intake and weight was noted a referral was made to a dietician. People at risk of choking were referred to the speech and language therapist team (SALT) for assessment and instructions and advice they provided was included in the person's care plan. This included particular food textures and consistency of fluids. Information about people's dietary needs was held in the kitchen as a reference for staff responsible for preparing food and drinks.

Menus were in place and included a choice of hot and cold meals. Each meal consisted of a choice of two main meals and selection of other items should people want an alternative. Staff asked people each morning what their choice of main meals were for the day so that the chef could effectively plan and prepare meals. If people changed their mind at the point of their meal being served staff offered them an alternative. Staff noticed that one person ate little of the meal they were given and offered an alternative which the person accepted and ate. Staff offered people a choice of snacks and drinks in between main meals

including fruit yogurt, biscuits, cake, milk shake, tea and coffee. Most people ate their meals in the dining room, however some people who chose to stay in their bedrooms were provided with fresh drinks, meals and snacks. People were complementary of the food and drink provided and they said they got plenty to eat and drink.

Good

Is the service caring?

Our findings

People told us that they were cared for and treated well.

The atmosphere at the service was welcoming, warm and friendly and people and their family members were relaxed around staff, they shared banter and all spoke freely to each other. Staff welcomed family members and offered them refreshments and family members told us this was usual. They said they were welcomed at the service anytime of the day and night and could spend time with their relatives wherever they chose, including in their relatives bedrooms or communal areas.

People were treated with kindness and compassion. Staff were patient and caring in their approach. We saw examples where staff offered people to link arms with them when assisting them to walk. Staff reassured people by telling them to take their time and not to rush. We saw an example when staff reassured a person who was upset at lunch time, the person was reluctant to eat their meal and staff asked the person if they would prefer to eat in another place or have it later. The person chose to eat later and go to their room to rest, staff reassured the person and assisted them to their room. Staff also regularly enquired about people's wellbeing and checked their comfort. We heard staff asking people if they were comfortable and warm and if there was anything they needed. Staff paid compliments to people such as telling them their hair looked nice after visiting the hairdresser.

Staff were sensitive about people's end of life wishes. One member of staff explained that they had held discussions with people and were appropriate family members about people's end of life wishes. The staff member said this was a subject that many people said they were not ready to discuss, staff respected this and assured people.

People's privacy and dignity was respected and promoted. Staff provided examples of how they ensured people's privacy and dignity. This included knocking on bedroom doors before entering and checking out with people that it was ok to enter. Staff also told us, "They feel they treat people like they like to be treated, with dignity and respect," "All of us care about the residents. If we see anything that wasn't done in a caring way I would tell them [staff]." People's choice about how they spent their time was respected. A staff member told us about one person who preferred to spend most of their time alone in their bedroom and they respected that. People's preferred gender of carer was recorded in their care plans and this was respected by staff.

People were involved in decisions about their care and support and encouraged to express their views. Regular care plan reviews provided an opportunity for people and relevant others to comment on the way their care and support was provided and make suggestions for any changes. The manager facilitated regular 'residents and relatives' meetings which were advertised at the service well in advance. Minutes of the meetings showed that people and family members were actively involved in making suggestions about the service. Topics discussed included, activities, staffing and changes to the environment. The views of people and family members were also obtained through the use of questionnaires. The questionnaires invited people to comment on things such as the standard of care, food, staff and the environment. Results of the

last questionnaires were overall positive. Suggestions people made were listened to and acted upon, for example, more bingo sessions took place in response to comments made. People and family members told us that they were included in planning activities and events organised for people. This included events which staff had organised, often in their own time, to raise funds to help support extra activities for people.

Personal information about people was treated in confidence. Paper records were locked away when unsupervised and information held on the computer was password protected. Staff with authority to access computerised records were provided with their own unique password. Conversations of a personal nature which took place about people and with people took place in private to ensure the discussions were not overheard. Staff understood their responsibilities for protecting personal information about people.

Staff understood the importance of ensuring people's human rights, equality and diversity. Care plans captured information to ensure that the person received the care and support they needed in accordance with their wishes and lifestyle choices. This included information such as how people preferred to dress and their religious and cultural beliefs.

Good

Is the service responsive?

Our findings

People received person centred care that was responsive to their needs. A care plan for each person was developed on the basis of assessments carried out. Plans took account of people's physical, mental, emotional and social needs. Care plans were completed and kept up to date on an electronic care planning system which staff had access to in addition to paper copies. The plans captured people's wishes and preferences about how their care and support was to be provided. This included their chosen routines such as how they wanted to be supported with personal care and their likes and dislikes. People's independence was promoted in the way care plans were written. For example they described what people could do for themselves and included terms to describe other ways in which staff could promote people's independence such as 'encourage' 'prompt' and 'assist'.

Discussions with people, observations and daily records showed people's needs were met in line with their care plan. Care plans were kept under review and updated when there was a change in people's needs. Any changes were communicated to staff during shift handovers to ensure they had the right information about meeting people's needs.

