Huntercombe (Loyds) Limited

Stocksbridge Neurological Care Centre

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 4 September 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 9 and 31 July 2017 when we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was Regulation 19, Fit and proper persons employed. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good. During this inspection we found improvements had been made and the registered provider was no longer in breach of regulations.

Stocksbridge Neurological Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Stocksbridge Neurological Care Centre is a 24 bed home providing personal and nursing care to people who have a brain injury. There were 18 people living at Stocksbridge Neurological Care Centre at the time of this inspection.

There was a registered manager employed at the service. 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.

There were enough staff available to ensure people's needs were met. The registered provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

Staff understood what it meant to protect people from abuse. They were confident any concerns they raised would be taken seriously by the registered nurse on duty and management, and responded to appropriately.

The premises were clean and well maintained. Staff understood their roles and responsibilities in relation to infection control and hygiene.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People enjoyed the food served at Stocksbridge Neurological Care Centre, which we saw took into account their dietary needs and preferences. Where appropriate, people were supported and encouraged to eat and drink.

Staff were provided with an induction and ongoing relevant training to make sure they had the right skills and knowledge for their role. Staff received regular supervision and yearly appraisal performance meetings, which they found useful.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People were treated with dignity and respect.

There was a range of activities and therapies available to people. People were supported to engage in activities that were important to them.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments and were regularly reviewed.

People, their relatives and staff told us the registered manager and business manager were supportive and approachable.

People, their relatives and staff were regularly asked for their views of the service. Concerns and suggestions were considered and acted upon.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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.

There were sufficient numbers of staff employed to meet people's care and support needs. Recruitment procedures made sure staff were of suitable character and background.

We found systems were in place to make sure medicines were safely stored, and people received their medicines as prescribed.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area and were confident any concerns they raised would be responded to appropriately.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff understood the requirements of the Mental Capacity Act (MCA).

People told us they enjoyed the food served at Stocksbridge Neurological Care Centre. People were supported by staff to eat a balanced diet

Staff were provided with an induction, relevant training and supervision to make sure they had the right skills and knowledge to support people effectively.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind and caring.

People's privacy and dignity was respected and promoted.

Staff knew the people they supported well and were therefore

able to provide the care and support people needed in a person-centred way.

Is the service responsive?

Good

The service was responsive.

There was a range of activities and therapies available to people to join in if they wanted to.

The service had an up to date complaints policy and procedure. People, their relatives and staff were regularly asked for their views of the service.

People's care records reflected the person's current health and social care needs. We saw these were regularly reviewed.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were regularly asked for their views of the service. Feedback and suggestions for improvement were actively sought and acted upon.

The registered provider had effective quality assurance and audit systems in place to monitor and improve service delivery.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Stocksbridge Neurological Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 4 September 2018 and was unannounced. The inspection team was made up of one adult social care inspector, one expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse with experience of working with people with brain injuries.

Due to technical problems, the registered provider was not able to complete and return a Provider Information Return prior to the inspection. 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 took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before the inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group.

During the inspection we spoke with five people who lived at the home and three of their relatives. We also carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of daily life at Stocksbridge Neurological Care Centre. We met with the registered manager and business manager. We spoke with nine members of staff. We spent time looking at written records, which included five people's care records, 10 people's medicines administration records (MARs), five staff personnel files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 31 July 2017 when we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. This was because information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not all available for each person employed. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

We checked the staff personnel files for five members of staff who had been recruited since the previous inspection. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character.

We asked people if they felt safe living at Stocksbridge Neurological Care Centre and whether there were enough staff employed to meet their needs in a timely way. Comments from people included, "Yes, I feel safe living here. I get my medication at the same time each morning", "I feel safe. I get my medicine and the staff are very nice", "There are enough staff, and they do help me quickly" and "I feel safe living here. There are enough staff to look after me." Relatives told us, "I do feel safe that my [relative] is living here. Very much so. I am a lot happier that [relative] has better care here and the staff couldn't be more caring. I think there are enough staff" and "My [relative] is safe here. Everything is okay and the staff are good."

