

Voyage 1 Limited

Three Sisters & Bronte View

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

On the 19 and 26 May 2016 we inspected Three Sisters and Bronte View. At the time of our inspection, there were 16 people living at the service. This was an unannounced inspection.

The service was last inspected in October 2014 and was fully compliant with the outcome areas that were inspected against.

Three Sisters and Bronte View is a care home for up to 17 younger adults with a learning disability who may also have challenging behaviours. Three Sisters can accommodate up to 10 people in en-suite bedrooms and Bronte View can accommodate seven people in self-contained flats. There is a small farm and training facility for the people who live at the home and in the local area. The home is in easy reach of Haworth and the local facilities.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

Potential risks to people were assessed and recorded. There was full guidance on how to safely manage risks in each person's support plan so that people received the interventions they needed to keep them as safe as possible. The assessments identified people's specific needs, and measures were in place to reduce the risks, without restricting people's activities or their lifestyles.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns, both within the organisation and to the local authority safeguarding team.

Accidents and incidents were reviewed and action was taken to reduce the risk of re-occurrence. Each person had a personal emergency evacuation plan in the event of an emergency.

Health and safety checks on the equipment and the environment were carried out regularly to make sure the premises were safe. Routine maintenance was carried out on a regular basis as part of maintenance plan.

Some people living at the service needed one to one staffing support and there were appropriate levels of staff on duty and deployed throughout the service to meet people's needs. Additional staff were on duty throughout the day to ensure that people were supported to enjoy activities of their choice.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

New staff were given a detailed induction, and completed a probationary period to make sure they were suitable to work with vulnerable adults. The on-going training programme ensured that staff had the right skills, knowledge and competencies to carry out their roles.

Staff received regular one to one supervision from their line manager, together with an annual appraisal, to discuss their training and development needs and for any support required.

Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand, and included pictures and photos.

Deprivation of Liberty Safeguards (DoLS) authorisations were in place for people as required. Guidelines were being followed by staff to ensure there were no unnecessary restrictions to people's lifestyles.

Staff supported people with their health care needs and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being.

Medicines were managed safely and stored securely, and people's medicines were reviewed regularly by their doctor to make sure they were still suitable.

There was a strong emphasis on person centred care and care records covered people's preferred daily routines and lifestyle. The plans were not always reviewed on a regular basis but updates were added.

The registered manager ensured that staff had a full understanding of people's support needs and they had the skills and knowledge to meet them. Staff skills and knowledge were monitored in different ways including spot checks to make sure they knew people well and how to support them in a way that suited them.

People were treated with kindness and compassion. Interactions between staff and people using the service were positive and staff had developed good relationships with people. People were treated with dignity and respect.

People were encouraged to take part in activities and events to enrich their lifestyle. There was a wide range of activities accessible at the service.

People or their relative /representative had been involved in writing their care records.

Comprehensive quality monitoring was in place, with detailed checks regularly undertaken to identify any shortfalls so that appropriate action could be implemented and the service could be continuously improved. There was a culture of openness and inclusion within 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.

Staff had received training on how to keep people safe, and safeguarding procedures were in place to protect people from possible harm.

Risks to people were assessed and detailed guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Staffing levels were flexible and determined by people's needs. There were safe recruitment practices in place and appropriate recruitment checks were carried out before staff started work.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were aware of people's rights to make informed decisions independently and when further support was necessary to ensure that decisions were made in people's best interests.

People were supported by trained staff with appropriate skills and knowledge to meet their needs. Staff received regular supervisions, training and an annual appraisal to discuss their training and development needs.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were supported to eat and drink suitable healthy foods of sufficient quantity to meet their needs and ensure their wellbeing.

Is the service caring?

Good ●

The service was caring.

The management team and staff were committed to a strong person centred culture. Staff took the time needed to communicate with people, and included people in conversations. They spoke with people in a caring and dignified way.

Staff knew people well and were aware how they preferred to be supported. People's privacy was maintained and staff understood and respected people's preferences.

People and their families were involved in reviewing their care and the support that they needed. People were supported to maintain relationships with relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned in line with their individual care and support needs. Care plans were personalised and updated but not always recently reviewed.

