MCCH

94 Whitstable Road

Inspection report

94 Whitstable Road
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Date of inspection visit:
25 August 2016

Date of publication:
31 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was carried out on 25 August 2016 and was unannounced.

The service provides care and support for up to seven people with a learning disability and/or autism. At the time of our inspection there were five people using the service, one of whom was developing dementia. The accommodation was provided in a large house over two floors. People's communication styles varied, some were able to tell us about their experiences and others used body language, mood and behaviours to communicate.

A registered manager was not employed at the service. 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. However, the provider had appointed a manager who intended to apply to register with the Care Quality Commission.

People were supported by staff to keep their home clean. However, some parts of the premises needed additional cleaning and consistent measures to prevent the spread of infection.

We have made a recommendation about this.

People were kept safe by staff who understood their responsibilities to protect people living with learning disabilities. Each person had a key worker who assisted them to learn about safety issues such as how to evacuate the building in an emergency and to speak to if they felt unsafe. The manager had plans in place to ensure that people who may not understand what to do would be individually supported by a member of staff if there was an emergency. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.
The manager ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were maintained to promote safety. However, it was not clear if people could easily escape from the garden, for example during a fire.

We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

The manager and care staff used their experience and knowledge of caring for people with learning disabilities and autism effectively. Staff assessed people as individuals so that they understood how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed within the service, both to individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified. The provider's policies and management plans were implemented by staff to protect people from harm.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage the daily health challenges they faced from conditions such as epilepsy and diabetes.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service and in the wider community.

We observed people being consulted about their care and staff being flexible to requests made by people to change routines and activities at short notice.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. People could involve relatives or others who were important to them when they chose the care they wanted. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. Staff were trained about the safe management of people with behaviours that may harm themselves or others.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities. New staff and existing staff were given extensive induction and on-going training which included information specific to learning disability services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills. Staffing levels were kept under constant review as people's needs changed. The manager ensured that they employed enough staff to meet people's assessed needs.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. Staff advised people about healthy eating and dietary support had been provided.

Information about how to complain was in pictorial formats to help those with poor communication skills to understand how to complain. This included people being asked frequently if they were unhappy about

anything in the service. If people complained, they were listened to and the manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The manager and the deputy manager demonstrated a desire to deliver a good quality service to people by constantly listening to people and improving how the service was delivered. People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The manager of the service and other senior managers provided good leadership. The provider and manager developed business plans to improve 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?

Requires Improvement

The service was safe.

People experienced a service that made them feel safe. The manager and staff acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff with a background in learning disabilities to meet people's needs. The manager used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance. Each member of staff had attained the skills they required to carry out their role.

New staff received an induction and training, which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood and followed by staff.

Is the service caring?

Good

The service was caring.

Staff used a range of communication methods to help people engage with their care. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff understood how to maintain people's privacy and records about people was kept confidential.

Is the service responsive?

Good

The service was responsive.

Care assessments included information about people's learning disabilities. People were provided with care when they needed it based on a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves in a service for people with learning disabilities.

The provider and manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. Managers made themselves available to assist with delivering care and carried out checks on staff to monitor the quality of their performance.

94 Whitstable Road

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 25 August 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience and their supporter. The expert by experience had used learning disability services themselves and had first-hand knowledge of how a learning disability service should be run.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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. We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people about their experience of the service. We spoke with six staff including the deputy manager, and five support workers. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 12 September 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service safe?

Our findings

People living with a learning disability or autism were unable to verbally tell us about their experiences of the care at 94 Whitstable Road. We observed people smiling when staff spoke to them, we observed that people were relaxed and comfortable with staff when care was delivered. Staff understood people's individual communication styles, like body language or behavioural changes which may indicate people were unhappy or distressed. People could go to staff who would listen to them if they were unhappy about something.

The balance between protection and freedom was clearly observed through the preservation of dignity when bathing, but also retaining choice through self-expression in areas of the service.

Staff said, "We prompt people and act as a support to maintain routines. It is easy at times for staff to try and do everything, but the people who we care for have skills and strengths and we are there to facilitate independence and their interests."

Cleaning within the service was carried out by people assisted by staff. The premises was generally clean and fresh. However, we saw that in areas of the service, dust, dirt and water scaling around taps was building up. For example, door frames were dusty, the corners of flooring and at skirting level in bathrooms and toilets were not being properly cleaned and areas of the walls in the kitchen had paint missing and could not be cleaned off properly. We discussed these issues with the manager and they told us they would ensure these harder to reach areas would be added to the cleaning schedule. Allowing the build-up of dust and dirt in the environment could lead to the spread of infection. Also, two toilets were too small to contain hand wash facilities. The manager told us that anti-bacterial hand cleaning gel was used instead. However, we observed people using the toilets, but there were no hand gels available. This meant that people were unable to clean their hands after using the toilet, which could lead to the spread of infection.

We have recommended that the manager researches and relies upon published guidance issued by the Department of Health in relation to the prevention and control of infections in care homes.

