The Disabilities Trust

Gregory Court

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

The inspection took place on 21 and 22 January 2016 and was unannounced.

Gregory Court is a ten bedded unit providing personal care and accommodation to a maximum of ten people with complex physical disabilities. It is one of a number of homes run by the charity The Disabilities' Trust. The service is a predominantly a single storey building, and has ten flats within it, each of which has an ensuite bathroom and a kitchen area. All of the flats, with the exception of one, are on the ground floor. On the days of our visit, ten people were using the service, but two of these were in hospital.

There was a registered manager in post. 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.

People told us they felt safe. The provider had policies and procedures in place to protect people at risk of abuse. Staff could identify the different types of abuse and knew how to raise any concerns. The registered manager had made relevant referrals if people were suspected of being at risk of abuse. The service had responded to accidents and incidents, and had looked at ways that future risks could be reduced.

The provider had all the necessary checks in place to try and ensure staff were safe and suitable to work at the service. People felt there was sufficient staff. Two staff told us they felt more staff were needed at busy times. The registered manager told us they were recruiting for two more staff, but had regular bank and agency staff that were used for continuity.

People received the medicines on time. The medicines were stored of and disposed of safely by staff that were trained to administer medicines.

Staff received on-going training to provide effective support to people. Staff understood how to support people without imposing any restrictions. Staff encouraged people to make their own choices about the support they received, and involved people in decision making. Staff involved relatives, with permission from people, to give their views and opinions.

The CQC monitors the operation of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There was no one at the service currently needing to have a DoLS in place, but we asked the provider to seek further information from the local authority regarding one person who may have variable capacity.

People told us they enjoyed the food, and were given choices over what they ate and drank. The provider regularly monitored people to ensure they were receiving adequate nutrition and fluids.
Staff involved other professionals in a timely manner when people needed expert health support, and

formed good relationships with visiting professionals to ensure people had their healthcare needs met.

The building and environment were well maintained, and suitable for the needs of people who lived there. Outside was a garden area which people could access from their rooms.

The service had a relaxed, friendly atmosphere. Staff approached people warmly and appeared caring, which encouraged people to have the confidence to ask for help when they needed it. Staff had developed positive relationships with people, and this was clearly apparent from the banter we observed during our inspection.

People were supported by staff who knew them well, and who were committed to providing them with kind and compassionate support. People gave positive feedback about their support through the inspection process, and about the approach of the staff and the atmosphere in the home. There was an open and transparent culture.

People felt their privacy and dignity was maintained and promoted by staff.

People's preferences, routines, and what was important to them had been taken into account and acted upon when support was planned.People were given information on how to make a complaint, and felt confident how to raise concerns if they needed to.

People and staff felt the manager was approachable, and would take action if anything needed to be changed. The service aimed to promote people's independence and include them. There was an open culture at the service.

The service strived to progress and management continually sought to keep improving 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.

Arrangements were in place to prevent people being placed at risk of harm of abuse.

Risks to people's health and safety had been identified and managed.

There were sufficiently trained and experienced staff available to meet people's care needs.

The management of people's medicines was safe and they received their medicine as prescribed by their GP.

Is the service effective?

Good

The service was effective.

Staff were trained, motivated and positively supported to meet people's needs.

Staff knew how to support people's rights and respect their choices and decisions. The principles of the Mental Capacity Act (2005) were followed where relevant.

People enjoyed the meals and had the support they needed to maintain a balanced diet.

Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Is the service caring?

Good

The service was caring.

People and were consistently positive about the caring attitude of the staff.
Staff showed a person centred approach towards the people they supported, demonstrating kindness and compassion.

People's dignity, privacy and independence were promoted.

People saw their relatives when they wanted; visiting times were open and people's relatives were encouraged to visit. The registered manager told us that some relatives attended the residents meeting, so they remained involved in their relative's support.

Is the service responsive?

Good

The service was responsive.

People received the support they needed to participate in hobbies and interests that they enjoyed.

People's views were actively sought and complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Good

The service was well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, and staff.

