

Ark Home Healthcare Limited

Ark Home Healthcare Rotherham

Inspection report

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Date of inspection visit:

15 January 2018

16 January 2018

Date of publication:

01 February 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

We undertook an announced inspection of Ark Home Healthcare Rotherham on 15 and 16 January 2018. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Ark Home Healthcare Rotherham is a domiciliary care service that provides personal care for people in their own homes. Ark Home Healthcare Rotherham provides care to people in both the Rotherham and Doncaster area.

This was Ark Home Healthcare Rotherham first inspection since they registered with the Care Quality Commission (CQC) in January 2017.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service, their relatives, staff and other interested parties spoke positively about Ark Home Healthcare Rotherham. Their comments included, "They [care workers] are really good, nothing is too much trouble," and "They [staff] are the tops. I didn't think I needed them and now I couldn't manage without them."

People told us they felt safe and were protected from abuse by staff that were knowledgeable and had the right skills to meet their needs. People said they received good quality care and that staff treated them with dignity, respect, kindness and care.

Risk assessments relating to people's health needs and the environment helped protect the health and welfare of people who used the service. People were supported to maintain good health. Where necessary referrals to other healthcare professionals were made which promoted people's wellbeing.

Systems were in place to make sure people received their medicines safely, which included key staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the appropriate times.

The registered provider had a policy and procedure in place for the safe recruitment of staff. We found some small gaps in the information required to be kept in staff files. This was rectified on the day of the inspection.

People who used the service and their relatives had no concerns about the reliability and consistency of the service. People told us the staff rotas were well planned and they had regular care workers that provided

consistent levels of care and who knew how to look after them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they felt very well supported, particularly by the team leaders. They said regular supervisions and appraisals were provided with appropriate frequency and in line with the registered provider's policies.

People's care and support was planned by a multi-disciplinary team of people. People told us they were supported to maintain good health and wellbeing, which included being provided with a nutritionally balanced diet and plenty of drinks.

People said they had their own regular care workers who knew them well and cared for them as agreed in their care plans. Each person's care plan was updated regularly and changes made where necessary.

People and their relatives felt able to report any concerns and said they were confident these would be dealt with.

Staff said communication at the service was very good and they felt able to talk to the managers' and make suggestions. There were meetings for staff where they could share ideas and good practice.

Staff told us they enjoyed working for Ark Home Healthcare Rotherham. They told us the registered manager and other senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Quality assurance audits were carried out to identify how the service could improve and the registered manager had an on-going and effective improvement plan for 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.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults and whistleblowing procedures.

People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

There were appropriate numbers of staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect.

Communication between all levels of staff and people who used the service and their relatives was good.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and support, which included details of people's needs and preferences. Care records were reviewed with appropriate frequency.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in place that was well thought of.

The registered manager sought people who used the service, their relatives and staff's feedback and welcomed their suggestions for improvement.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the service.

Ark Home Healthcare Rotherham

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.

Our inspection was discussed and arranged with the manager two working days in advance, in line with our domiciliary care service methodology. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents the registered manager had sent us and feedback from the local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting approximately 243 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and others were paying privately for the service.

The inspection team consisted of two adult social care inspectors and two experts-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 experts by experience had experience of supporting and caring for young and older people.

On 15 January 2018 we spoke with 13 people who used the service and seven relatives over the telephone

and visited five people in their own homes to ask their opinions of the service. Whilst out on home visits we spoke with five people who used the service, two relatives and two care workers.

On 16 January 2018 we visited the agency office and spoke with the registered manager and the regional director. We also spoke with 11 members of staff, including, care coordinators, team leaders, care workers and quality officers. We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for ten people, including their medicine administration record (MARs), four staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

Is the service safe?

Our findings

People told us they felt safe whilst being cared for by the care workers. Their comments included, "I feel very safe with them because they are very caring," "I do feel safe with them; because they are so good" and "I love it when they come. They make me feel safe and looked after."

Relatives also said their family member was safe in the care of the staff. Their comments included, "They come every day and they are pretty much on time," "I know all the carers that come and so does my [relative], they are safe with them" and "I do feel [relative] is very safe with the staff. They come four times a day."

