

## Choice Support

# Choice Support Stockport

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 and 6 July 2017 and was announced to ensure somebody would be present at the service to provide us with any information we needed to support the inspection process.

Choice Support Stockport is part of Choice Support which is a national social care charity providing support for up to 63 people with learning disabilities, autistic spectrum conditions, physical disabilities and other associated needs. People using the service lived in supported tenancies. Three tenancies are located in Congleton in Cheshire and 14 are located in Stockport. At the time of our inspection 61 people were using the service.

A registered manager was in place. 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.

Procedures were in place to minimise the risk of harm to people using the service. Support workers were trained in how to report any issues of concern regarding people's safety and welfare.

People received their medicines safely and as prescribed by their doctor.

Support workers were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

People were supported by sufficient numbers of support workers to support them to participate in their daily activities within their home or in the local community.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave support workers clear instructions about what action to take in order to minimise risks.

People's health needs were monitored and individual health action plans were in the process of being reviewed and updated.

The local advocacy service were currently assisting or acting on behalf of some people who used Choice Support Stockport services. This helped to ensure people's voices are heard on issues that are important to them.

People using the service were provided with a complaints procedure in a format suitable to support people with a learning disability to understand how the complaints process worked.

## 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 felt safe and support workers knew how to keep people safe by using a risk management framework.

Medicines were being managed safely

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective

People's needs were met by a suitably skilled and trained staff team.

People's health was monitored by support workers who knew how to access appropriate professional healthcare support and guidance when required.

Support workers understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

### Is the service caring?

Good ●

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

We observed positive interactions between support workers and people who used the service and support workers knew people well.

People were supported to make informed decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them receiving a service.

People were encouraged to participate in developing and reviewing their support plans where possible.

Support workers knew people well and reported any concerns or complaints raised with them to the relevant support manager.

**Is the service well-led?**

**Good** ●

The service was well led.

Support workers we spoke with told us that they were supported by their managers to provide a high standard of care and support to people using the service.

The provider promoted a person centred approach to help make sure people's needs and preferences were met.

Systems in place in order to monitor the quality of the service were being fully utilised.

# Choice Support Stockport

## 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 the 5 and 6 July 2017 and was announced. We gave the provider 24 hours' notice that we would be visiting the service. This was because Choice Support Stockport provides a domiciliary care service, and we needed to make arrangements to speak with people using the service and staff and have access to records. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

We also reviewed the Provider Information Return (PIR) that the provider had completed in May 2017. 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.

During our inspection we visited two shared house and collected evidence about the experience of people who use the service. We spoke with three people who used the service, seven support workers, the registered manager, a service manager and the administrator and members of the Stockport advocacy team. Following the inspection we spoke with three relatives of people who used the service.

We reviewed five support worker personnel files, records of support worker and a new service manager recruitment checks, records of staff training and supervision and the care records of six people using the service. We also reviewed a sample of people's medicine records, records relating to how the service was being managed such as records used by the provider to monitor and assess the quality of the service being provided.

Following this inspection we received information from the local authority adult social care commissioning team and National Health Service (NHS) local authority community nurse who confirmed they had no concerns about the services that were being provided.

# Is the service safe?

## Our findings

When we visited people in their own homes and spoke with them they told us that they felt safe. One person said, "I'm very safe" and "The girls [support workers] are my friends, yes I'm safe" Some people were unable to speak to us during our visit but observation of the way they interacted with the support worker's indicated that they were comfortable and felt safe.

A relative of a person who used the service said, "The main thing is that they [Persons name] are safe with Choice Support Stockport".

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to support workers on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure any concerns about people's safety were appropriately reported.

Support workers we spoke with told us they knew how to keep people safe. They said, "People's safety is our priority, in and out of their home" and "We help people to maintain their independence whilst keeping them safe. There are risk assessments in place to make sure we do this properly". Support worker training records showed that training had been provided in how to recognise types of abuse and how to keep people safe from the risks associated with abuse. The support workers were able to describe the action they would take to make sure people were kept safe and the process they would follow to report any concerns.

Care records we examined contained an individual support plan which identified any known risks that might compromise the person's safety. People's care records had been reviewed on a six monthly basis or sooner if a person's needs or circumstances changed. Risk screening tools had been developed alongside each person's support plan and included areas such as keeping people safe, supporting their mobility, personal care, health and medical conditions and accessing the community.