The quality of the service was monitored and continuous improvements had been made to ensure that the service was run well for people.

The service made relevant notifications to CQC.

Gregory Court

Detailed findings

Background to this inspection

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

The inspection took place over two days on 21 and 22 January 2016 and was unannounced.
The inspection team consisted of one inspector.

Prior to our inspection, we spoke to the commissioners of local health and social care team. We also looked at the statutory notifications for this service. Statutory notifications are information about serious events and safeguarding, about which the provider is legally required to tell us.

We spoke with three people who used the service, three staff members, the cook and the registered manager. We carried out observations and reviewed the care files for three people. We looked at staff rotas, staff training records, accidents and incidents, quality monitoring systems, and policies and procedures. After the inspection we spoke to a social worker, a GP and the dietician service.

Good

Is the service safe?

Our findings

People we spoke to told us they felt safe in the home and secure in the company of staff. One person said, "Yes, it's safe here." Another person said, "I normally feel safe, it's good here." Everyone we spoke with was positive about feeling safe in the home. One person commented that there was a particular staff member who always made them feel safe at night. The people we spoke with felt confident they could approach staff or the registered manager if there was anything that concerned them.

Staff had been trained to recognise the signs of different types of abuse, and clearly understood what actions both themselves and senior management needed to take in the event of any concerns around safeguarding adults. Staff were aware that there was a whistleblowing policy in place, and they knew how to escalate their concerns if they felt that they were not being listened to. One staff member stated, "I'd report any concerns to the registered manager, and if nothing was done, I'd report it outside the service."

We looked at the incidents and accidents, and records of safeguarding events. We saw that concerns had been dealt with appropriately, and in line with the local authority safeguarding procedures. Records showed that accidents and incidents had been dealt with in a safe manner.

The risks to people were managed without compromising their individual choices. A person living with diabetes told us how they liked to have a sandwich before bedtime, but knew this meant they may have higher blood sugars than were healthy. The person accepted and understood the risk, and staff enabled the person to have their sandwich, as they respected the person's rights as an individual. We saw a person who liked to smoke was given a fireproof blanket to cover their legs whilst smoking, as the person occasionally dropped a lit cigarette. This meant the service enabled people to make their own choices whilst protecting them from potential harm.

All of the files we looked at contained personalised risk plans. People told us they were involved in producing these risk plans in conjunction with both staff and the registered manager. The files we looked at contained pre admission assessments, which were completed by the registered manager. These ensured the service understood a person's needs, and that any identified risks could be assessed and catered for. Personal emergency evacuation plans (PEEP) were in place in people's care records. These advised staff of the support people required in the event of the building needing to be evacuated. These were detailed and comprehensive.

The building and surroundings were safely maintained. We saw records of detailed checks on both building and equipment to ensure that the environment was safe and suitable for the needs of the people living there.

A business continuity plan was in place which contained contingency plans should there be an emergency such as a loss of electricity, gas, or if there was a major leak in the home. The plans were in place to minimise the impact to people's safety.

There were safe and effective recruitment and selection processes in place for staff. Staff employed at the service had relevant pre-employment checks before they commenced work. This enabled the provider to check their suitably to work with people at the home. This meant people using the service could be confident that staff had been screened as to their safety and suitability to support the people who lived there. All staff followed a set induction process before they were allowed to work unsupervised at the service. A probationary period was then completed to ensure the registered manager was confident that staff had the right skills and attitudes to support people safely.
People told us they mostly felt there was sufficient staff on duty. A person told us, "Staff come quickly if I call. There are enough staff." Another person said there was usually enough staff but sometimes they thought more staff were needed at night. Two of the staff we spoke with felt that at busy times, such as in the mornings, or if people needed support to attend appointments, that they needed more staff. The registered manager told us the service currently had two staff vacancies and that these were being advertised. In the interim, the registered manager used bank staff, or a regular agency staff member to cover the shifts. In the event of reduced staffing numbers, some staff covered for colleagues, and the registered manager supported staff by covering shifts themselves.

