Accord Housing Association Limited

Direct Health (Sheffield)

Inspection report

Unit 2 Arena Court
Attercliffe Road
Sheffield
South Yorkshire
S9 2LF

Date of inspection visit:
23 April 2018
24 April 2018

Date of publication:
19 June 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Direct Health is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats in the community. The services office is based in the S9 area of Sheffield, close to local amenities and transport links.

At the time of this inspection, 523 people were receiving support and 259 care workers were employed.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Direct Health is an established care provider and has been operating in Sheffield for many years. The registered provider of the service transferred to Accord Housing Association Limited in April 2017. This is the service's first inspection under their new registration.

This inspection took place on 23 and 24 April 2018 and we gave the registered provider 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

We received mixed views from people about the support provided to them. Some people spoke very positively and told us they felt safe and their care workers were respectful and kind. Some people told us they received a consistent and reliable service that met their needs. Other people had concerns about the times of their visits. A few people told us they had not always found some care workers respectful. We shared specific concerns with the registered manager who took immediate action to resolve these concerns and improve people's experience.

We found systems were in place to administer people's medicines safely. The service adhered to the local authority policy for the safe administration of medicines. Systems were monitored and any errors were reported and acted on to prevent reoccurrence.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and these were regularly reviewed to ensure people's safety.

Robust recruitment procedures were in operation and promoted people's safety.

Staff were provided with relevant training, supervision and appraisal for development and support.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

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 had consented to receiving care and support from Direct Health (Sheffield).

People were supported to maintain a healthy diet, which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to. Some people said they experienced poor communication from the office staff.

We found a system was in place to monitor service delivery.

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 told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines.

Robust recruitment procedures were in operation and promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Visits took place within agreed time bands.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision and appraisal for development and support.

People had consented to the support provided by Direct Health (Sheffield.)

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good

The service was caring.

People told us their regular care workers were caring and kind.

People were supported to contribute to their care plan.

Staff knew the people they supported well.

Is the service responsive?

Good

The service was responsive.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and took immediate actions to resolve any concerns reported.

Staff said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Direct Health (Sheffield)

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

On 23 April 2018, we visited five people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with three relatives of people receiving support during visits.

On 24 April 2018, we visited the service's office on to see the registered manager, some staff and to review care records, policies and procedures.

The inspection team consisted of three adult social care inspectors, an assistant adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered manager, the interim head of home care, the deputy manager, a care coordinator, an assessor, a senior care worker and three care workers in person during the visit to the office. We spoke over the telephone with seven care workers to obtain their views.

We telephoned 14 people who received support and spoke with them, or their relatives, to obtain their views of Direct Health (Sheffield).

We reviewed a range of records, which included care records for eight people, four staff training, support, and employment records and other records relating to the management of the domiciliary care agency.

Good

Is the service safe?

Our findings

People receiving support said they felt safe with their support workers. Comments included, "I feel very safe with them [care workers.] They are nice people," "I am very safe with the carers. I have absolutely no worries at all about safety," "I feel very safe with [named care worker.] She is lovely. She is careful to help me walk with my frame and I feel very secure when she's with me" and "They [staff] came to look at the house and make sure everything was safe. They [staff] checked my bathroom and that sort of thing. I think they are good about things like that and I feel very safe with them."

All of the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy. The registered manager had improved the recording systems by ensuring pharmacists provided a Medicines Administration Record (MAR) for each person so that a list of current medication was always available to support safe procedures. The eight people's care records checked held clear detail of the support required with medicines. The MAR checked in people's homes had been fully completed, with the exception of two of twenty-eight entries for a medicine that was taken 'as required'. We found systems were in place to monitor safe medicines administration. Each month completed MAR were returned to the office and audited for gaps and errors. The audits seen showed that appropriate action was taken if errors were identified. For example, we saw discussions were held and recorded with staff to remind them to sign MAR if a gap was noted.

Most people spoke positively about the support they received with their medicines. Comments included, "I take some of my tablets at three o'clock and when they [care workers] come, they always ask if I remembered to take them" and "They [care workers] are a big help. I know I get my tablets on time."