People were supported to engage in a range of activities of their choice, which reflected their interests.

Systems were in place to enable staff to recognise when people had concerns and the complaints procedure ensured that any issues were addressed and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

The management team led and supported the staff to provide compassionate, personalised care and a culture of openness and transparency.

Regular audits and checks were undertaken to ensure the service was safe and running effectively.

The staff said they were very well supported by the management team and the organisation. Staff told us that all of the managers were open and approachable, and always available to provide support or guidance.

Three Sisters & Bronte View

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.

The inspection took place on the 19 and 26 May 2016 and the visit was unannounced. We last inspected Three Sisters and Bronte View on 3 and 26 October 2014 when no concerns were identified.

The inspection team consisted of one inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their preferred activities. We assessed if people's care needs were being met by reviewing their care records. We looked at three people's care plans and risk assessments.

We looked at three care records for people that used the service and three staff files. We spoke with two people, three relatives, the registered manager and two care assistants.

We contacted two health care professionals for feedback about the service but at the time of writing this report we had not received any response.

Is the service safe?

Our findings

People indicated that they felt safe at the service. We observed they were relaxed in the presence of staff. Staff explained they had built up good relationships with the people they supported and would recognise signs through behaviours and body language if people were upset or unhappy. Staff told us that they were there to protect people who could not speak up for themselves.

There were clear systems and procedures in place to ensure that any concerns of abuse would be raised and actioned appropriately. Staff had received training on keeping people safe, and were confident any concerns raised would be taken seriously and fully investigated to protect people. Staff were aware of the whistle blowing policy and knew how to 'blow the whistle' on poor practice to agencies outside the organisation. People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. People's monies and what they spent was monitored and accounted for.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, medicines, baking, incontinence, swimming and monitoring their health. Assessments indicated the severity and likelihood of the risk and control measures were considered to reduce the risks. Risk assessments focused on enabling the person to take risks rather than restricting them. Staff supported people to take risks so they had as much control and freedom as possible.

Staff supported people positively with their specific behaviours, which were recorded in their individual support plans. There was clear information to show staff what could trigger behaviours and staff were aware of the strategies to minimise any future occurrence. We observed that staff calmly responded to one person's behaviour in a professional manner, in line with the strategies outlined in their care and support plan.

Accidents and incidents involving people and staff were recorded on a computerised system, investigated and the registered manager reviewed and put appropriate measures in place to reduce such incidents. This enabled the registered manager to look for trends and take action immediately. We saw that prompt action had been taken following accidents and support plans had been updated.

The staff carried out regular health and safety checks of the environment and equipment, including the fire alarm system. Plans were in place in the event of an emergency, such as fire, and fire drills had been carried out to make sure everyone knew what to do in the event of a fire.

People's safety in the event of an emergency had been carefully considered and recorded. Each person had a Personal Emergency Evacuation Plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency. Other equipment for individual people was also in place, such as a video monitor for night seizures to reduce the risk of harm. Plans were present to redecorate the service and there was an ongoing maintenance programme.

There were enough trained staff on duty to meet people's needs. At the time of the inspection there was a Registered Manager, two senior support workers, ten support workers, an activity co-ordinator and a cleaner. Five support workers were on duty at night. Staffing levels were assessed according to people's needs, and additional staff cover was arranged when people required extra support for arranged activities or events. Staff told us there were sufficient staff on duty and cover was always available when staff were sick or on annual leave. During the inspection staff supported people to manage their daily routines, and take part in activities of their choice. The staff rota confirmed staffing levels were consistent during the day and night. The provider had an 'on-call' number for staff to ring when they required assistance or advice. This gave unexperienced staff confidence to work during unsociable hours.

Recruitment practices were robust and all of the relevant checks were carried out to make sure staff were suitable to work with people who needed care and support. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments through references. The DBS checks a person's criminal background for cautions or convictions. Staff had to complete a six month probation period to ensure they had the right qualities and skills to work at the service. There was a clear disciplinary procedure in place should unsafe practices be identified.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines given. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

People's support plans included a current list and picture of medicines and it was documented how they liked to take their medicines. We observed medicines being administered and found staff following the procedures identified in people's support plans. Staff followed safe working practices on how to administer medicines and we observed people were not rushed and were informed about what medicines they were being given.