We checked the staff rota and this showed that all shifts were covered in line with the provider's staffing guidance. The registered manager did not use a formal dependency tool to help calculate the numbers of staff needed, but they clearly knew the needs of the people who lived at the service, and described how they ensured adequate staff cover was maintained, taking appointments and hospital visits into account.

People told us they had their medicines when they needed them. Each person had a locked medicine cabinet in their own room. A person told us, "I always get my medicines. It has never been missed." We witnessed a medication round, and staff followed the medication policy correctly. Staff that administered medication had all been trained to make sure they understood their responsibilities. We saw that medicines were stored safely, that they were being given to the right person at the right time, and any unused medicines were kept safely until they were returned to the pharmacy.

We saw on one occasion where the temperature the medicines were stored at had exceeded the safe level. These temperature checks were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We noticed from records, and from what the registered manager and staff told us, that when the temperature in people's rooms became too high, the medicines were removed to a cooler part of the building in a special medicine cupboard. Alternatively, staff cooled the space in people's medicine cupboards with the use of ice packs.

The registered manager carried out a monthly audit of medication records, and prescriptions are checked by the home and the local dispensing pharmacy. The local authority had carried out a medication audit in April 2015, and the service had been rated as having a score of 99% in this. This assured us that people were getting the right medicines at the time they needed them, by staff that were competent to carry out the task.

Good

Is the service effective?

Our findings

People spoke positively about the care and support they received at the service. A person said, "The staff are great. They are spot-on!" Another person said, "They [staff] are really well trained, they are fantastic." A staff member told us, "We know everyone well here as an individual, because it's a small service."

Staff told us, and records confirmed that all new staff completed an induction before they started to work unsupervised in the service. The registered manager told us that new staff followed the Common Induction Standards from the Skills for Care Council. This promotes a recognised standard of care, and covers topics such as equality and diversity, safeguarding, dignity and person-centred support. Staff had to complete a six month probationary period, during which their competency levels were checked, so the registered manager was satisfied that they met the required standards to safely support people's needs.

The registered manager had signed up to the Social Care Commitment (SCC), a Department of Health Initiative. The SCC is the Adult Social Care's promise to provide people who need care and support with high quality services. This showed us the provider's commitment to consistently deliver high standards of care to the people who use the service. Some staff had completed the development plan for the SCC, and other staff were in the process of completing it. This assured us that staff received the relevant training to enable them to do their job.

Staff received regular training to ensure they supported people effectively. A staff member said, "We do a mixture of e-Learning and classroom learning, it's very good." Another staff member said that they thought the training had prepared them well for the job. The training records showed that staff received regular training on topics such as safeguarding of adults, assisting people to move safely, medicines administration, food hygiene and dignity. Records of staff training showed that the provider regularly updated staff training, so that they were kept up to date with best practice.

All staff received regular supervision, approximately every two months. In addition, staff had an annual appraisal. This was confirmed by staff we spoke with, and by the records of supervision meetings kept in staff files.

Some people who used the service had support needs that were complex, and the service has sought external training from specialists to help meet the needs of individuals. For example, one person required a special method to support them with their eating, because of their health needs. We saw that the service had sought specialist training with the dietetics service for this. The Dietician also confirmed to us that the registered manager had asked them to deliver training to staff on the use of a nutritional screening tool. This helped staff to identify which people may be at risk of malnutrition because of their health needs, and take prompt action if risks to their health were identified.

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. When they lack mental capacity to make 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 in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People at the service were usually able to make their own decisions and understood any risks they may choose to take. Staff we spoke with had received training about the MCA and DoLS, and were able to apply these principles to their work. A staff member explained, "If someone has capacity, we have to let them make their own choices and decisions." It was clear from the discussions we had, that staff understood the MCA and supported individuals who may have chosen decisions that could be considered unwise. We saw one example where it was unclear whether or not the person was able to consent, and we asked the provider to refer to the local authority for further advice and guidance.