One person told us the times of visits did not meet their needs, as they needed one tablet one hour before food and their visit times were inconsistent. However, when we checked the person's MAR held at the office, we found it recorded the tablet was to be taken with food. We checked the planned versus actuals reports for the three weeks prior to this inspection. Planned versus actuals reports are computerised records of when staff electronically log in and out of home visits via their mobile phones. They provide an accurate record of all visit times. The reports checked showed visits had all taken place within the agreed time band.

We informed the registered manager of this concern. They informed us they had not been aware of this. They took immediate and responsive action to address this. The week of this inspection, the deputy manager met with the family to provide assurances and agree time bands for visits.

A relative of a person receiving support told us their family member needed an evening tablet and scheduled afternoon visit times did not support this. We shared this concern with the registered manager. They informed us they had not been aware of this, and explained an afternoon visit had been scheduled as the last visit of the day, in line with the initial request for support. They took immediate and responsive action to address this. The week of this inspection, they met with the relative and their family member. Planned afternoon visits were moved to evening so that the person could be supported to take their tablet. The relative was very happy with this response.

The registered manager reported safeguarding incidents as required and in line with safe procedures.

We looked at eight people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Following this inspection, we received a concern alleging the moving and handling equipment in place for a specific person was no longer suitable. We telephoned the registered manager to ask them about this, from their responses we were satisfied steps were being taken to address this.

We checked the procedures for recruiting staff. We looked at four staff recruitment records. Each contained a full employment history. They also contained proof of identity, an application form detailing employment history 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 and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 523 people received a service and 259 care workers were employed. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed sufficient levels of staff were provided to meet people's identified support needs. The registered manager informed us there was continuous recruitment for care workers so that staffing levels could meet people's needs.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. Most people receiving support we spoke with did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear. One person told us staff did not always wear an apron.

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Good

Is the service effective?

Our findings

We received mixed comments about the effectiveness of the service in relation to visit times. Some people told us visit times were not reliable or consistent.

Seven people told us that care workers did not always arrive on time, but believed this was normally when the carer had been had been delayed by an earlier "Emergency." People said they were not always contacted by the office to let them know of any delay.

One person reported visit times were inconsistent and they had a missed visit in recent weeks. Records showed the missed call was during recent heavy snow and the care worker visited later that day. We checked the planned versus actual reports for three weeks prior to this inspection and found visit times fell in the agreed time bands.

Another relative told us visit times did not always meet their family member's needs, and the last visit of the day needed to be later.

Another person commented, "I wish they [care workers] were more reliable with the times but it's not their fault. I think they are short staffed quite a bit. It is slowly getting better though with the times. It's not an easy job they do but they are conscientious."

We discussed all of these concerns with the registered manager. They took immediate and responsive action to address these.

Following this inspection, the registered manager or the deputy manager met with the people, their families and their social worker, where relevant, to resolve their concerns, and agree time bands for visits.

We found care records stated visits took place "a.m." "lunch time", "tea time" or "p.m." The records did note state a specific time for any call. Two-hour time bands, for example, 8am to 10 am, were agreed in line with the local authority contract, and recorded electronically. The registered manager told us she would ensure agreed time bands were recorded on care records so that people were reminded and remained aware of the expected times of calls. This may help people's understanding of the agreement for call times.

Most people told us staff usually arrived on time. Everyone spoken with said care workers stayed the full-allocated time. Comments included, "She [care worker] is normally pretty much on time" and "My regulars [care workers] always come on time. I can rely on them."

A relative told us, "I'm not really sure how long they care workers] are supposed to be here. I think it is half an hour. I'm sure they are here for that long. [Family member] really looks forward to the carers coming because they like to chat with them. I hear them chatting and hear them laughing all the time in the bathroom."

Most people told us that they generally had the same carers unless people were on holiday. This showed the service provided good continuity of care because people usually saw the same staff.

