Kings Residential Care Homes Limited

Maple House

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 was an unannounced comprehensive inspection that took place on 1 September 2016.

Maple House is a care home registered to provide accommodation for up to five people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own individual room. The home had a communal lounge, kitchen and dining room where people could spend time together. The home had a large garden, a sensory room and a spa pool. At the time of inspection there were five people using the service.

The service had a 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 registered manager was on leave. There was an interim manager in place.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it. The provider dealt with accidents and incidents appropriately and reviewed these to try and prevent reoccurrences.

Risks to people's well-being had been assessed. For example, where people displayed behaviour that may be deemed as challenging, staff had training and guidance available to them. We found there were enough staff to support people safely during our visit. Staff had been checked for their suitability before starting work.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary.

Staff received appropriate support through an induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People chose their own food and drink and were supported to maintain a balanced diet. They had access to healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of capacity had been completed and DoLS applications had

been made. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including staff discussing people in a professional and discreet manner. Staff knew people's communication preferences. They had been trained and used one person's preferred communication very effectively.

People were supported to be as independent as they could be. Skills that people had were developed and maintained. Staff knew people's preferences and had involved people in planning their own support.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and their relatives had contributed to the planning and review of their support. People had support plans that were person centred and staff knew how to support people based on their preferences and how they wanted to be supported. People took part in activities and hobbies that they enjoyed.

People, their relatives and staff felt the service was well managed. The service was led by a registered manager and an interim manager who understood the requirements under the Care Quality Commission (Registration) Regulations 2009.

The vision of the service was shared by the staff team and put into practice. The service promoted a positive and open culture.

Systems were in place which assessed and monitored the quality of the service. However, this had not always identified all areas for improvement. The manager told us that they would be implementing a new more robust audit system following our visit. People and their relatives were asked for feedback about 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.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities for supporting them to keep safe. Incidents were recorded and investigated.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had received guidance and training.

People received support in line with the Mental Capacity Act 2005 and were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to remain independent by staff who knew their preferences. People were supported to maintain relationships with relatives and people who were important to them.

People were involved in planning their own support where they could.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the development and review of their support plan. Support plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. Staff demonstrated a person centred approach and put this into practice.

People undertook hobbies and activities they were interested in and enjoyed.

Is the service well-led?

Good

The service was well led.

People knew who the registered manager and the interim manager were and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The provider had checks in place to monitor the quality of the service. This had not always identified all areas for improvement. The manager told us that they would be implementing a new more detailed system following our visit.

Maple House

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 1 September 2016 and was unannounced. The inspection was carried out by two inspectors 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.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and checks that were carried out to review the quality of the service that had been provided. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the manager, six care workers and a visiting social care professional.

We met all five people who used the service. We used Makaton to help us to communicate with people. Makaton is a form of sign language. Most people living at the service had limited verbal communication so were unable to obtain direct verbal feedback about their experiences. We observed interaction between staff and people who used the service throughout our visit. We spoke with two relatives of people who used the service. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

Relatives told us that people were safe when receiving support from staff. One relative commented, "I have no concerns about [person's name] safety." Staff members we spoke with had a good understanding of signs of possible abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults and records we saw confirmed that some staff had completed training in this area. The manager told us that other staff were to complete this training.

Staff we spoke with told us that they understood whistleblowing and felt they could raise concerns. The manager had an understanding of their responsibility for reporting allegations of abuse to the local authority. We saw that the manager had reported concerns appropriately to the local authority. The concerns had been investigated either internally when this had been requested or by the local authority. We saw that concerns had not been reported to the local safeguarding team, but to individual social workers. The manager told us that they approached social workers when they were actively involved with a person as they knew the person and understood them. The manager agreed that they would consider making referrals to the safeguarding team as well as to the social worker.

Risks that impacted on people's health and well-being had been assessed and regularly reviewed. For example, one person had a risk assessment in place around the support they needed when they were being moved in order to keep them safe. We saw that the person required support to move from one place to another and their risk assessment guided staff to do this safely. This meant that staff had up to date guidance on how to support people in a safe way.

Some people displayed behaviour that could have caused harm to themselves and others. We saw that there was guidance in place for staff to follow should a person become anxious. Staff told us that they knew how to offer support and had received training in this. One staff member said, "I am considerate of what can trigger [person's name] behaviour." We saw that staff had attended a course in how to manage people's behaviour positively. The manager told us that they had referred one person for specialist input to help the staff to effectively support the person when they became anxious. This meant that staff were supported to understand and respond appropriately when a person became anxious.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People's environment was regularly checked by staff members to maintain their safety. For example, we saw that equipment was regularly service such as specialist baths. We also saw that fire protection equipment was being regularly serviced and checked.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use. This meant that should an emergency occur staff had guidance to follow to keep people safe.