People could learn how to stay safe and what to do if there were emergencies in the service. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. People and staff practiced evacuating the service, for example when the fire alarm sounded. Emergency drills and tests were recorded. People who faced additional risks if they needed to evacuate but would not understand what to do, had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies. The manager and provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. We noted that the fire evacuation routes included exits to the rear garden. The only escape route from the garden was via a side gate that was padlocked. This meant that people could not easily escape or be rescued from the garden in an emergency. We discussed this with the manager. The gate needed to be secure as there was a risk to people from the busy main road at the front of the premises. However, they told us that they would ensure the padlock key was available at all times.

We have recommended that the manager seek advice and clarity from the Kent Fire and Rescue service or other competent persons about the risk and potential solutions to the emergency escape procedures from the garden.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels.

There was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in office. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams and raising concerns using the provider's 'Whistle-blowers' policy. A member of staff talked us through the correct actions they would take if they suspected or witnessed abuse happening. This demonstrated that the staff and manager understood the arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who used the service; keeping people safe. These risk assessments included community activities outside of the service. People did not have behaviours that challenge, however staff understood identified triggers for behaviours that could have a negative impact on people and responded accordingly. Early interventions staff should take to defuse situations and keep people safe was fully recorded. Staff understood their roles in assisting people to understand and manage their behaviours. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

We saw daily records, which detailed the information shared between staff about risks within the service. The last recorded incident was in August 2015. However, there were systems in place to ensure that incidents and accidents were recorded and checked by the manager. This process included learning to reduce incidents and accidents from happening again.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We found that staff recruitment files evidenced the manager followed a robust recruitment procedures. Relevant checks had been completed to ensure that applicants for jobs were suitable for the role to which they had been appointed before they had started work. Staff we spoke with confirmed they had been through full application, interview and selection process. Recruitment adverts and questions related to supporting people with learning disabilities which ensured that staff applying for roles had the right attitude and experience in the field and this could be tested.

There was enough skilled and experienced staff to meet people's needs. Our observations and discussions with staff showed that staffing deployment was based on an analysis of the levels of care or support people

needed. In addition to the manager, there were five staff available at the core times between 07:30 am and 20:00 pm. Overnight there was one member of staff available if people needed assistance. We looked at the rotas and saw that staff were deployed in line with people's choices around activities. Staffing levels were increased when people needed additional staff assistance or monitoring to keep them and others safe.

There were safe processes in place for the management and administration of people's medicines. Access to medicines was restricted to trained staff. There was a current medicines policy available for staff to refer to should the need arise. We reviewed the records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The manager ensured that regular audits of medicines happened and that all medicines were accounted for. Staff were encouraged to report errors in a supportive way. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time. Medicine storage temperatures were monitored and recorded.

Good

Is the service effective?

Our findings

People living with a learning disability or autism were unable to verbally tell us about their experiences of the care at 94 Whitstable Road. We observed staff had the skills required to care and support the people who lived at the service.

People were supported with their agreed and recorded daily routines by staff. People's health needs were monitored by staff and people had been given information about their conditions, which they were able to talk to us about.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Referrals had also been made to other healthcare professionals, such as occupational therapists and the local learning disability team.

People were involved individually in the planning and preparation of meals. People kept their own chosen ingredients in allocated kitchen spaces. The meals which were chosen by people using the service were selected through their own shopping and prepared with their individualised support. Staff were in an active process of developing a wider menu choices as part of people's support time which engaged interests in cooking. People's food and drink likes and dislikes were recorded and choices were actively accessed and expressed for people using the service. A range of diet choices were catered for. Members of staff were aware of people's dietary needs and food intolerances. Information about food was displayed using pictures in the dining area and documented in the care plans. Staff recorded what people ate and drank in the daily records. Staff actively developed methods of non-verbal pictorial communication to engage with people to consider future changes and their continuing involvement.

Staff told us that there was a training programme in place and that they had the training they required for their roles. Training was provided in a number of ways, including by e-learning, distance learning courses and face-to-face training and this was supported by records we checked. Additional training was provided in relation to person centred care planning for people with learning disabilities and autism. Training consistently provided staff with the knowledge and skills to understand people's needs and deliver safe care. Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This gave staff the opportunity to develop their skills and keep up to date with people's needs through regular meetings with managers.

Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Records showed that annual appraisal and supervision meetings with staff were held with senior members of staff.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. The Mental Capacity Act 2005 (MCA) provides a legal framework for

making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The manager understood when an application should be made and how to submit them. Care plan records demonstrated that people's needs around DoLS was checked monthly so that applications could be made to the local authority supervisory body in line with agreed processes, if needed. This ensured that people were not unlawfully restricted.

Care plans showed that people's ability to make informed consent could change; they could withdraw their consent at any time. Staff respected and empowered people to make decisions before care and support was delivered. Staff told us of ways in which they gained consent from people, demonstrating how they communicated with people who could not verbalise their wishes. Staff explained that if needed, they used non-verbal methods of communication using gestures, signs and showing people items to enable them to give consent and make choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

Good

Is the service caring?