All staff we spoke with also told us they thought there were enough staff employed to help keep people safe.

The registered manager told us they used a staffing dependency tool to work out how many staff were needed in relation to the different levels of needs of people living at Stocksbridge Neurological Care Centre. We were told the basic staffing structure was one registered nurse every shift and one rehabilitation support worker for every three people. This staff team were supported five days a week by a therapy team which included physiotherapists, occupational therapists, psychologists, and speech and language therapists. In addition, the registered provider employed two activity coordinators, domestic and catering staff, and a consultant physician.

Throughout the day of this inspection we saw requests for assistance were responded to promptly by staff. People were supported to socialise and attend therapy sessions. This meant there were enough staff employed via safe recruitment practices to meet people's care and support needs in a timely way.

We checked to see whether people's medicines were stored securely and administered correctly. We observed the registered nurse following safe procedures for administering people's medicines. A person centred approach was observed. Staff demonstrated an awareness of people's individual care needs and preferences. People were asked for their consent and offered privacy when receiving their medicines.

We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered. There were no gaps in any of the MARs we looked at for the last three months

Some people were prescribed medicines to be taken as required (PRN medicines). We saw PRN protocols were in place with guidance for staff on when to administer, such as pain scale tools. We saw staff were aware of people's body language which may indicate pain or discomfort when supporting people with complex needs and communication difficulties.

The registered nurse on duty told us people were encouraged as part of the reablement process to be independent in administering their own medicines. Where this was the case a capacity assessment was completed regarding the person managing their own medicines. We saw lockable boxes were provided for people to store their medicines in their own rooms.

There was a lockable fridge for medicines in the clinic room. We saw records of fridge and room temperatures were completed daily and were within the recommended safe ranges. The storage and administration of controlled drugs [CDs] was managed appropriately. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. The CD register was appropriately maintained and matched with the balance of medicines in the CD cupboard.

We checked medicines expiry dates and they were all within date. We did see a small number of liquid medicine bottles that required their opening dates to be recorded. We told the registered nurse on duty and the registered manager about this.

We saw supplementary charts were completed where required. For example, we saw where people had a tracheostomy to help them breathe, maintenance and monitoring charts were in place. Catheter care recording charts were completed and recorded in the daily records. We saw body maps were present in everyone's care records. Staff told us these were completed on arrival at Stocksbridge Neurological Care Centre, after a hospital admission, after a fall or if there were are any other noticeable changes. We saw the handover information between shifts was comprehensive with any urgent actions highlighted in red.

All staff we spoke with confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like. They were confident any concerns they raised would be taken seriously by the registered nurse on duty and management, and acted upon appropriately.

We saw the service had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. Both were clearly displayed throughout the home for people, their relatives and staff to see. This meant staff were aware of how to report any unsafe practice.

Before this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. There were four in total. We saw they had been investigated and appropriate action had been taken by management to reduce the risk of repeat events. In addition, the registered manager kept a record of any accidents and incidents that took place with the action taken in response. The registered manager told us they were in the process of analysing recent accident and incidents.

On people's care records we saw risk management plans were in place for any risk related matters, such as

falls, moving and handling, personal care and skin integrity. These described the level of risk to the person and any interventions staff could take to reduce the level of risk. We saw these were evaluated monthly.

This meant there were systems in place to keep people safe.

With people's permission we looked in their rooms and we checked both floors in the home which included two communal bathrooms, a dining area and several lounges. We found all to be clean and fresh, and in a good state of repair. We saw domestic staff working in the building throughout the day of the inspection. Plastic gloves and aprons were used by all staff at appropriate times. We saw these items were readily available to staff in communal areas and in people's rooms. This meant there were systems in place to reduce the risk of the spread of infections.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA. We saw there were restrictions on people's freedom to leave and move around the home as key codes were required to enter and exit the building and to access the stairs to the first floor. Some people living at Stocksbridge Neurological Care Centre also had potentially restrictive interventions in place, such as bed rails.