Staff told us and we saw evidence they had received training in safeguarding vulnerable adults and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. A safeguarding and whistle blowing policy and procedure was available for staff to read. One member of staff was able to tell us how they had reported a safeguarding concern. They said, "I had serious concerns, I reported it to my manager and it was dealt with immediately to ensure the person was safe."

From speaking with staff it was evident staff had a very good understanding of people's individual needs. Staff were also aware of how to keep people safe. Staff explained to us how they met people's needs, evidencing safe procedures. For example how they moved and handled people who had limited mobility. Staff explained how the occupational therapist was involved in people's moving and handling assessments and that they trained the staff initially on the correct procedures. Staff were aware of the moving and handling care plans and risk assessments and ensured these were followed.

We saw risk had been identified in people's care plans. There was good detail on how to manage the risk. For example we looked at one person's care plan, they had been assessed and required to use a hoist. The risk assessment detailed the size and type of sling to use and the loop configurations to ensure the person was moved safely. One member of staff told us they had recently had concerns about a person they supported that had deteriorated and were not safe to transfer. They reported this to the office. They told us, "The office organised an OT (Occupational Therapist) to visit and we now use a hoist. We had nursed the person in bed until the assessment was completed so they were safe. They [the person] were happy with this as the assessment was done very quickly." This showed staff picked up on people's changing needs to ensure their safety.

We also saw people who could present with behaviour that may challenge, had been assessed. Staff told us they had received training in dementia which covered how to manage behaviours that may challenge. Staff were able to explain how they would manage a situation if it occurred. This meant people's safety was maintained.

People told us where needed, the care workers assisted them to take their medicines. Their comments included, "They do my medication in the morning. There's no problem with that." Relatives told us, "They

[care workers] just do the medication in the morning from the dosette box. They take them out and make sure [relative] takes them. [Relative] is on oxygen all the time so sometimes stays longer in bed, they write it all down" and "They really only come to do the medication. That's twice a day and that is all fine, all written down and such. They seem to be on time and at the moment its two regular ladies."

One person told us, "A nurse comes at 8.30am to give me an injection but the carer doesn't come until around 10am and that's too late for my pills and my breakfast." We checked the person's record of visit times for December 2017 and found the care worker was visiting anytime between 8.30am and 11am. We asked the care coordinator about this. The care coordinator promptly contacted the district nurses and agreed with them for their visit to be between 8-9am and then changed the persons care visit to between 9-10am so that the person would be given their injection and breakfast in a timely manner. The care co coordinator then confirmed this with the person who used the service who was very pleased this had been sorted out so quickly.

We found staff were trained in the safe administration of medicines. We looked at Medication Administration Records (MAR) in people's homes. Staff had signed the MAR to confirm they had administered medicines to people and also recorded this in the person's log book. At the end of each month each person's MAR charts were collected and returned to the office so they could be audited and checked. Action was taken if any discrepancies were found. For example, staff that had missed signing a MAR would be seen by their line manager.

The registered provider had recently updated their medicines policy and procedure. We saw this included information about PRN (To be given when required) medicines. This would assist in staff decision-making about when a PRN medicine should be used. There was a PRN protocol template for staff to complete with details about how a person, without full capacity, might present if they needed the medicine. We found these were not being used. Staff spoken with that had recently attended updated medicine training told us they were not aware of this. The regional director confirmed to us they would ensure the training provider included this in their medicine training sessions. The registered manager also reviewed all care packages, which included support with medicines and where appropriate put in place the PRN protocol templates.

The service had completed enhanced Disclosure and Barring Service (DBS) checks for all staff working at the service. This helped to protect people who were receiving a service. The registered manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received. DBS checks were renewed after three years, which was good practice.

However, we identified that three out of the four staff files did not have appropriate references or employment history. For example one staff member's employment history detailed only two employers, yet the references were from different employers and detailed different dates. This had not been explored when the references were received and no evidence was seen to explain the discrepancies. The registered manger agreed to audit all files of new staff to ensure any shortfalls were addressed to evidence safe recruitment. This was commenced at the time of our inspection and a full action plan commenced. The plan was sent to us following the inspection which evidenced this had been addressed.