Overall people told us that they were happy with the service. They felt they were well cared for and that staff were well trained and dedicated. Most people thought staff were well trained and dedicated. People spoke highly of their regular care workers. However, two people told us that some staff sometimes lacked basic, "Common sense." They gave examples of staff not clearing food away, not being able to use a microwave or make scrambled eggs. We shared these comments with the registered manager who gave assurances she would follow this up.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on end of life support, fluid and nutrition and dementia. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said they received enough training for their role. Some staff thought that "Younger" care workers would benefit from more mentoring and /or training so they had "Common sense" skills.

We found staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff spoken with said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care plans checked held clear information on health and the staff actions required to support specific conditions.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. One relative told us their family member often had a sandwich instead of a hot meal at teatime. They said carers were not at fault, as their relative often refused hot meals, as they did not want to "Be a bother." We shared this with the registered manager who had not been aware of this. They took immediate and responsive action to address this. During the week of this inspection, the registered manager met with the person receiving support and their relative. Their care plan was amended to make sure staff always prepared a hot meal. In addition, the electronic 'summary' on care workers phones was amended to inform them to prepare a hot meal. The relative said they were happy with the visit and how quickly the issue was resolved. The registered manager also informed us that more frequent 'spot checks' and log book checks had been planned to make sure hot meals were being provided. This showed people's dietary needs were met.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Good

Is the service caring?

Our findings

We received mixed comments in relation to privacy and dignity, as some people gave examples of when they felt their privacy and dignity was not respected. One person gave an example of a care worker using inappropriate language. One relative told us some care workers were not always patient with their family member and did not always acknowledge their movement was slow. Another relative told us care workers sometimes spoke to them, rather than with the person receiving support. A further person felt their family member was sometimes spoken to "Like a child."

Some people were aware of who else their care worker visited. Comments included, "[Care worker] visits six people close to me, but they have to go across the city and then come back. It's not fair on them" and "One carer lives in those flats (pointing), but they have to go all over. It would be better for them if they could work around here." It was clear that some people worried about their care workers.

We shared these concerns with the registered manager. They told us that systems were in place to ensure issues relating to confidentiality and dignity were promoted. We were provided with documents to evidence all applicants were asked to confirm their understanding of confidentiality during interview, all staff signed confidentiality forms and all staff confirmed receipt of the employee handbook, which contained the confidentiality policy and code of practice.

In addition, we saw workbooks to evidence all staff received training on confidentiality, data protection and dignity.

We saw copies of January and April 2018 team meeting minutes, which showed general concerns around confidentiality were discussed.

The registered manager also gave assurances that the service would rerun dignity and confidentiality workshops. The interim head of home care confirmed this in writing to us during the week of this inspection. The registered manager confirmed further team meetings would be held to pursue this issue and improve practice.

The majority of people spoken with said care workers were understanding around confidentiality and were both kind and respectful. Comments included, "My regular [care worker] is very good. They go above and beyond," "My carer nipped back with some milk for me because she saw I had run out. Isn't that kind?" "I always have two carers, so they sent the new one [care worker] with somebody who had been before. They try their best. They help me to get up and wash and they are very careful when they are helping me," "I don't like sitting and doing nothing, but I have fallen a few times. I have to say, the carers are very good really. They are helpful and they steady me if they see that I'm a bit shaky," "They [care workers] are very respectful and concerned about my privacy. They keep me covered as much as they can when they help me to shower," "I've had a new one [care worker] recently and she was nice. She looked through the book and then sat and talked to me about how I like things doing" and "My carers are lovely. Kind and very caring."

Relatives were also positive about care workers. One relative told us, "They [care workers] know exactly how my relative likes things to be done and they are very careful with handling them. I have absolutely no concerns about the carers themselves." Another relative told us, "The carers are great and [family member] really likes them all."

During one home visit a care worker visited the person's home, in between visit times, to 'check' on the person receiving support, as they had told them they weren't feeling too well during their morning call. This demonstrated a caring attitude.

The registered manager and people receiving support told us that no visits were missed during recent heavy snow. Staff worked on their days off and walked between visits so that everybody received support. This also demonstrated a caring attitude.

All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. Staff could describe how they respected people's right to privacy. Staff spoken with said they enjoyed their jobs.