The registered manager kept a record of all the DoLS applications made to the supervisory body with the outcome where known, and any conditions attached. The care records we looked at demonstrated people's mental capacity had been considered. Where a person lacked capacity to make specific decisions we saw records of best interest meetings taking place regarding potentially restrictive care and support interventions.

The registered manager understood their responsibilities under the MCA. Staff told us they received training in understanding MCA and DoLS. Staff told us of about a recent training session on the MCA provided by solicitors which they found useful. We saw people's rights to make choices about their care and lifestyle was promoted and understood by staff. For example, we saw people were always asked for their consent before any support was given. One person told us, "The staff do ask before they help me and they are good with me."

People told us they enjoyed the food served at Stocksbridge Neurological Care Centre. Comments from people included, "I do get enough food and I enjoy my food a lot. If I don't like something, I do get other choices", "Some of the food is okay but I don't like everything. I get to pick what I want each day though" and "The food is alright. I enjoy it and I get enough."

We observed lunch and tea being served in the communal dining area. There were menus on display alongside photographs of the dishes. The nutritional values in the food and calorific information was also displayed next to each dish. We were told breakfast was served between 8-10am, however a member of staff told us, "We aren't rigid to these times. If people want a lie-in sometimes, we can still accommodate them when they get up." Lunch was a lighter meal, such as soup and sandwiches. The main meal was served at tea time, with snacks available at supper time. The dining room was bright and airy and the tables were neatly set. Drinks were constantly being offered throughout the meal service.

Some people required support to eat and we saw this was done respectfully. Staff were focused on the person, they sat next to the person to be at the same level and described what they were doing. People weren't rushed and were supported to eat at their own pace. Adapted crockery and cutlery was used as required. Some people had specific dietary needs and we saw these needs were catered for. For example, some people required a soft, fork mashable diet to reduce the risk of choking.

The registered provider employed a rehabilitation support worker with responsibility for nutrition and hydration. They worked closely with the speech and language therapist to ensure people's needs were properly met in this area. We saw this support worker was attentive to how much people ate and drank and recorded this accurately. This information was monitored throughout the day, and we saw people were encouraged to eat and drink more if required.

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. All staff undertook an induction and we saw this included completing mandatory training, such as safeguarding adults and children, fire safety awareness, and health and safety. The registered manager told us some training was delivered via eLearning. More practical training, such as safe moving and handling techniques was classroom based. New staff were also expected to shadow more experienced members of staff. Any staff new to the caring role were also expected to complete The Care Certificate. This is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff confirmed they received regular training. Clinical staff, such as nurses and psychologists told us they were supported to maintain their registration with the appropriate regulatory body. For example, The Nursing and Midwifery Council.

The registered provider had an up to date 'Performance Appraisal and Management Supervision Policy'. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The policy stated, 'The line manager should carry out management supervision meetings at least every 6 – 8 weeks to review overall progress, wellbeing and performance since joining [the service].' Every member of staff we spoke with told us they received regular supervision and an annual appraisal in line with the registered provider's policy. We saw written records of these meetings taking place in the previous 12 months.

Good

Is the service caring?

Our findings

People and their relatives told us the staff at Stocksbridge Neurological Care Centre were caring. Comments from people included, "I know most of the staff. I don't think that they use any agency staff. Most of the staff are kind and seem to care", "The staff are kind and easy to talk to", "They [staff] do understand me and my needs", "I know the staff and they are friendly to me. They explain why I need my medicine" and "I get on with the staff. They tell me if my medication or my care is going to change." Relatives told us, "The Staff couldn't be friendlier. They know the care that my [relative] needs and [business manager and registered manager] make sure that they pick the right staff. [Name of business manager] is very busy all the time. She keeps a good eye on the staff" and "The staff are friendly and polite and they do seem to know what my [relative] needs. I have confidence in them."