We talked with people who used the service and their relatives about the control of infection. People told us, "They [care workers] wear their gloves and aprons," "They are all well trained and very hygienic when they work" and "They have their jackets [uniform] on."

Whilst out on visits we observed care workers using gloves and aprons to provide personal care and change these when they started food preparation. Staff spoken with told us there was always a plentiful supply of

PPE (Personal Protective Equipment) for them to use. Staff said infection control was covered during their induction and training and the use of PPE was checked by the team leaders when they carried out their spot checks.

We looked at the infection, prevention and control policy, (IPC) as we saw some staff had stone rings, wrist watches, bracelets and long sleeves. To prevent cross infection or contamination it is recommended that staff should be bare below the elbows to ensure good standards of hygiene. Stone rings could also cause injury when staff were providing personal care. The IPC policy referred staff to the dress code policy that was required to be adhered to. We looked at the dress code policy and this did not detail jewellery. We discussed this with the registered manager and regional director who told us they were aware some staff were wearing inappropriate jewellery and false nails and were constantly addressing this. The regional director agreed this should be included in the policy and raised this with the registered provider, who immediately updated the policy. The registered manager also sent a text to all staff to inform all carers on removing jewellery during care tasks and to read the updated IPC policy.

Is the service effective?

Our findings

All people spoken with felt the staff were providing them with good care and support. People's comments included, "They [care workers] are all very good, they all know what to do," "The carer is skilled at what they do. One day I was feeling off colour and my carer insisted I ring the doctor." and "Yes they have the knowledge and skills and they're always having training."

People and relatives spoken with said there were no issues regarding care staff leaving before the allotted time. People said they received consistent care from familiar care workers and that their care workers always arrived on time. People's comments included, "We have regular carers four times a day and they ring me if they are going to be late, but to be honest they are never really late," "They come once a day. It's the same girls, they are on time" and "They are on time mostly, they do ring sometimes if they are late but it's not often they are late."

Staff we spoke with told us they mainly supported the same people and this ensured consistency. They told us they were given adequate time to travel between visits and if they were delayed this was reported to the office so the next person was informed.

The service had an electronic system in place so that visits to people could be closely monitored. Staff were responsible for logging in and out of visits, both electronically and by use of a log book. From these we saw people were receiving the amount of care and support they had been assessed as needing.

Staff had mobile telephones so they could keep in close contact with the office staff and their line manager. Staff told us they often spoke with senior staff for advice and updates and we saw evidence of this throughout the inspection.

Prior to people being offered a service they were visited by a senior staff member who completed an initial care plan, which confirmed if the agency was able to meet their required needs.

People who used the service and their relatives told us they thought the staff were well trained and knew what they were doing. Their comments included, "The staff all seem well trained, they get on with things" and "They all know what they are doing."

Records seen showed staff received regular training which helped to ensure they had the correct skills and knowledge to fulfil their roles and responsibilities. Staff told us the training was good. One staff member said, "I do the basic training but we also do other training. I have done PEG feeding, cough assist and dementia training." We looked at the training matrix. There was some training that required updating and this was being organised to ensure staff skills were kept up to date.

Following induction staff shadowed more experienced members of staff. This gave them the opportunity to meet people who used the service and learn how to provide personalised care to people. Whilst out shadowing the team leaders completed the competency elements part to the 'Care Certificate' which cross

referenced into their knowledge workbook. In addition all staff were provided with yearly updates and refresher training in all mandatory subjects to further increase their skills and knowledge. Staff were also encouraged and supported to complete further work related qualifications in such things as Health and Social Care, Customer Services and Business Administration. These were arranged by the registered providers 'ARKademy' scheme.

Staff spoken with said they felt very well supported by the senior staff. There was a well organised system in place for all staff to receive formal one to one supervision with their line manager. Supervision was provided at least every 12 weeks and a yearly appraisal was also completed. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Team leaders also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks were completed on average every three months and also included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff we spoke with told us these checks were unannounced and they were given feedback after the checks about any action they needed to take to improve the service provided to people.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were also knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lack capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. One staff member said, "I would show them the choice of food or clothes and let them make a decision."