People received support from staff when they needed this. Each person had been assessed to determine how much support they needed. Relatives told us that there were enough staff available. One relative said, "I have no concerns about staffing levels." We saw that staff were available throughout the day of our visit and were supporting people to complete their planned activities. Each person had a one to one worker assigned to them to provide support. Staff told us that they felt there were generally enough staff unless someone was off work due to illness. They told us that cover would be provided by staff from an agency.

People were cared for by suitable staff because the provider followed recruitment procedures. The process included obtaining references, checking people's right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and aims to stop those people who are not suitable from working with people who receive care and support. We looked at the files of four staff members and found that most appropriate pre-employment checks had been carried out before they started work. We saw that one person had gaps in their employment history that had not been discussed with them. We discussed this with the manager. They told us that they would follow this up with the person. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had a care plan around medicines to determine the support they needed and a medication administration record to record what medicine the person took. We saw that one person was having their medicine with yoghurt. We discussed this with the manager. They told us that this was for ease of swallowing and not so that it was given covertly which was documented in the support plan. Following the inspection the manager told us that they had spoken with the GP and pharmacist and confirmed that it was alright to give the medicine with yoghurt. They also told us that they were going to have the medicine in a liquid form so that it was easier for the person to swallow. Where someone had a 'PRN' medicine we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We looked at the records relating to medicine and found these had been completed correctly. We found that temperatures were being recorded in areas where medicines were stored.

Good

Is the service effective?

Our findings

People received support from staff who had the skills to meet their needs. One relative told us, "The staff have the skills to support [person's name]." We observed a handover between staff leaving their shift and others starting theirs. Staff communicated effectively with each other. They discussed each person and if there had been any changes to their needs. For example, we saw that one person had been anxious for part of the morning. Staff discussed this, possible reasons why and action taken to reduce the person's anxiety.

People were supported by staff who received an induction into their role. Staff told us that they had completed an induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. We saw that the provider used the Care Certificate for newer staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. Where training was due to be refreshed this had been arranged. We saw that some staff needed to complete training in key areas such as safeguarding. The manager told us that staff were working to complete all courses. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that training was good quality. One staff member told us, "I have recently done training around how to support one person. This was helpful."

People were supported by staff who received support and supervision. One staff member said, "I have supervision every month. I think that [manager] supports us." During supervision staff's progress, competency in their role training and support needs were discussed. This enabled the manager to evaluate what support staff required. Records we saw confirmed that supervisions had taken place.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.

The manager was aware of the legislation and had considered this during support planning. We saw that support plans contained information about how to involve people in making their own decisions. Most staff had received training about the MCA and understood that they needed to ask people for consent. The manager told us that other staff were due to complete this training as soon as possible. Mental capacity assessments had been completed where people may not have had capacity to make their own decisions. We found that these had been reviewed regularly to make sure that they were still appropriate. Where people did not have capacity to make decisions the correct process had been followed in line with the requirements of the MCA. We found that DoLS had been requested for each person who lived at the service. These had been agreed and the manager was making sure that any conditions that had been put in place were being followed. Some staff had understanding of DoLS. One staff member explained to us the conditions that were in place for one person to make sure that they were supported to eat healthily. A visiting social care professional told us, "The staff have been receptive. We have checked that the conditions (of the DoLS) are being met. They did them straight away. They seem to understand MCA and DoLS." In these ways people's human rights were protected.

Staff understood the need to support and encourage people. They knew to ask people's consent before they supported them. One staff member told us, "I always ask before supporting someone. They can say No." Another staff member said, "People can always change their mind. We respect people's choices." We saw that staff were asking people for consent before they offered someone support throughout our visit. Relatives told us that people were involved in making their own decisions. One relative said, "[Person's name] is involved in making their own decisions. Staff listen to him."

People chose their own food and drink. We saw throughout our visit that people could access the kitchen and chose what they wanted. Healthy options were available so that this could be promoted. We saw menus were in place. A relative told us," We have no complaints about the food. We have tried it." The manager told us that these were based on what people liked to eat. We saw that people were offered a choice at meal times. People were supported to go food shopping throughout the week with the support of staff members. Staff knew about people's nutritional needs. Where people required a specialised diet or there food preparing to a specific consistency this was catered for. We saw that information about a person's nutritional needs was recorded in their support plan. Staff could tell us about support that each person needed with eating and drinking.