Supplementary records were being used to monitor aspects of people's care in line with their care plan. This included the completion of charts to record people's weight, food and fluid intake, falls and skin integrity. Monitoring records were evaluated daily to check on people's progress and to ensure the expected outcomes were being achieved. Staff responded appropriately to any concerns they noted within the records, for example, they called upon GPs and made referrals to other health care professionals such as dieticians and the falls teams.

The service had signed up to the 'Six Steps' an end of life care programme which teaches staff to be competent and confident in providing sensitive, compassionate, end of life care for people. Two members of staff had been delegated as End of Life Champions to attend the workshops and teach other staff. The manager said that whenever possible people who lived at Prospect House were supported and cared for until the end of their life. The manager had received a number of cards and letters from family members thanking the staff team for the care provided to people. Comments included, 'Thank you so much for your outstanding kindness and care you gave X [relative]' and 'I would like to thank you on the way you all cared and looked after X [relative]' 'I would like to thank you all for attending X funeral'.

People were supported to take part in a range of activities which the staff team organised and facilitated. Both group and one to one activities were planned in accordance with people's needs. To assist with planning meaningful activities staff spent time with people and their family members to compile a profile of the person. These contained information about the person's past life, hobbies, interests and preferences. People told us they enjoyed the variety of activities on offer including, bingo, art and craft, baking and gentle exercises.

The manager had subscribed to the 'Weekly Sparkle', which is a magazine designed to stimulate and improve memory. The magazine contains quizzes and articles from the past which staff used to engage

people in conversation and activity. An area near to the dining room was equipped with memorabilia and items of house hold appliances from the past. Staff told us that this was popular with people and generated a lot of discussions about their past. Staff had a good understanding of the type of activities which motivated and engaged people living with dementia and they were constantly researching new ideas to help inspire people.

The registered provider had a complaints procedure which was made available to people, their family members and other visitors to the service. The procedure described the process for making a complaint and the response people should expect. A copy of the procedure was displayed on a notice board near to the main entrance and was summarised in key documents also made available to people including the 'Residents Guide' and 'Statement of Purpose.' People and their family members told us they had no reason to complain but would do if they were unhappy about anything. They said they were confident that their complaints would be listened to and dealt with quickly. A complaints log was kept and showed that one complaint had been received in the last year. Records showed that the complaint was dealt with in line with the registered provider's procedure.

Good

Is the service well-led?

Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems were in place to assess, monitor and improve the service that people received and protect them from the risk of harm. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

The person who is currently registered with CQC as the manager of the service no longer works there and is in the process of cancelling their registration with CQC. A new manager was appointed in December 2017 and they have applied to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was previously the deputy manager at the service and before that worked there as a carer. The manager was supported by a deputy manager who has also worked at the service for many years. Both the manager and deputy manager knew people and their families very well and had good relationships with them. Staff described an open culture at the service and they understood the visions and values of the service which they said was continuously promoted by the management team. This included a commitment to ensuring people were provided with a high standard of personalised care. The manager led by example by listening to people and treating them with dignity and respect.

The manager engaged and involved people, family members and staff in the running and development of the service and encouraged them to express their views and opinions about the service and the care provided. This was done through regular care reviews, general meetings and the completion of questionnaires. The manager also promoted an open flow of communication through their open door policy. This encouraged everyone to approach the management team with questions, concerns and for discussion. The manager said it was important to seek regular feedback from people, their families and staff.

People, family members, staff and visiting professionals were complementary about how the service was managed. They commented that they had seen many positive improvements since the appointment of the current manager. People told us they trusted both the manager and deputy manager to do things right. They said the management team were understanding and always willing to listen and spend time with them. Their comments included "I can speak to her anytime" "X and X [manager and deputy manager] are really good" "She [manager] is lovely; I can talk to her [manager] anytime" "She [manager] has get togethers. We talk about all sorts."

The processes and systems for checking on the quality and safety of the service had improved since the last inspection and were effective. Audits (checks) were carried out at the required intervals on medication, medication records, care plans and staffing. These audits were used as a way of monitoring people's care

and support and checking that the service was safe and effective for people. There were systems in place for maintaining and monitoring the safety of the environment, equipment and utilities. The records showed that areas requiring improvement where identified and actioned in a timely way thus minimising risks. The manager was supported by the registered provider who visited the service regularly and was fully involved in the running and development of it.

There was good partnership working with a range of other health and social care professionals to meet people's needs. This included working with external health and social care professionals and networking with other managers and providers of services in the area.

The registered provider had a range of policies and procedures for the service which they had recently updated to ensure that they were in line with current legislation and best practice. The documents support effective decision making and delegation by providing guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Staff knew where to find policies and procedures and they said they were informed as and when changes were made to them.

The manager understood the relevant legal requirements and had notified us of all significant incidents and events which had occurred in line with their legal responsibilities.