Staff we spoke with were knowledgeable on people's needs in regard to diet. Staff were aware of special diets and if a person was at risk of choking. One staff member told us that a person they supported was at risk of choking and they had been trained by the health care professionals to provide 'cough assist.' This is when they assist the person to cough to prevent choking. Staff had guidelines and assessments from professionals to follow to ensure people's needs were met.

Whilst on home visits we observed care workers assist a person with their lunch. The person was given a frozen mousse, prior to their meal. The care workers explained this was following advice from the SALT (Speech and Language Therapist) who said due to the person's health condition, the cold mousse would free their airway and enable them to eat better. The person told us this was, "Working a treat" and we saw the person go on to enjoy their lunch and dessert.

Is the service caring?

Our findings

All but one person spoken with told us the care workers were, kind and caring. Their comments included, "They are very nice and I am very happy with everything," "They never shout. They never treat me badly and they are gentle," "Yes they are caring. Some carers even give me a hug now and again" and "They're all lovely and I couldn't manage without them. They are angels." One person said, "Some [care workers] are really good, some are iffy." This person didn't want to provide us with any more information about their comment.

Relatives told us, "They are very good to [relative] and very polite to me," "They treat her [relative] with dignity and respect. They cover her while showering and talk to her. They ask her permission to help her. They are very kind and caring they make a point of what we want," "Very nice ladies who come in" and "[Relative] is getting very difficult to manage and they are very good with her, it can't be easy."

We asked people if they thought the staff respected their privacy and dignity. People spoken with felt they were treated with respect and that their privacy was respected by all the staff. Their comments included, "Yes they make sure I don't feel embarrassed" and "They cover me up [when providing personal care] because they know I'm a proud person."

Our observations during the inspection were that staff treated people as equals, were very respectful and showed care and fondness towards the people who used the service. People and staff appeared very comfortable in each other's company and showed mutual respect for each other.

Staff spoken with were able to tell us how they supported people in a way that respected their wishes. Staff knew the people who they supported well and told us they were able to find information out about the person by looking in care records and speaking with the person directly.

We saw care records contained detailed information about people's needs and preferences, which meant staff, had a good understanding of what was important to them. Staff were able to talk to us in detail about the care and support needs of the people they visited. Staff could describe the steps taken to protect people's privacy and dignity and gave us examples of how they did this. Daily notes contained details of the care provided, and showed staff had upheld people's dignity and privacy when providing care and support.

People who used the service, their relatives and staff all said communication between them and the office staff was good. Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Information that needed to be passed on about people was discussed with team leaders in the office in private.

People told us they had been provided with telephone numbers for Ark Home Healthcare Rotherham and could ring the office if they needed to. Senior staff were also available out of office hours. A number of people and their relatives told us they regularly contacted the team leaders to discuss their care and provide additional information.

Is the service responsive?

Our findings

People spoken with said they got all the help and assistance they required from the staff at Ark Home Healthcare Rotherham. They told us senior staff visited them to complete care plans and then regularly reviewed and updated these. Their comments included, "Due to my deteriorating health my care plan needs regular updates and I only need to let them know and they come out straight away. I am over the moon with the service I get," "We did the care plan together and we have all the paperwork here," "They [team leaders] come out sometimes and ask us questions and do the paperwork," "They are coming soon to see me about adding a shopping visit as I am on crutches and I struggle, they are very helpful" and "Every year office staff come to do reviews. Yes the manager calls round every now and then they know me well."

In each person's home there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by the team leaders. However, it was not always easy to find the information required, there was no summary assessment or pen picture to be able to see easily what the person's needs were. We spoke with the registered manager about this who said they would look at including a pen picture for each person at the front of each care plan.

People told us they were provided with a personalised service. People told us there was a lot of continuity of staff and they were very fond of their regular care workers. People told us they were able to make their own decisions and that their preferences were taken into consideration. One person told us, "I normally like to get up later in the morning, because it takes me a long time to come round, so the carers come about 10am. I have a regular appointment at the hospice, when I go two team leaders come early to get me ready to be picked up. This is so good as it means I never get someone I don't know. It is really reassuring." Another person told us, "I can talk to the manager. I told the manager about the swapping and changing of staff. The manager very nicely explained it was because of the lack of availability of the particular staff."