Records showed that medicines had been administered as instructed by the person's doctor. There were systems in place to make sure people were able to take their medicines with them when they went out for the day, and clear guidelines and training for staff to administer an immediate response medicine should an emergency arise. The medicine fridge and room temperatures were checked to ensure medicines were stored at the correct temperatures. Checks were carried out each time people received their medicines to make sure people had been given their medicines correctly and when they needed them. Some people were given medicines on an 'as required' basis, such as pain relief. There was written guidance for each person who needed 'as required' medicines in their support plan to make sure they were given their medicines consistently and safely. Staff were trained in how to manage medicines safely and were observed administering medicines before being signed off as competent.

Is the service effective?

Our findings

People had a wide range of needs with complex health conditions. We observed that people who needed one to one support were supported by staff who knew them well and were able to communicate their needs and wishes. Staff were passionate about supporting them in a way that suited them best. One relative told us, "They always do what they want to do and staff are great with them."

Staff received appropriate training that enabled them to fulfil their roles effectively. Training records showed that staff received training in health and safety, first aid, fire awareness, infection control and basic food hygiene. Staff told us the training was on going and they found it useful. Training was provided about people's specific needs, including the administration of specific epilepsy medicines and challenging behaviour. Staff had a good understanding of people's varying needs and conditions.

Staff were encouraged to develop their skills and competencies. Staff told us that they were supported by the management team. They had regular one to one meetings with a line manager to discuss any issues or concerns they had about caring and supporting people and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance, training and to talk about career development for the next year.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff were monitored and supported closely during their induction period and the registered manager met with them on a one to one basis to ensure they had the support they needed.

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 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. There were two people who had a DoLS authorisation in place. The conditions on the authorisation to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly, and plans were in place to support people in the least restrictive way. People's care records contained a 'decision making profile' which indicated to staff what support they required to make a decision. Staff told us they supported people to make decisions by giving them time to understand the situation.

All staff had received Mental Capacity Act and DoLS training. They understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005, putting these into practice effectively to ensure people's human and legal rights were respected.

People's health needs were recorded in detail. When people had to attend health appointments, they were supported by staff that knew them well, and who would be able to support them to make their needs known to healthcare professionals. All appointments with professionals, such as doctors, opticians, speech and language therapist, dentists and chiropodists had been recorded to include any outcome. One relative told us their family member received support from health professionals in all areas of their life where required. They had confidence if the relative's needs, changed, health professionals would be contacted quickly.

Some people had medical conditions, such as epilepsy, that needed to be closely monitored. There were detailed risk assessments in place to give staff guidance on how to manage this condition. The assessment directed staff on how best to support the person in the event of a seizure. There was information on what signs and symptoms may occur before the seizure, different types of seizures, and charts to monitor the frequency and intensity of seizures. Information from health and social care professionals, such as the Epilepsy Nurse's involvement was also documented in care records to ensure people's needs were met and risks to people's health were minimised.

Each person had a record to accompany them to hospital should emergency medical treatment be required. This document ensured that people would be supported with their communication needs and relevant health care information, to ensure hospital staff would have a full picture of people's individual needs.

People were observed eating their meals when they wanted to. The service was flexible to their needs and people were encouraged to choose their meals. Food was planned and people were supported by the staff to receive a balanced healthy diet. Some people were on food charts and had dietician input into their meal planning. One person weighed out their food in order to stick to the guidance from the dietician. On the day of inspection they had been supported to be involved in preparing their lunch.

Staff knew about people's favourite food and drinks and about any special diets. People were supported by staff in the kitchen to make tea, baking and if possible help to prepare their food. Their weight was monitored regularly to make sure they remained as healthy as possible. People who had difficulty when eating or drinking had been seen by the Speech and Language Therapist. Clear guidance was in place to reduce the risk of choking with detailed actions for staff to take in the event of an emergency. People were often supported to go out to the local town for lunch.

Is the service caring?

Our findings

We observed that staff were kind and made sure people received the care and support they needed. One relative told us, "Staff were always kind and considerate." A person that used the service responded, "Yes" when asked if staff were nice. A staff member told us they were proud to be able to work and support people with such complex needs. They said, "Really good to work here," and, "We really make a difference to people."