Dietary risk screening tools were also in place for people with specific dietary requirements such as softened or pureed meals. The risk screening tools we examined contained enough detail to fully identify the risk and strategies for support workers to manage and minimise those risks to ensure and maintain people's safety when in the community.

Environmental risk assessments were in place relating to the health and safety of the premises and of any equipment used to support people, such as hoists. We saw that portable appliance testing (PAT) had been carried out on electrical equipment, fire alarm testing had been carried out weekly and monthly health and safety checks of the premises had been conducted. We also saw that gas safety checks had been completed and were up to date, along with checks for Legionella and electrical safety checks. A fire risk assessment for each house was undertaken by an approved independent assessor and a fire evacuation plan was in place. This helped to make sure that any environmental risks to people were minimised.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living in each tenancy. PEEPS give staff or the emergency services detailed instructions about the level of support a

person would require in an emergency situation such as a fire evacuation.

An accident and incident policy and procedure were in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Any lessons learned were followed through and if necessary, support plans and risk screening tools were updated to reflect any changes that were required. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

People using the service were supported in shared houses (tenancies) and staffing rotas were planned by the service managers or team leaders responsible for each house. Staffing levels were based on the individual needs of each person in each tenancy and had been agreed with commissioners during the pre-assessment and funding meeting. At this stage any identified one to one support for the person such as to access the community or participate in activities of their choice, would be discussed and arranged. We looked at people's individual planned activities and saw that staffing levels were planned to incorporate supporting people to participate in their chosen activities, either in-house or in the local community.

When we spoke with support workers they told us that they were not permitted to start working for Choice Support Stockport until all the required pre-employment checks had been fully completed. We examined five support worker personnel records which confirmed that a robust recruitment procedure was in place. We found that support workers had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references. These checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults.

Support workers we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The training records we looked at supported this. People in both houses we visited required support workers to help them take their medicines. Each person had a medication administration record (MAR) which included details of the medicines prescribed and how each medicine should be administered.

Medicines were safely locked away in a cabinet in each person's bedroom. Where people had been prescribed 'as and when required' medicines, for example, paracetamol, information was available to guide staff in what to look for (signs or symptoms) that may indicate a person needed this medication. The MAR's we examined indicated that people had received their medicines as prescribed and had been completed accurately by designated support workers. We saw records to show that the provider carried out support worker medicine administration competency assessments. This meant that support workers were supported and monitored to help ensure people received their medicines safely.

Support workers we spoke with told us they had access to personal protective equipment (PPE) such as disposable aprons and gloves to use to help reduce the risk of cross infection when delivering care to people. They were aware of the need to use PPE available and confirmed there was always plenty of PPE in place. This helped to protect them and people using the service from the risk of cross infection whilst delivering care.



## Is the service effective?

### Our findings

A person who was able to speak with us told us, "The staff are all angels". People using the service had a range of diverse needs. The registered manager told us that before people started their employment with Choice Support Stockport, support workers undertook an induction to make sure they could meet people's needs. An employee induction programme enabled the support worker to become familiar with the services policies and procedures such as, safeguarding, record keeping, moving and handling, infection control and safe handling of medicines. One support workers told us, "The induction was very thorough. We all have to have an induction which includes mandatory training".

The registered manager told us that new support workers and those who were new to health and social care would complete the 'Care Certificate'. The Care Certificate is a national recognised qualification for social care and health workers and is aimed to equip support workers to develop the knowledge and skills they need to provide safe and compassionate care. The Care Certificate was developed by Skills for Care, Health Education England and Skills for Health. While undertaking the care certificate is not mandatory it is considered good practice.

Records showed support workers had undertaken mandatory induction training in topics such as fire evacuation, safeguarding, food hygiene and infection control. This induction was followed by a two week period of shadowing (working under the supervision of an experienced support worker) within the home. This gave the new support worker the opportunity to get to know the people who used the service. A probationary period of six months could be extended if the support workers performance did not meet expectations or if they required additional time to develop their skills.

Support workers we spoke with told us that additional training in appropriate topics were available to meet people's specific health and wellbeing needs and this was confirmed when we examined the staff learning and development plan. We saw that some support workers had undertaken Buccal training to support people with conditions such as epilepsy where it was necessary for them to take their medicines quickly.