People told us staff treated them with dignity and respected their privacy. We saw staff always knocked on bedroom doors before entering. Where people's doors were constantly open, we saw staff knocked and announced their presence at the earliest opportunity to let the person know that they were entering their room.

We saw people and staff were comfortable together. People's relatives were also welcomed in a caring and friendly manner. We saw staff knew people and their relatives well. Staff supported people to maintain contact with relatives using technology, such as Skype.

Staff told us they initially read people's life stories to find out about their needs and preferences. They spent time with people and their families asking questions and finding out as much as they could. Staff told us they worked alongside each other as part of the multi-disciplinary team. This meant they learnt from each other how best to support people.

Staff we spoke with were able to tell us how they supported people who may not be able to express their wishes verbally. Staff gave examples of showing people pictures to give them options, suggesting different outfits to wear, and reading people's facial expressions to get a sense of their mood.

People were encouraged to retain and improve their independence where possible. For example, occupational therapists facilitated a breakfast club, where people were supported to make their own breakfast.

We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw care records were locked away in offices when not in use.

We saw the service had up to date policies and procedures relating to valuing diversity and promoting equality. Staff told us about the importance of treating people as individuals and respecting their rights in terms of equality. We saw information was available to people in different formats to make sure this was presented in a way they could understand.

We saw details of advocacy services displayed throughout the premises that people could contact if they needed independent support to express their views or wishes about their lives. Advocacy services can help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered provider had commissioned a charity to provide information, advocacy and advice services. An advocate visited the home every week. In addition, Stocksbridge Neurological Care Centre had a volunteer family advocate. This person was available to speak with families whose relative was thinking of moving to, or had recently moved to the home.

Staff told us they enjoyed working at the home and this was evident in how they interacted and supported people. All the staff we spoke with told us they would be happy for a relative to live at the home if they needed this type of care and support.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us they enjoyed a wide range of activities and therapies at Stocksbridge Neurological Care Centre. People told us, "There is always something going on, activities-wise. We have movie nights and takeaways and I enjoy playing dominoes", "There is enough here for me. I like to watch TV, and I chat with the staff a lot. I like to go shopping and the staff take me" and "I like going shopping, but the mini bus is broken at the moment and needs repairing." Staff confirmed this was the case and told us the mini bus was currently being repaired at a local garage.

The registered provider employed two full time activity co-ordinators. We saw there were notice boards displaying information about all the activities on offer for each day of the week. These included arts and crafts, chair exercises, computers and IT, church visits and one to one sessions. The activity coordinator told us the home had links with a local school and local churches. People were supported to attend church services if they wanted to. A local choir gave a Christmas concert.

The activity coordinator told us they liked to use the sensory room for one to one sessions with people. This was a room where people could relax with music, soft lighting and furnishings. There was also a gym and pool table on the premises. Books, DVDs and board games were available in the communal areas. Staff told us there were plans to start a 'Gardening Club'. People's rooms backed out onto their own patch of garden area, as well as having access to communal garden space.

The activity coordinators facilitated regular advocacy meetings. These were meetings for everyone living at the home. The activity coordinators also met with people individually to seek their views if they were unable to attend the meetings themselves. We saw minutes of recent meetings. These showed that people were asked for their views on all aspects of service delivery. For example, we saw new menu ideas were discussed, and people were asked about the standard of care and support they received. People were encouraged to read the minutes and they were widely available to people.

The business manager told us about 'Glamour for The Manor', which was discussed with people every year. This was an opportunity for people to say what they would like to be introduced or improved on the premises, i.e. 'The Manor'. This year, they had converted office space downstairs into a café where people could take relatives and friends when they visited. We saw there were tea and coffee making facilities available, and places to sit and chat. The café offered an alternative meeting space to people's rooms and also offered more privacy than the communal lounges and dining room.