Staff considered people's individual needs and preferences and worked to support these. A staff member said, "People are all individuals. They like to do things their way." Another staff member said, when taking about someone living with diabetes, "We try to support [person] to make healthy eating choices, but it's their choice in the end what they eat." This showed that staff understood that people who were deemed to have capacity can make their own decisions, even though staff may not always agree with those decisions.

Some people who used the service had periods of anxiety that could result in behaviours that could challenge others. Staff told us, and we saw from records, that staff understood what triggers may be behind such behaviours. The care plans and risk plans showed detailed information of how staff could de-escalate such situations. Staff we spoke with confirmed that this was the case. A staff member said, "I try to ignore [person's] behaviour. Sometimes we leave [person] and then go back later." Two of the staff we spoke with felt that they needed more training in dealing with people who had behaviours that challenge. This was fed back to the provider, who explained that this was in the process of being arranged. People confirmed that staff were respectful, and asked their permission before they undertook any support tasks. We also saw staff doing so throughout the inspection.

People spoke positively about the food at the service. One person explained how they used to buy their own food, as they didn't like the meals provided. Once the service was aware of this, the person told them what food they liked and the cook ordered this in specially. We saw balanced and varied menus, which always offered people a choice. Some people liked to eat in the communal dining room, but others preferred to eat in their own flat. There was a friendly and homely atmosphere at lunchtime, with people noted to be chatting and joking with the staff. One person did not like either of the meal choices, so the cook prepared them eggs on toast. People told us, and we saw, that mealtimes were very flexible, both in terms of the timings, and with what people chose to eat. Food was stored at the correct temperature, and the kitchen was regularly cleaned to ensure it was hygienic for food storage and preparation

The cook, and many of the staff, had undertaken regular food hygiene training to ensure that best practices around food storage and preparation were adhered to. We saw a dietary list in the kitchen which reminded the cook whether people required special diets, such as for diabetes, and about their food preferences. There was plenty of fresh food that was stored safely. Snacks and drinks were always available for people. Most people had facilities in their room to make a hot drink for themselves, but we saw staff were on hand if a person needed help with this.

Everyone had their nutritional needs assessed, and regular weight checks were recorded to ensure that people were kept well-nourished. We saw examples of where, when people had unexpectedly lost weight, or had difficulty swallowing due to their condition, the service had made the relevant referrals, via the GP, to

outside agencies such as dieticians, and speech and language therapists.

People's changing healthcare needs were managed effectively at the service. We looked at the support plans for three people and these gave clear information about when outside agencies, such as community nurses and occupational therapists were required to support people's changing health needs. Staff we spoke with showed good understanding of when to involve outside agencies and demonstrated they understood and followed through on advice given by professionals. One of the GP's who supported the service told us how they and the service had worked together to address a person's needs that were particularly complex.

The professionals we spoke with were confident that people received effective support from staff. They also thought staff understood their role well and when they requested help from external professionals, this was requested in a timely way. A visiting professional commented, "I am quite happy that they [staff] have a good knowledge of the people they support."

People's rooms were personalised with items that were important to them. Each room was like a small self-contained flat, with a lockable front door, and a letter box for mail. The rooms were suited to people with a physical disabilities and for example, had semi-automatic opening doors and level access ensuite showers. The garden are was accessible through the double patio doors that were in most of the rooms. This ensured that the service was suitable for people's individual needs and abilities.

Good

Is the service caring?

Our findings

People told us the staff that supported them were kind and treated them with compassion. One person said, "They [staff] are caring, I can't fault them." Another person said, "Most of the staff are great, they are like friends; we have a laugh." During our inspection we saw many examples of people approaching staff, and laughing and joking with them, spending quality time together. In their interaction with people, staff seemed genuinely caring, and passionate about the work they did. A staff member commented, "When you work in care, it's more than a wage. You have to really care about people." Another member of staff said, "If I can make just one difference to a person's day, then it's worth it."

People's care records contained detailed information about their life history and what was important to them. People were supported by staff who demonstrated excellent understanding of their personal preferences, and used that information to provide people with the support they wanted. We observed staff interact with people in a very positive and empowering way, and it was clear that staff had good relationship with people. This was observed with staff of all levels, as well as the support staff. For example, we saw an administrative staff member chatting to a person whilst sharing some fruit with them. Another person spent time chatting to the registered manager.