There was an ongoing annual staff appraisal and a system of regular staff supervision in place. Support workers we spoke with confirmed they received formal one to one supervision every three months and had received an annual appraisal. We examined records that showed all support workers and service managers had received such supervision/appraisal. We looked at records that showed the registered manager and service managers were in the process of planning future supervision and appraisal dates for the staff teams. Staff supervision provides the worker with the opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

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 procedure for this is called Deprivations of Liberty Safeguards (DoLS). However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the needs to notify the Care Quality Commission once the application had been approved. The Court of Protection is a court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

Support workers knew people well enough to know when people with limited verbal communication were unhappy or were showing signs of distress. For example some people became withdrawn, others presented behaviour that may challenge or may refuse to interact with the support workers. Training records we examined confirmed that support workers had received training to support people appropriately. A relative we spoke with following the inspection said, "All staff work as a team, they are genuine staff and they work really well with the people using the service".

We saw that people were encouraged to be as independent as possible and support workers provided encouragement in areas such as preparing meals and purchasing food and toiletries. We saw people had choices about what they wanted to eat and meals were prepared by support workers with some assistance from people where appropriate. A relative we spoke with said about the meals served at one of the shared houses, "The food is lovely, always a variety and it's like home cooking. They [support workers] are very good on food hygiene too, the shared house is spotless".

Care records and daily records we examined showed attention was paid to people's dietary requirements and what they ate and drank. We examined people's daily observation and weight records which indicated the type and amount of food people had eaten. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Support workers were aware of the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a soft, pureed or thickened diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing.

Support workers responsible for supporting people using a percutaneous endoscopic gastrostomy (PEG), which is a means of feeding when oral intake is not adequate. Or administering thickeners to food and drinks to help prevent people who had swallowing difficulties choking, had received training to do this safely. Records showed they maintained a consistent approach to ensure the instructions for administration were followed as prescribed by the person's general practitioner. .

Care records we examined showed people had access to external healthcare professionals, such as hospital consultants, specialist nurses and general practitioners (GP's). Notes of such visits were included in people's care records. Other care records showed attention was paid to people's general physical and mental well-being. For example where people were at risk of developing pressure sores this had been identified and recorded. Appropriate equipment for people with decreased mobility such as profiling beds and alternating mattresses (air mattress that is placed on top of a regular bed mattress) were in place to promote skin integrity, prevent skin breakdown and the development of pressure area sores.

Care records we reviewed recorded people's weight, dental and optical checks and reflected the care and support being provided to people. Such information is important in order to inform support workers what they should do to meet people's needs and maintain person centred care.

## Is the service caring?

### Our findings

Not all of the people we met living in the houses we visited were able or wanted to speak with us. A person that did speak with us told us they were happy with the support workers who cared for them. They said, "The girls [support workers] are very caring. They care for me, they're my friends".

Relatives of people who use the service said, "[Person's name] is very happy, they love the staff and they [support workers] love [Person's name] and "they [support workers] know [Person's name] very well, they know their likes and dislikes. I am extremely happy with the care and support [Person's name] receives" and "The atmosphere in the shared house is fantastic. People are treated as equals and they are so well accepted" and "It's about the attitude of the support workers. Never once has [Person's name] wanted to leave the shared house they now live in".

When we visited people in their homes we observed how support workers and people interacted with each other and how care and support was being provided. We saw that positive relationships had developed and people were comfortable in the presence of support workers. People using the service and support workers used preferred first names towards each other, and on occasions we observed people's names were shortened which displayed familiarity amongst people and the support workers. This meant people were supported and cared for by support workers who knew them well.

The atmosphere in both houses we visited was welcoming and relaxed. We observed good interpersonal relationships between support workers and people who used the service. We saw that support workers engaged people in conversations that were interesting and meaningful to them. For example we observed support workers showing kindness, empathy and expressed warmth and sincerity in the way they spoke to people during conversation. We saw support workers shared friendly conversation with people and we observed them laughing and joking together whilst carrying out their day to day routines.