All staff signed to confirm they had read people's individual support plans and risk assessments so that they had a good understating of peoples' needs. As part of their induction training all new staff read and understood information about the people they were supporting. This helped to demonstrate they had got to know them, understood their care and support needs, whilst taking into account their preferences and wishes.

People's ability to express their views and make decisions about their care varied. Information was recorded in people's care records to make sure that all staff were aware of people's views, likes and dislikes and past history. People had an individual communication plan for when they struggled to communicate using speech. This explained the best way to communicate with the person, for example observing for changes in mood and how to approach them. For instance, one person's support plan said if they wanted staff to sing, they would put their ear to staffs mouth. This level of detail showed staff could support people in a more caring way. Throughout the inspection we saw staff were able to interpret and understand people's wishes and needs, and supported them in the way they wanted.

People's daily routines were set out step by step to make sure people received their care in line with their wishes, such as what they liked to do on a typical day and how they liked their support. Staff told us they encouraged people to do things for their own benefit, such as showering, but they never forced people to do this.

We observed staff speaking with people about what they had with them, such as games, decoration or cuddly toys. Even though people were unable to fully communicate verbally, staff were able to talk with them and understand their responses.

There was an inclusive atmosphere in the service. In one part of the building there were communal living rooms where there was a music channel playing on the television and people were walking in and out. Some people were getting ready for their activity of the day or going out. In the other part of the building people had self-contained flats. In the flats people could spend their time as they wanted. Staff told us people sometimes wanted private time alone and staff respected this. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them.

Staff chatted with people and spoke with individuals quietly and supported them with their daily needs. People smiled when staff touched their hands and responded with smiles and gestures. People were encouraged to communicate with picture boards and Makaton. Makaton is a language that uses signs and

symbols to aid people with communication. Staff were seen talking with people using their preferred method of communication. Staff were patient and gave people time to respond to them. They spoke about respecting people's rights and supporting them to maintain their independence and make their own choices. However on two occasions during course of inspection we witnessed staff shouting down corridors to each other which did not respect people's personal living quarters.

Staff were aware of people's religious choices and different backgrounds. Staff respected people's beliefs and supported them to live how they wanted to. People were encouraged to live meaningful lives and staff supported them to maximise their independence skills in order to have more control over their lives. Care and support plans promoted their independence, recording what they could do for themselves, and specifically where they required support, for example, people being able to do some of their personal care, but needing some support to do it thoroughly.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. One person showed us their bedroom and their personal belongings. This was personalised with their own choices. Staff were seen to support people to go where they wanted and made sure people were able to access the garden when they wanted to. Another person's bedroom was entirely personalised with a huge 3D mural on the wall that staff had supported them to make.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People visited their families on a regular basis and were supported to stay in contact with their friends. Family and visitors were able to visit the service and there was no restriction on when they could call to see them. Relatives commented, "Visiting is fine, as long as it suits [person's name]."

We observed staff respected people's privacy and dignity. A member of staff told us, "We do a lot with people and we make sure it's about them. We always bear people's privacy and dignity in mind every day." People were supported to wear appropriate clothing that suited them and was suitable for both the activity and weather conditions. For example some people were going to work with animals outside and so they were reminded or supported to wear clothes that could get dirty.

Is the service responsive?

Our findings

Staff were responsive to people's needs. Staff made sure they were around when people needed support with their daily routines. Staff told us the care was flexible as they worked around people's preferences and wishes on a daily basis.

People's needs were assessed before moving into the service, with involvement with the people, their relatives, health professionals, and the person's funding authority. From this information an individual care record was developed to give staff the guidance and information they needed to look after the person in the way that suited them. There was also a 'one page profile' in each person's support plan, explaining their lifestyle before moving to the service, and the things that were most important to them. This gave a good background for staff to get to know the person well, so that people had as much control of their lives as possible.

