

The Regard Partnership Limited

Rochester House

Inspection report

Rochester House
221 Maidstone Road
Rochester
Kent
ME1 3BU

Tel: 01634847682
Website: www.regard.co.uk

Date of inspection visit:
09 February 2016
10 February 2016

Date of publication:
04 March 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on the 9 and 10 February 2016 and was unannounced. At our previous inspection on 15 April 2015, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were breaches in relation to safe care and treatment, person-centred care, need for consent and dignity and respect. Following the inspection the provider sent to us an action plan. This plan stated the action to be taken and the date by when the actions would be completed. We found that improvements had been made.

Rochester House provides care and accommodation to up to ten adults with a learning disability. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. There were ten people using the service at the time of our inspection.

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. A senior member of staff was in day-to-day charge of the service whilst the provider was actively recruiting a new manager.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles. Since the last inspection, staff had received training in relation to privacy and treating people with respect. Staff respected people in the way they addressed them and helped them to move around the service. We saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs. They had access to health services and referrals for additional support were made when people needed it.

People were protected against the risks of infection in the service, as professional advice had been sought and guidelines put in place to ensure that equipment was sterilised appropriately. Staff were following safe practices to reduce the risk of infections spreading in the service.

Medicines were managed, stored, disposed of and administered safely. People received their medicines in a safe way when they needed them and as prescribed.

People received the support they needed to eat and drink. They had a choice of meals from a varied menu. Mealtimes were a relaxed and pleasant experience for people.

People's care was planned and delivered in a personalised way. The service had been organised in a way that promoted a personalised approach to people's activities. People were involved in making decisions about their care and treatment and had been supported to decide how they would like to be occupied, for example social activities and going out. People were given individual support to take part in their preferred hobbies and interests.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. The risks to individuals, for example in moving safely around the service, had been assessed and action taken to reduce them. Staff understood how to keep people safe. The registered provider had taken action to ensure the premises were safe and met people's needs.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People knew how to make a complaint if they needed to. Complaints were responded to quickly and appropriately and people were given feedback in a way they could understand.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good ●

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good ●

The service was well-led.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Rochester House

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 February 2016, was unannounced and carried out by one inspector.

We gathered and reviewed information about the service before the inspection. We received an action plan from the provider that told us that all issues needing to be addressed would be completed by the 31 July 2015. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with two people, and two relatives and a personal friend of one of the people, about their experience of the service. We spoke with three staff members, the senior carer who was acting manager, the locality manager and the regional manager. We asked two health and social care professionals for their views of the service.

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

Is the service safe?

Our findings

Some people were unable to verbally tell us about their experiences. However, people used facial expressions to indicate they had positive experiences and felt safe living at Rochester House. One person said, "I like it here". We observed that people were relaxed around the staff and in their own home, people chose to seek out staff and spend time in their company. Relatives told us their family members received safe care. One relative said, "Yes, she is definitely safe".

A health and social care professional had written a comment to management stating, "Since my last visit there is a marked improvement in the atmosphere".

At our previous inspection in April 2015 there had been a breach of regulation 12. Staff did not follow safe practices to reduce the risk of the spread of infection in the service and an effective system was not in operation for the sterilisation of equipment. At this inspection, we found the registered provider had made improvements.

People at risk were protected from the spread of infection. Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection when providing personal care. We saw that personal protective equipment was being used appropriately. One person using the service required equipment to administer their nutrition and medicines through a Percutaneous Endoscopic Gastrostomy (PEG) tube into their stomach. Following the last inspection, professional advice had been sought, and guidelines had been put in place in relation to the daily sterilisation of equipment. We saw that the guidelines were being followed and there was now an effective and consistent approach to sterilisation of equipment in place. Infection control was seen as a standard item on the team meeting agenda, and a named member of staff was responsible for monitoring infection control and carrying out an infection control audit.

There were enough staff with the right skills and experience to care for people safely and meet their needs. The staff duty rotas demonstrated how staff were allocated on each shift. We reviewed the rotas which showed that the required number of staff were consistently deployed. On most days of the week, including the day of our inspection, there was an additional two members of staff between 12pm and 5pm to help people with their social activities. The rotas supported that there were sufficient staff on shift at all times. The senior person told us if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, like going shopping or going out for a meal. Relatives told us there were always enough staff to support people.

Staff recruitment practices were robust and thorough. People were protected from the risk of receiving care from unsuitable staff. 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 (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. Staff told us the policy was followed when they had been recruited and their records confirmed this. The registered provider had a disciplinary procedure in place to respond to any poor practice.

Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. The policies were up to date and available to staff in the office. The registered provider had instructed staff to read the policy for safeguarding people from abuse and staff had signed to say they had done this. There was an easy reference information sheet for staff that summarised the procedures for reporting incidents, accidents and allegations of abuse. This had been displayed in staff areas of the service. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. Individual risks had been assessed and action taken to reduce the risk and keep people as safe as possible. For example, one person had a seizure alarm mat that alerted staff when they had an epileptic seizure whilst in bed.