At each visit staff completed the 'customer care and support note' detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

People and relatives spoken with told us they were confident to take any concerns or worries they had to the care workers, team leaders or managers. Their comments included, "I have complained in the past but that was all sorted and now everything is great," "We've never had a complaint but I would just ring and say," "I only ever had one complaint and that was when we lost our regular carer when we went away but eventually we got them back," "I have no complaints at all, we are very happy with it," and "Able to make a complaint, most definitely. We would talk to the manager. It's easy to get through to the office. The staff and manager are approachable and easy to talk to."

There was a detailed complaints policy and procedure in place. This was provided to people in the 'Service User Guide' which we saw in each person's home. The complaints procedure gave details of who people

could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. In the last 12 months the service had received 16 complaints all of which had been investigated and resolved. The service had also received compliments and positive feedback from a number of people.

Is the service well-led?

Our findings

The service had a registered manager in place. There was also the regional director, care coordinators and team leaders to support in the day to day running of the service. Staff spoken with were clear about the management structures within the organisation and told us these worked well.

The registered manager was knowledgeable about people who used the service. She knew people who used the service and could talk in detail about their care and support needs. The registered manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw audits had been completed and the registered manager was able to evidence the action taken as a result of carrying out an audit.

Incidents and accidents were recorded with good detail. However, when these also resulted in a safeguarding or a complaint these did not cross reference to be able to identify the complete information. This meant there was lack of overview to ensure nothing was missed. We discussed this with the registered manager who was aware of all the linked records but this was not formalised, to ensure all staff could cross reference and have access to all the required information. The registered manager agreed to look into this to ensure a better system was introduced.

The regional director told us following auditing by the registered manager, information was sent to head office about such things as the number of complaints, accidents and safeguarding concerns. This information was assessed to look for any themes or trends so that action could be taken to prevent occurrences. The registered manager confirmed to us that she had not received any issues of concern from head office regarding the information sent to them.

Staff we spoke with demonstrated person centred values and gave examples of how they delivered care in a way that respected people as individuals. Staff told us they felt valued and supported by the registered manager and other senior staff. Staff told us they received support and advice from senior staff via phone calls, texts and staff meetings. Staff said the registered manager was available at any time if they had any concerns. Members of staff were welcome to go into the office to speak with the management team at any time. One staff told us, "This [the office] is a lovely place to come. We all get on well and support each other. There is staff coming in and out all the time, for a chat, advice or a cuppa." Another staff member said, "We are an excellent team. I love my job. We support each other and work well to ensure people receive the care and support they deserve."

The registered provider had schemes in place which recognised and celebrated the contributions of the staff. For example, in March 2018 the 'SpARKle' awards were planned. This was for all care staff who had been awarded 'Carer of the Month' to meet at a special event and win prizes. There was also the 'RemARKable Award Scheme' where staff earned points for their positive contribution to the service, which also awarded prizes.

Regular staff meetings were held and the registered provider also held 'Listening Lunches'. These were for staff to meet with the senior managers to find out information about the business. Staff told us this also gave them chance to raise any concerns they had and an opportunity to share their ideas.

The registered manager and senior staff operated an on-call system to enable staff to seek advice in an emergency. Senior staff were available to answer calls from staff during and out of office hours.

The registered provider sent out quality questionnaire's to people who used the service and their relatives each year. A summary of the information received from people had been completed. The last survey was completed in November 2017. The results were in the main positive and people had said complementary things about the staff and the running of the service. People who had raised any concerns or issues had been contacted by the senior staff and action had been taken to rectify their concerns. This showed the service listened to people and took on board their comments and feedback.

We saw there were policies and procedures in place to guide staff in all aspects of their work. The regional director told us the policies and procedures were being reviewed and updated. There was lots of information on display in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose for the service.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The senior staff in the service were able to tell us what events should be notified and how they would do this.