People living at Three Sisters and Bronte View had complex needs and regular staff ensured they received consistent, personalised care and support. Some pictures and photographs had been used to make care and support plans more meaningful. People's preferences of how they received their personal care were personalised to their wishes, such as their bedtime routine. They detailed what they may be able to do for themselves and when they needed support from staff. Care plans had been updated with people's current needs and staff were aware of these changes, which reflected the care and support the staff were providing. However, care plans had additions made to them but the plans had not been reviewed. This meant sometimes support plans had received additions but not been entirely reviewed for up to 12 months.

Some people had been assessed as having periods of behaviour that could be described as challenging. Detailed guidance was in place to ensure that staff were supporting people consistently to minimise anxieties that could trigger an occurrence of negative behaviours. The support described was aimed at providing alternative strategies to reduce the behaviour and to contact health care professionals for further advice and support if required.

There was a flexible activity programme, which was tailored to each person's preferences. For example watching DVD's, walk, swimming or gardening. People were offered activities during the day. Some people enjoyed arts and crafts and some people liked to go to a day centre. If people changed their minds there were no restrictions as there were enough staff on duty to make sure people were able to do what they wished. The provider ran 'The Discovery Centre' which was located on the same site as Three Sisters and Bronte View. The Discovery Centre supported people to look after many animals including, horses, sheep, rabbits, chickens and pigs. People were encouraged to be involved in the support of the animals and took an active role. The Discovery Centre also grew vegetables with the support of people. This meant people were involved in the whole process from planting the seeds to cooking with the food afterwards. Family members told us there were lots of activities to do and people could get involved with many things.

Contact details of people who were important, were written in each person's care and support plan in the form of a 'relationship map'. This made it very easy to see who was close to each person and their

relationship with the person. People were encouraged to keep in touch with all their friends and family and some people went to visit their family each weekend.

People had keyworkers who they worked with. Keyworkers supported people to hold person centred planning meetings. These meeting are designed to assist someone to plan their life and support. People invited who they wished to the meeting and arranged how they wanted the meeting to be run. This gave people the opportunity to raise their views and discuss any changes they wanted made. During this meeting people were asked about their time at the service so far and what changes they would prefer for the future.

People were supported through monthly meetings to assess if they were happy with the service. The service user's hand book which included information about complaint's, was available in a picture format to further help people understand the policy. There was also guidance in the support plans about people's daily lives and indicators to show if a person was unhappy, to make sure they were being positively supported.

There were systems in place to ensure that any complaints were responded to appropriately. Staff felt confident to pass complaints they received to the registered manager or senior member of staff. There were systems in place for formal complaints to be raised, recorded and investigated, however there had been no complaints this year.

Is the service well-led?

Our findings

The service's values and philosophy were clearly explained to staff through their induction programme. The company had five clear core values including passion for care, positive energy and freedom to succeed. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. People were actively encouraged to live their lives to their full potential.

Staff understood the visions and values of the organisation and told us that people received person centred care in line with their needs and wishes. They said they felt valued by the organisation and it was within their role to find the potential in every person. They told us senior management visited the service and spent time with people to make sure they received the care they needed.

The staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and available to listen to their views. Staff felt the service was well led and there was always a member of the management team available to give practical support and assistance if required. A staff member commented, "Clear leadership and direction."

Staff handovers highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities and the staffing structure ensured that they knew to whom they were accountable.

Staff were encouraged to develop professionally to continually improve their skills, knowledge and abilities. They were supported by the management team to achieve further qualifications, and understood their role and responsibilities.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views, including sending out surveys and discussions during the regular meetings that took place. Responses had all been positive about the service. This demonstrated that people and their relatives were very satisfied with the care being provided.

Staff were encouraged to feedback their views on the service through meetings and individual meetings with their line managers. The management team ensured that staff were valued and recognised for good practice.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. All of the management team in the organisation were committed to professional development through their annual appraisal to ensure effective leadership of the organisation. There was a clear plan in place, which identified timescales of when managers needed to achieve their goals.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The daily, weekly or monthly audits looked at records that were kept to monitor the care and support people received, such as personal finances, medicines and daily reports made by support staff.

Health and safety checks were carried out regularly and accidents and incidents were summarised to look for patterns and trends to reduce the risk of further occurrence.

Staff had read policies and procedures, which together with the staff handbook, were updated on a regular basis. Staff were updated through their one to one line manager meetings or team meetings if there were changes in the service. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.