Support workers were observed empowering people to make decisions about what they wanted to do, for example, take a shower or, attend to their belongings in their room. Some people chose not to engage with other people in the home because they preferred their own company. In one shared house we visited two people were happy to show us around their home and allowed us to look in their bedroom to show us how their room was decorated and their personal possessions.

Discussions with support workers showed they had a good understanding of the individual needs of each person using the service. They were able to demonstrate how they supported and cared for people in a dignified way, respected their dignity and their privacy when providing and supporting them with personal care tasks. In some support plans we examined we saw that people had identified their preferences in respect of the gender of staff they would like to provide their support, in particular regarding personal care support. We saw that in one house the majority of support workers were female to meet the needs of the women who were using the service. A relative we spoke with said, "The ladies at this shared house adore the male support workers who treat very respectfully".

We observed support workers promoting people's independence and encouraging them to carry out tasks independently wherever possible. For example, we saw a support worker encouraging one person to use the shower independently. They re-assured the person from outside the shower room not to worry as they were waiting for them when they had finished showering.

The registered manager was aware of how to access the local advocacy service to ensure that people could receive independent advice and support when needed. The registered manager was aware about how and when to use the advocacy service and told us that they had a very good relationship with them. They told us that the advocacy service was located in an office in the same building as the provider used and this made access to advocacy easily accessible. They told us that the local advocacy service were currently supported a number of people supported by Choice Support Stockport and that they found their services invaluable particularly for people with a learning disability. Records examined and discussions with the local advocacy team confirmed their involvement.

An advocate is a person who represents people independently of any government body. They are able to assist people in ways such as, acting on their behalf at meetings and/or accessing information for them. This meant that people were supported to have their voice heard on issues that are important to them.

The service was in the process of implementing an End of Life (EoL) care policy and procedure which would be based on the government's 2016 commitment to providing high quality EoL care. This would be in place at Choice Support Stockport at the start of August 2017. Training in this topic for support workers and the wider staff team was already available and covered areas such as meeting the needs of people approaching end of life, how to support a person with learning disabilities through the grief process and the use of specialist palliative care services. The registered manager told us that medication, hydration/nutrition, personal care needs, pressure area, weight loss, pain, health decline and comfort would be considered, planned and implemented. This would help to make sure the person's needs were met at every stage when approaching their last days.

We saw that people's records and any confidential documents were kept securely in the services office and people's homes. These records could only be accessed by designated staff and no personal information was on display in both homes we visited. This ensured that confidentiality of information was maintained.

## Is the service responsive?

### Our findings

People we spoke with said, "They [support workers] are very good with me". Relatives of people who use the service said, "The staff are very attentive and arrange for [Person's name] to do different things that interest them" and "[Person's name] has come on leaps and bounds because of the support they get from Choice Support Stockport" and "Support workers have worked out how to best support the service users. They go about things differently at Choice Support Stockport. They are very obliging to the service users".

People's needs had been assessed before they received a service from Choice Support Stockport Individual needs assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Information in support plans identified people's abilities and the support required to maintain their independence. This meant these records enabled support workers to provide care to people in a person centred way.

Consideration was given to the different ways in which people using the service could understand information shared with them to ensure they had full control when required to make choices. For example, a support plan we looked at gave instructions to support workers to support a person who lacked capacity to make decisions. The support plan clearly explained that support workers should 'Speak to the person in a calm voice, be clear, use simple words and avoid giving too many choices as this might confuse the person'. The plan explained that this process should be followed in the person's best interest. Records showed best interest meetings had been held and the care had been agreed in the person's best interest to keep them safe and well.

The support plans we examined had been developed around each person and were centred on them as individuals. They included information about people's personal preferences, interests, likes and dislikes. This helped support workers to know what was important to the person they were supporting and to take account of this information when carrying out any care or support interventions. Support plans were also in a format suitable to support people with a learning disability to understand how their care and support was being managed.

Support plans showed attention had been given to people who were at risk of weight loss and instructions for support workers to follow were clearly documented. People's individual weight was monitored managed and recorded to ensure support workers were aware of any observations that were required in relation to people's weight management.

People's support and health action plans were reviewed and evaluated monthly or more frequently if the person experienced any health changes. Care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. We saw that support plans contained a detailed personal history which helped support workers to engage people in meaningful conversations, encourage social interaction and communication.

Support workers we spoke with were able to demonstrate their understanding about person centred care.