People were supported to maintain good health. A relative told us, "The staff support [person's name] with all health appointments. I am happy with them doing this." Another relative commented, "He has regular contact with health professionals." We saw that people were referred to specialist health professionals when appropriate, such as when their behaviour had changed. Records showed that people had been supported to attend routine appointments such as the GP and a dentist. The outcome of these appointments had been documented. We found that people had not consistently been weighed monthly even though this was asked for as part of their support plans. We discussed this with the manager. They told us that they were working with the physiotherapists to determine the most appropriate way to weigh one person due to their mobility. The manager told us that they would review the weights monthly to make sure that they had been recorded. We saw that people had information about their medical conditions and support requirements in a 'grab sheet' so that this could be taken to hospital in the event of an emergency. Support plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them when they needed to.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. One relative said, "The staff show compassion and respect [person's name] dignity." Another relative told us that the staff were very caring. A staff member told us that they felt they would recommend the service to someone that they cared about. We observed staff interacted with people in a caring, compassionate and kind manner throughout our visit. We saw that staff knew what people liked and were able to talk about this. For example, one person liked a specific cartoon. Staff had spent time watching this cartoon with the person. They were able to talk about this with them and explain what was happening.

People had keys to their own rooms if they wanted them. We saw that one person had their key on a lanyard around their neck. Staff were mindful of this person's preferences and did not go into their room without the person being present at their request. People's bedrooms were decorated to their personal taste. We saw that one person had a mural on their wall of characters from the Jungle Book. The manager told us that staff had painted this as the person liked this film. Another person had their room decorated in their favourite colour. Staff were sometimes observed knocking on people's doors before going into their room.

People's preferred methods of communication were identified and there was guidance as to how best communicate with people. We saw that one person used Makaton to communicate. Makaton is a form of sign language. Staff had worked with the speech and language therapists to develop a book of signs that the person used and understood. Staff then used these signs to aid their communication with this person. We saw that staff were able to use these signs in all of their communication very effectively. Where someone used pictures to help them understand a book of these was available. However staff told us that the person would take the pictures and hide them so the pictures were used by staff while they were talking with the person to help them to understand but were not used around the home as a visual aid or reminder for the person. Staff were mindful of not overloading people with complex language and allowing them time to process what had been said. We saw that support plans detailed how people communicated. For example, one person was not able to communicate verbally. Their support plan said, 'I will touch the things I am interested in.' This meant that people were supported to communicate in the way that they were able to.

People were supported to maintain links with family members and other people who were important to them. One relative told us, "We were not able to have Christmas at home last year. So [person's name] dad spent Christmas at the home." Another relative said, "We receive regular emails and photos so we know what [person's name] is doing." Relatives told us that they were made to feel welcome and could visit when they wanted to. The manager told us that a party was planned for the weekend following our visit as two people had birthdays that week. They told us that all family members had been invited to this.

People were supported to maintain their independence. We saw that people were supported to make their own drinks and snacks. On the day of our visit one person had been supported with baking and had made a cake. Staff told us how they encouraged people to be as independent as they could be. We saw that people's support plans recorded what people could do for themselves and what they needed help with. For example, one person's care plan said, 'I can complete tasks such as cooking, baking and gardening with

hand over hand support.' This meant that people received support from staff to retain or learn new skills.

People were actively involved in making decisions where they could do this. This included decisions about what they wanted to eat and activities they wanted to do. We saw throughout the day of our visit that people were asked what they wanted and if they wanted to participate in their activities. Records showed that people had been involved in decisions about their support. Where people were not able to make their own decisions other people were consulted to determine what the person would want. A staff member told us, "We work with one person who struggles to make give us their opinion. We make sure we refer to their support plan and ask family members what [person's name] would want." We saw that one person had an Independent Mental Capacity Advocate (IMCA). The role of an IMCA is to support someone with making a decision when they do not have the capacity to do this. This meant that people were supported to be actively involved in decisions about their support.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. One staff member told us how important routines were to one person and how the staff team all tried to follow the routine as much as possible. Information had been gathered about people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's sensitive information was being handled carefully. We saw that the provider had secure lockable cabinets for the storage of records. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection. This meant that people's privacy was being protected.

Good

Is the service responsive?

Our findings

People and their relatives had contributed to the planning and development of their support plans. One relative told us, "I have been involved in the support plan and review process." Another relative said, "We were asked to provide information to help plan [person's name] support." We saw that people's support plans contained information about how people preferred to be supported and routines that they needed to follow. Records showed that people and their families had been involved in reviews of support and in decisions with the person's consent. A relative said, "I have been involved in the annual reviews. They ring me if [person's name] needs anything." We saw that support plans had been reviewed monthly and that feedback was sought from the person, staff and relatives. The manager told us that a written update was provided for relatives on a regular basis. We saw that this document asked for any feedback or comments from the relatives. This meant that people were given the opportunity to discuss their care and any changes they would like to happen and staff had up to date information and guidance on how to provide support to people.