Our findings

People living with a learning disability or autism were unable to verbally tell us about their experiences of the care at 94 Whitstable Road. We observed positive relationships that had developed between people who used the service and the staff.

The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

Staff said, "Some people living here go to visit relatives and travel to see them. It is important that we maintain people`s independence and always make sure people guide us as to what they want and where they would like to go."

We observed good communication between staff and people living at Whitstable Road and found staff to be friendly and caring. People who needed advocacy support to express their views could access this. Some people were protected through independent services for financial matters or important health decisions. Best interest meetings about important decisions were recorded. People with changing capacity to make day-to-day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

Staff members were able to describe ways in which people's dignity was preserved, such as making sure people closed toilet doors and by ensuring that doors were closed when providing personal care in bathrooms. All information held about the people who lived at the service was confidential and would not be discussed outside of the service to protect people's privacy.

People were encouraged to be as independent as possible. We observed staff prompting people in a helpful and supportive manner, while retaining courtesy and professional interaction. Staff sought the guidance and opinions of people living at the service relating to their activities and wishes for the day and their wider self-determining choices. This was observed in two specific examples, the first of which was about going to the theatre to see a musical and the second example was where a person wanted to go for a drive to the coast and staff negotiated with each other to allocate time to ensure this activity took place.

People and their relatives were asked for feedback about the service. Decisions about household routines were taken collectively by people. There were a number of information leaflets in the service which included information about the service, safeguarding, the complaints policy and activities. These had also been provided in accessible format using symbols or actual photographs so that people might better understand the information provided.

Good

Is the service responsive?

Our findings

People living with a learning disability or autism were unable to verbally tell us about their experiences of the care at 94 Whitstable Road. People were encouraged to discuss issues they may have about their care.

One person had a memory box containing family photographs with the unique family names on the reverse of so people could explore the memories together.

Staff said, "We had recent experience of having to understand someone having a progressive condition (Dementia). It is important that we prepare and make adjustment for changes. It is better to support this from the beginning, rather than plan later." And, "People have moved rooms, as one person now has mobility issues. This makes it easier for them to be independent and supports any future needs they may have."

Staff were responsive and flexible to people's choices and needs. Staff showed us how people in the service chose the activities they wanted to do. There was good use of pictorial information showing activities that people liked and had tried in the past. This included involvement in household tasks. People could change their minds and they did not have to do their chosen activity.

People had a routine for one-to-one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. People also went on holiday. Staff were allocated to people's activities based on their skills and experience. This meant staff could understand and meet this person's individual needs.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people, their care manager from the learning disability team or their relatives. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. One person using the service liked to watch action films and staff offered them a private area which was close to people, so as not to be isolated through their hobby. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place.

Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members or care managers were kept up to date with any changes to people's needs. Changes in people's needs were recorded and the care plans had been updated.

The manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. This showed that staff were responsive to maintain people's health and wellbeing.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints were responded to. People had one-to-one meetings with staff. At these meetings people were encouraged to communicate or talk about any concerns or complaints they had about the service. Staff understood that people with learning disabilities may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health. There were no recent complaints about the service.

Good

Is the service well-led?

Our findings

The manager was keen and motivated. They were in the process of applying to register as the manager with the CQC. They had experience of working in and managing services for people living with learning disabilities and autism and they had demonstrated to us they had the skills to run the service well. Staff said, "The manager gets things done."

The manager had systems in place so that there were monthly audits of the service. Audits enabled them to identify areas of the service that needed improvement which they recorded and took the actions required. Over time there had been continuous improvement in the quality of the service which included the development of person centred care plans and increased staff training around dementia. The manager understood there was still more to be done, for example they needed to address some maintenance issues with the landlord, but with the planned improvements, people's experiences and safety were maintained. There was a five star food hygiene rating displayed from the last food hygiene inspection.

The aims and objectives of the service were set out and the manager of the service was able to follow these. For example, providing people living with learning disabilities with care and support through a skilled and knowledgeable staff team. Staff received training and development to enable this to be achieved. Staff said, "The culture here is now more person centred, rather than being staff and service driven." The manager had a clear understanding of what the service could provide to people in the way of care and meeting their learning disabilities needs. This was an important consideration and demonstrated the people were respected by the manager and provider.

Staff enjoyed their jobs. Staff said, "The staff team are good, and it's great seeing people develop." The provider asked staff their views about the service. Staff told us they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the manager was approachable.

The manager had systems and plans in place to ensure that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. One member of staff said, "The manager monitors my progress and we discuss how I am doing." This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff had signed to say they understood the policies. Staff understanding of the policies they should follow was checked by the manager at supervisions and during team meetings.

In house minor repairs were carried out quickly and safely and these were signed off as completed in an organised and risk based way. The service relied on a third party organisation acting as landlord for some premises maintenance and repairs. The manager had systems in place to ensure the landlord met their

obligations around issues they could not resolve in house. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. This ensured that people were protected from environmental risks and faulty equipment.

Senior managers from outside of the service came in to review the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered. Any action required from quality audits were recorded and re-checked to ensure they had been completed.

The manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels with the organisation so that they were dealt with to people's satisfaction.