People told us they were involved in writing their care plan and they told us someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

Each care plan checked contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so these could be respected by care workers.

Good

Is the service responsive?

Our findings

People receiving support and their relatives spoken with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by senior staff in subsequent reviews of their care plans. People spoken with said senior staff had visited them in their home to discuss their care needs and agree their care plan before support was provided. People confirmed they had been fully consulted. Comments included, "They [staff] came and talked to me about the care plan. They've made it very clear that if I find I need more support they can come and review things with me. They do regular reviews anyway" and "Every time they [staff] come, they write everything in the book. They came last week to go through everything again." One person told us their care plan had been reviewed as recently as last week and some people said their care plan had been reviewed at intervals.

We checked eight peoples care plans, five during visits to people's homes and three at the office visit. We found the care plans seen contained information about the care and support identified as needed. They contained information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

Following this inspection, we received a concern alleging a named person's care plan was not up to date. We shared this concern with the registered manager who provided evidence to show the persons care plan had been recently reviewed and updated with the involvement of an Occupational Therapist.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

The registered manager told us, where a person was supported with end of life care, a multi-disciplinary team of healthcare professionals was involved and worked with the service to plan care and support the person in line with the person's wishes.

People spoken with said the service was responsive to their needs. One person told us, "When they asked me, I told them I only wanted ladies to come to me and they've been good about that. They don't send any men."

People told us they could speak to their care workers if they had any worries. One person told us, "If anything was going wrong or bothering me, I'd talk to the main carer who comes here first because she's

really good. I feel really comfortable talking to her." Some people told us communication from the office could be improved, which is further reported on in the 'well led' section of this report.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to a complaint and the outcome of the complaint was recorded. This showed any concerns or complaints received would be listened to and taken seriously.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

Throughout this inspection, the registered manager demonstrated a responsive approach and dealt with potential issues swiftly and effectively.

Good

Is the service well-led?

Our findings

We acknowledge the registered manager took immediate action to address any reported concerns.

The manager was registered with CQC.

We received mixed comments about the communication from the office staff. Some people told us communication from the office was sometimes poor, and they did not always get a response to requests for someone to call them back, or a response to any discussions they had held with office staff. The day following our visit to the office, the registered manager met with all office staff to remind them of the obligations and expectations of their role.

Other people made more positive comments about the management of the service. These included, "I have no complaints. This is quite a good service. There were hiccups at one time, phones not being answered; that sort of thing, but generally it's much better," "I can't think of any improvements they could make. They are very methodical" and "I feel very well looked after and very safe. The people in the office are nice too."

All of the staff spoken with said the registered manager and office staff were approachable and supportive. Comments included, "It's really good. They listen to what you want, like your hours or if you don't feel comfortable going to a service user. They'll listen," "I definitely feel supported. Communication from management is quite good. We get emails through. My line manager is lovely, she won't put me on a shift, she asks me if it's alright and doesn't assume it's okay and usually it is absolutely fine. It's nice that she phones up and asks," "Yes I am supported by management. Like if I am having problems or unsure what to do then they will either explain it to me or instruct me. Or if there's a problem then they will help me out a little and let me know what happens. Communication is all right. If I'm phoning the office, it can take a while to get through. The branch [registered] manager is approachable and visible," "If there's anything you need to ask you can" and "I've no complaints. I feel supported. I can't fault my line manager. The branch [registered] manager always says hello. I get the odd phone call. She [registered manager] also works on call too, it's quite good. She's part of the team."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help 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 found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed senior staff undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support.

The audits and spot checks seen identified the actions taken to resolve any issues identified. For example, with the person's permission, a chart had been developed for staff to complete at the persons home to ensure all tasks had been completed. This meant risks had been minimised and the person's health and safety was promoted.

We found questionnaires had been sent to relatives and representatives of people receiving support, and staff in 2017 to obtain their views of the support provided. The results of questionnaires had been checked and the registered manager told us if any concerns were reported, these would be dealt with on an individual basis where appropriate. A report had been developed following the analysis of returned questionnaires.

This showed effective systems were in place to monitor the quality and safety of the service.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.