People's support plans were personalised and provided details of what the person liked and what activities they wanted to do. For example, in one person's support plan it was identified that they met with friends who they had used to live where and recorded where everyone met. We saw that people's routines were detailed in relation to days of the week and people's likes and dislikes were detailed. For example, one person's support plan said, 'I like to drink squash, and I prefer to drink blackcurrant to orange.' Staff were able to describe people's preferences and this matched the information included in each person's support plan. One staff member told us, "It is very important that we do things in the way each person wants them to be done." This meant that people received support based on their preferences.

People were supported to follow their interests and hobbies. We saw that people attended a range of activities throughout the week and had an activity plan in place. This included hobbies such as horse-riding as well as completing tasks in the house such as cleaning to develop people's skills and independence. A relative told us, "[person's name] gets to do a lot of things. I am happy with his progress." We saw that on the day of our visit people were supported to participate in activities throughout the day. For example, we saw that one person went shopping in the morning and a second person went out to go bowling and for something to eat. Each person had support from one member of staff to do their activities. This meant that people were doing activities they enjoyed

Each care plan had goals that the person had identified that they wanted to achieve and steps to achieve these. This meant that people were being supported to work towards achieving their own goals, wishes and aspirations. .

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. One relative said, "I have not had a need to complain but I would go to the manager or the owner." We saw that there was a complaints procedure in place available to people and their relatives. The manager told us that they received two complaints in the last 12 months. We looked at the records of these and found that they had been responded to within the timescales in the procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us that they were pleased with the service provided and the way it was managed. One relative told us, "The service is perfect. It provides high quality care." A visiting social care professional told us, "It is a good service. They are very proactive. There has been a big improvement in [person's name]. The communication is good."

The service had an experienced registered manager. However, they were on leave at the time of our inspection. There was an interim manager in post. Relatives felt that they could speak with the manager. One relative said, "The manager is very open and approachable." Staff spoke positively about the registered manager and the manager. They told us that they felt supported. One staff member said, "I feel that [manager] and the owner are both supportive." Another staff member commented, "I enjoy working here. I feel supported in my role." Staff told us that they could make suggestions for improvements to the service and they felt listened to. One staff member said, "We asked that the time for putting the shopping away was changed as it was too busy at the planned time. This was done." We saw that the manager spent time with people who used the service and staff on the day of our visit. They were available to staff to answer questions and provide support. This showed effective leadership. The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, a deputy manager, a senior, and a team of care workers.

Staff received regular feedback and guidance on their work from a manager during individual supervision meetings to understand the provider's expectations of them. Staff described these meetings positively. One staff member said, "I have supervision every month. I have a chance to talk about my work." We saw that staff meetings took place regularly and covered topics such as feedback on staff, the needs of people who used the service, positive risk taking and medicines. The provider had carried out a staff satisfaction survey in August 2016. This asked for feedback on the day to running of the service and what improvements there could be. The survey also asked for any suggestions to improve the service. This meant there were opportunities for staff to reflect on their practice and on the service as a whole to improve outcomes for people using the service.

To ensure people knew what to expect from the service they were given information about the standards they had a right to expect and the service's mission statement.There was a statement about the aims of the service. We saw that the service aimed to provide a high quality of living to people in a comfortable, non-institutionalised home. It also aimed to empower people to make decisions and be provided with choice, dignity, respect and privacy. Staff understood and were able to tell us about the aims. Throughout our visit we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs.

The provider regularly monitored the quality of care at the service. They visited the service on a regular basis. People and their relatives told us that they knew the owner and could approach them. However, records of the visits completed had not been kept. The manager carried out informal audits on topics such as medicines, finances, accidents and incidents, paperwork, and supervisions. Following checks that were

completed the manager had developed actions to make sure that any identified issues were addressed. However, the manager's audits had not picked up concerns that we found in the paperwork. For example, where someone should have been weighed monthly and had not been, or where there were gaps in the food temperature records. Following our inspection the manager told us that they had developed a new audit tool that would formally review all aspects of the service on a planned basis. The manager told us that they worked alongside staff to review their practice. They told us that they did this to support the staff.

People and their relatives had opportunities to give feedback to the provider. We saw that relatives were asked for feedback as part of the review process. There had been limited feedback given. One relative commented, "I would tell the owner or manager if I wanted anything changing." We saw that a newsletter was produced that included information about the staff and people who used the service. This meant that people were being given opportunities to discuss their experience of the service and were given updates about what was happening in the service.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

The registered manager and the manager were aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about most incidents that had happened. We saw that there was one incident that had been reported to a social worker as a potential safeguarding concern. We had not been notified of this. We discussed this with the manager. They told us that the person had suffered no harm and the social worker had decided not to investigate the incident further as they were happy with the actions that had been taken. The manager agreed that they would notify us in the future if there were any suspected safeguarding incidents.