People told us, and we saw, that their needs were responded to quickly by staff who clearly knew them well. People were given information in a way that was suitable for them. We saw the registered manager using British Sign Language to communicate with a person who had a hearing impairment, and another person's care plan was written in an easy-read format. Easy read is an accessible type of communication designed for people with learning difficulties. Some people said that on occasions, understanding was reduced when a staff member did not have English as their first language. We fed this back to the registered manager, who agreed to consider some communication training.

Although no one had any visitors during our inspection people told us, and staff confirmed, that their visitors were always welcome at the home. The registered manager told us that, in addition, some people chose to have their families attend the resident meetings.

Staff wrote in people's records using caring and respectful language, and we saw evidence of this whilst at the service, but we saw one example of inappropriate recording which we immediately bought to the attention of the registered manager. The registered manager took action to address our concerns.

Information was available on notice boards in a central area which told people how they could access advocacy services if required. Advocacy services speak up on behalf of people when important decisions are made about their health or social care. No-one was using an advocate at the time of our inspection.

People were supported to be as independent as they were able. People told us that they were allowed to follow their own wishes. One person said, "There are no restrictions here. I do what I want to do." One of the staff stated, "People are very individual and they don't always want the same things; they need choices." We observed, and we were told, that staff supported people in the way individuals wanted and preferred. This

was also reflected in the detailed support plans.

People told us that their privacy and dignity was protected by staff. One person said, "They [staff] protect my dignity as much as they can; they use towels and the door is always shut." We observed staff knock before they entered a person's room. A staff member said, when talking about supporting a person with personal care, "If anyone knocks on the door, I make sure I cover [person] before I answer the door. That is very important."

People told us, and staff confirmed that they could have family or friends visit as they pleased, although no one had any visitors during our inspection. No restrictions were in place. Some people chose to spend time in their room, and staff respected their choice. This showed us that people can maintain their privacy when they chose to.

Good

Is the service responsive?

Our findings

People spoke positively about the support they received at this service. One person told us, "It's getting better now." Another person said. "In general, I like it here; it is better than I thought it would be." A person said, "They help me to be independent." Support plans provided staff with detailed information on how to meet people's needs in a personalised manner. Each plan included an initial assessment, and the support plan was developed from this assessment and from talking to people about what was important for them.

People told us they were treated as an individual and involved in their support planning. One person said. "I do what I want to do. I go out whenever I want to." Another person said, "They [staff] give me good support, if I want anything I just press the buzzer and they always come." We saw people had signed their support plans. This is important as it evidences that people were involved in deciding what support they needed.

It was clear from looking at the support plans that people and their families had been involved in producing them. Staff we spoke with showed they had a detailed understanding of people's aims and personal preferences. One staff member told us, "We do support planning with people. We sit with them and go through it [support plan] together, so we know what is important to that person." Another staff member said, "We just want to give the best support we can. We all try our best here." The support plans were very detailed, and enabled staff to know exactly what support each person needed.

The support plans were regularly reviewed, and they identified where something had been achieved or whether the person needed more support. The registered manager signed a recording sheet at the front of the support plan when the plan had been reviewed. It was clear from talking with staff that they knew people well, so if a person's needs changed, the staff picked this up quickly, and took relevant action. We saw many examples where staff had noted a change in a person's well-being, and had immediately responded by alerting outside professionals, and updating the support plan to reflect the changes. This showed us that the service were responsive to people's changing needs, and sought relevant help from other professionals in a timely manner when necessary.

People told us they could do the things that interested them. One person said "I've got various hobbies and I do them as I want to." There was an external agency that came in to provide some activities, but people told us they liked more spontaneity. The service had recognised this, and one member of the staff often worked alongside people to help with their interests. We saw a variety of craft items that had been made by people.