One support worker said,

"Person centred care is where peoples care and support is focused on their individual's needs, circumstances, likes, dislikes and preferences, and making sure their support is delivered to meet their needs". When we looked at people's support plans we saw that information in relation to the person's care and support was consistent with what the support workers had told us. Observations made in two of the houses we visited showed that people using the service received the identified support when required to ensure their care and treatment needs were being met. We observed support workers putting people first whilst undertaking their duties. Any tasks being carried out, such as report writing, were left to one side if a person indicated they wanted support worker attention, particularly to participate in activities such as meal planning or housekeeping tasks.

A complaints policy which allowed for a full investigation into the complaint and for all complaints to be taken seriously was in place. The policy advised on how complaints could be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome. We saw actions to complaints had been recorded and the complaint resolved to the person's satisfaction.

Support workers told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. People using the service and their relatives had been provided with a complaints procedure which was also available in a format suitable to support people with a learning disability to understand how the complaints procedure/process worked.

# Is the service well-led?

## Our findings

People we spoke with made positive comments about Choice Support Stockport and the service they received. People said, "The girls [support workers] are all angels" and "I've known [Registered managers name] a long time, they're lovely".

Relatives of people using the service said, "[Registered manager] is vigilant, they monitor what goes on, they are wonderful" and "On the whole, it's a brilliant service, well run" and "I can't find any faults, I'm completely satisfied. The service is wonderful".

All of the support workers we spoke with told us that they felt very well supported by the management team. Those we spoke with said, "We are listened to and the managers make sure we are ok" and "No complaints about the registered manager" and "[Service manager name] is good, hardworking and approachable".

A registered manager was in place at the time of our inspection and was present at both days of the 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 2008 and associated Regulations about how the service is run.

Systems were in place to monitor and improve the quality of care and support provided. This included the completion of audits to ensure safe, effective, caring, responsive and well-led care and support was being provided to people. We examined records that showed issues identified as a result of an audit, were reviewed and actioned. For example, the registered manager had completed quality audits in relation to safeguarding, protecting people from avoidable harm, employee recruitment, staff training, medicines management, infection control, support plans, complaints and environmental checks. These had all been fully completed and were up to date.

The registered manager had managerial oversight of service delivery for 17 shared houses and carried out unannounced monthly visits to three different shared houses. Audits completed during the visits identified the quality and standard of support work being undertaken, people's involvement, the quality of and detail contained in people's support plans, people's health and wellbeing and the management of each shared house. Risks identified had been rag-rated as green to indicate minor issues or no concerns, amber indicated moderate concerns to be addressed within an agreed timescale and red to indicate high concern which required immediate action and completion. This system also identified and measured good practice which helped to drive forward service improvement.

Where the registered manager had identified particular environmental areas for improvement in some houses, these areas were being risk assessed and the landlords responsible for the properties advised to make appropriate improvements to the property. This meant that the provider was committed to ensuring people lived in houses that were safe, well maintained, fit for purpose and suitable for their intended purpose.

Additional audits at Choice Support Stockport were also undertaken by service managers from different areas to make sure these systems were providing accurate information to check on and ensure the health, safety and wellbeing of people using the service. All completed audit results were entered onto the organisations quality monitoring system were analysed to identify trends and patterns that emerged. Actions taken following analysis were recorded. This helped to ensure risks to people were anticipated and minimised.

An annual survey undertaken by an external company in 2016 was used to obtain people's feedback. The latest returned surveys indicated that overall feedback about the service was positive. Any recommendations resulting from the survey were being analysed and addressed within set timescales by the organisations internal involvement team. The registered manager told us that satisfaction surveys for 2017 were due to be sent out to people who used the service, relatives and professionals involved in people's care.

Accidents and incidents were recorded and had been regularly monitored by the registered manager to ensure any trends were identified and addressed. Any safeguarding alerts were recorded and checked for any patterns which might emerge. We were told that there had been no identifiable patterns in the last 12 months.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. Before this inspection we checked our records to see if appropriate action had been taken by the registered manager to ensure people were kept safe. We saw that the registered manager had completed and sent to the CQC appropriate notifications as required.

The registered manager shared with us copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. All of the policies we looked at had been reviewed regularly and the next policy review date was planned.