The service had an up to date and comprehensive complaints policy. Information on how to complain was displayed in communal areas in a variety of formats. The registered manager told us they had not received any formal complaints so far this year. Our conversations with people and their relatives confirmed this to be the case. People told us, "The staff do talk with me. I haven't complained about anything, but I do know how to if I ever need to. My advocate, [name] helps me out with a lot of things" and "I've never had to complain. I am happy with everything here." A relative told us, "I have no complaints whatsoever about the service and the treatment that my [relative] is receiving here. I would have no hesitation in complaining if I

thought something wasn't right though."

People living at Stocksbridge Neurological Care Centre had multiple and often complex care and support needs. Their care records reflected this. People had electronic care records. We saw there was a summary at the beginning of each record split into sections. These sections included personal information, risk assessments, and care plans for every area of daily living. Clicking on the section then brought up more detailed information. There was evidence of multi-disciplinary reviews taking place with the person and their representative, as well as monthly evaluations of each section.

Every intervention with a person was recorded on the system by the relevant member of staff. For example, if a person took part in an activity this could be recorded as 'watched a movie', 'attended advocacy meeting' or 'had hand lotion applied while in the sensory room'. We saw all contacts with external health and social care professional were also recorded electronically.

On all of the care records we looked at we saw the information was person centred and accurately reflected the person's current health and support needs.

Good

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 31 July 2017 when we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. A notification should be sent to the Care Quality Commission every time a significant incident has taken place. However, we found two incidents that had not been reported as required.

Prior to this inspection we reviewed the notifications submitted to us by the service. These reflected what we found during the inspection. For example, we saw CQC had been notified of all the safeguarding incidents that had been recorded by the registered manager. The registered manager was able to tell us of their obligations for submitting notifications in line with the Health and Social Care Act 2008. This meant the registered provider was no longer in breach of this regulation.

People, their relatives and staff told us both the registered manager and business manager were approachable, supportive and responsive. Comments from people included, "Everything is run pretty well all in all", "The manager is a lady. She is easy to talk to" and "The manager is nice and always approachable and kind." A relative told us, "Both [registered manager and business manager] are very caring managers. They both have values. I have been asked for feedback."

In addition to the advocacy meetings with people living at Stocksbridge Neurological Care Centre, we saw minutes of regular staff meetings. Staff we spoke with confirmed they attended regular meetings, which they found informative. Minutes were emailed to staff and paper copies were available in staff rooms for those unable to attend.

The registered provider undertook an annual staff survey. The most recent was in March 2018. We saw the results had been analysed and action plan was in place. For example, staff had asked for communication to improve across different teams. In response we were told a morning handover session was being devised which involved all staff groups.

The registered provider also produced a newsletter for people and their relatives every two months. We saw the newsletter for August 2018 gave information on who to contact if anyone had any suggestions or ideas. There was also an article on a new initiative called 'Friends and Family Test' which was a way to seek feedback from people and their relatives on a monthly basis.

This showed there were systems in place to regularly ask people, relatives and staff for their views on the service so they could continually improve.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw the service undertook a range of audits covering all areas of service provision which were to be undertaken monthly, quarterly, or six monthly, such as medicines audits and infection control audits. Where improvements were identified we saw there were action plans in place to address them.

The service had a maintenance schedule in place. We saw the regulatory tests required, such as water safety and legionella testing, and electrical installation and equipment servicing records were listed with required frequency of testing and the next date each test was due. We saw they were all up to date.

We reviewed the service's policies and procedures. The registered provider had created the policies and procedures for all its services. We saw they covered all areas of service provision and were up to date and regularly reviewed. This meant they reflected the most recent legislation and good practice guidance. Staff we spoke with told us they had access to paper versions of the policies and procedures and we saw these were available in the clinic room and electronically online.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.