Many people had decided to have their own phone line installed in their flat which enabled them to talk in private with friends and family. Some people liked to go out to visit family, or the local shops. There were photographs on the wall which showed some of the activities that people had been involved in. One person liked to tend to the garden, and another enjoyed fishing. Staff had strived to make sure people could do the things that were important to them.

Most rooms had a double door opening onto a paved garden area, and this meant people could access the outside if they chose to. The service was very near to the tram line, and some people told us they use the

trams to go into the city or to see family. Some people at the service could not go out without support due to their physical abilities, and therefore were reliant on the availability of staff to take them out. One person told us they felt they could not get out as much as they liked, as there was not always enough staff. This was fed back to the provider.

We saw the complaints and compliments process, and looked at how the service managed complaints. People were clear that if they had any concerns or complaints, they knew who to speak to, and were not afraid to do so. A person said, "I would complain if I needed to, but I don't."
Staff we spoke with showed a good understanding of the complaints process and knew what actions to take if they received any complaints. The provider had not had any recent complaints but we saw that if any concerns were raised, these were dealt with effectively and in line with the provider's own procedures. For example, after an anonymous staff member previously had raised concerns, the manager had carried out a thorough and detailed investigation and had recorded the findings in a clear way.

Good

Is the service well-led?

Our findings

People we spoke with told us they found the registered manager approachable and supportive. One person said, "The manager is great. They always have time for me when I need them." Another person stated, "The manager is very fair." Staff also were positive in their comments about the management, with one saying, "I know I can go through [the manager's] door at any time if I need anything, and "The staff team are definitely more focused now." Another staff member said, "We have a good team now and we work well together." Staff were aware of and supported the aims and values of the service.

The registered manager had worked for the provider for many years in a variety of roles. The registered manager told us, "I understand the pressures staff are under. I put the values of the company into practice, and support staff as much as I can." Professionals we spoke with were positive about the management. One professional said, "The manager is very good. They know exactly what is going on and what is needed."

The registered manager told us that they held resident meetings with people who used the service about every three months. We saw agenda items were recorded, and the last meeting was in October 2015. People chose whether or not to attend. A person stated, when talking about the resident's meeting, "We discuss anything. If you're not happy with the way somebody does something you can say. Nothing is barred there." This showed us that the provider listened to the views of people that used the service.

The registered manager held regular staff meetings where a variety of issues were discussed to reinforce the culture and values of the service, such as dignity, respect and choice. Records showed that during the last team meeting safeguarding and whistleblowing had been discussed, as well as staff conduct, and new policies that were being introduced. This demonstrates the service involved staff when changes were made

The registered manager explained that the service received updates from the provider's head office about the most current practices, and the registered manager sought information from websites such as The Health and Safety Executive, and The Skills for Care Council, to ensure the service keeps updated with the latest best practice. The registered manager told us that the provider encouraged registered managers throughout the organisation to spend time in other services to share best practice. In addition, all registered managers attended a monthly meeting where information and ideas were shared. This demonstrated that the provider was aiming to maintain best practice in the service.

People were asked for their views on the service in an annual quality assurance questionnaire. In addition the provider's head office had a quality monitoring department which visited the home at least once a year to assess the quality of the service being provided for people. We noted from records that on one occasion, the quality monitoring team had become involved with a person who was not happy with the service. The quality team had worked with the person and the registered manager and achieved a positive outcome for the person. The registered manager and the provider make frequent checks on the environment to ensure people and staff are safe there.

We saw that the service continuously learnt from what went well and what did not work so well. There was

evidence that the registered manager was willing to see what worked well, and what did not work so well, and also to make changes when needed. For example, the registered manager said that staff could get interrupted when giving medications. Interruptions may mean that mistakes were more likely to be made. Therefore the registered manager had purchased some tabards for staff to wear, so that it was clear when medicines were being given, and that staff should not be interrupted.

We saw that the provider operated an open and transparent management structure, ensuring staff understood their responsibilities in providing high quality care to people. All policies and procedures were available to staff, and staff knew how to access them when they needed to. Some policies were being reviewed to update information.

The registered manager understood their responsibilities and had sent written notifications when required to tell us about any important changes, events or incidents at the service.