Staff knew how to report accidents and incidents in the service. The registered provider monitored accidents and incidents. They looked for patterns of behaviour or recurring incidents so that they could respond to try and stop them happening. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised and that safe working practices were followed by staff.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. There was a system in place for checking the temperature of the medicine storage areas each day to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Where people were able to manage their own medicines staff ensured they were safe to do and provided any support they needed. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. We saw records that showed that staff had a review of their competence to administer medicines every six months or sooner if they required it. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. Staff understood the procedure for dealing with errors, for example if a medicine was dropped, and we saw that incident reports had been completed on these occasions. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

The service was clean. Staff told us that they carried out some cleaning of the service during the day, but the majority of the deep cleaning was completed at night. There were records in place to show staff had completed the cleaning tasks.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. There was a contract for servicing mobility equipment. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. Staff knew how to

check the safety of equipment, for example to ensure that air mattresses were inflating to the correct levels. There was an effective system for checking the temperature of the hot water in the service each month. This reduced the risk of people being scalded. Management had arranged for samples of the water supply to be tested for legionnaire's disease. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Is the service effective?

Our findings

People told us that they could make their own decisions about their care and routines. Some people were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. Others told us, "I choose when I get up". We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people what they would like for lunch, how they wanted to spend their time and whether they wanted help with personal care. People had chosen their keyworker, and one person showed their enthusiasm of having a certain member of staff as their keyworker.

A health and social care professional had commented to management that, "The staff feel more skilled and confident and people are engaged and smiling".

At our previous inspection in April 2015 there had been a breach of regulation 11. Staff did not understand the requirements of the Mental Capacity Act 2005 and assessments of people's capacity to make decisions had not been carried out in line with the 2005 Act. The registered provider had made improvements.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people's consent before assisting with any personal care. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. We heard staff asking if people wanted to have support to eat. Staff acted on people's responses and respected people's wishes if they declined support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

New staff received an in-house induction which included eLearning for a number of areas of care delivery. They also shadowed experienced staff on each shift to get to know people and their preferred routines. New staff were working on the Care Certificate, which is a new care qualification recommended by Skills for Care (the national training organisation in care). This qualification provides care workers with the basic knowledge and skills they require to care for people safely and effectively. Management had a good understanding of the new qualification and worked alongside new staff to help them complete this. Staff

were given a handbook which contained information important to their role and the expectation of them within their twelve week induction. This showed that management set the standards of work and staff understood what was expected of them to care for people safely and effectively.

There was a programme of training courses that all staff were required to complete. This included core safety training such as food safety, safe moving and handling and safeguarding people from abuse. It also included training specific to the needs of the people using the service such as epilepsy, PEG feeding and non-verbal communication. This showed that staff had the specific training they required to provide the care people needed.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Staff said they were asked how they were getting on with their work and if they had any concerns. Staff said that if they required more training, they felt confident to ask about this. Team meetings took place regularly and staff said that they felt able to voice their opinions, and that they were listened to.

There were challenging behaviour support plans in place and staff had received training about people's behavioural support needs. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. Information included specific triggers and how a person should be supported to become calm again after an incident. For example, being supported one to one to all external activities. People's changing needs were observed and recorded on a daily basis. The information was monitored and reviewed by staff. This meant that people were appropriately supported and staff had clear guidance concerning how to help people if they became distressed, minimising potential risk from behaviours that challenged.

People received the support they needed to eat and drink. There was a menu in place, planned each week by the people using the service, which reflected people's preferences and nutritional needs. We saw that people were provided with a choice of meals and drinks and were able to obtain snacks and drinks when they wanted them. A person who used a PEG tube to receive their nutrition was supported with this by staff who had received appropriate training. Health professionals were involved with the service to provide training and support to staff in safe eating and nutrition for people. Mealtimes were flexible and on the day of our inspection we saw that people ate at a time that suited them. Where people needed support to eat, staff supported them in a patient manner. There was a rapport between the member of staff and the person so that the mealtime was an enjoyable experience. People were weighed regularly to make sure they maintained a healthy weight.

People had plans in place for meeting their health needs. They were supported to access health services including their GP, dentist, optician and chiropodist. Management and staff had a good understanding of people's health needs and had made referrals to health professionals where needed. Health professionals that supported people told us that changes in leadership had ensured information, guidance and training was now better used to influence people's care.

Is the service caring?

Our findings

People told us they liked the staff. We saw that staff had good relationships with people and treated them kindly. We observed the way that staff interacted with people living at the service and found that they responded sensitively to their needs. One person said, "I like the staff". One relative said, "The staff are lovely and they respect my relatives dignity and privacy".

At our previous inspection in April 2015 there had been a breach of regulation 10. Staff did not always treat people with respect or protect their dignity and privacy. The registered provider had made improvements.

Staff had attended a training session around positive engagement. Relatives told us and we saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

People were supported to maintain their independence. Where people expressed they wished to do things for themselves, staff respected this and ensured they had the equipment or facilities they needed. For example, one person had tea and coffee making facilities in their bedroom. We saw that there was a lowered kitchen worktop to enable people to prepare their own meals. A locality manager and a manager from another service was working in the service a couple of days a week to challenge where staff did things for people rather than supported them to do it for themselves. The intention of this was to develop the staff's skills in how to encourage people to become and remain as independent as possible.

Staff recognised and understood people's non-verbal gestures and body language. Staff used a variety of communication methods with people depending on their needs. Some people used sign language and others used pictures to help their understanding and communication. This enabled staff to be able to understand people's wishes and offer choices. Staff chatted and joked with people and ensured that the people felt comfortable. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Support was individual for each person.

People were involved in making some decisions on a day to day basis, such as what to eat and where and when to get up. We saw that staff asked people what they wanted to do with their time and did their best to accommodate their wishes. People were supported to attend a weekly house meeting where they had an opportunity to raise any concerns or make suggestions. Records showed that people met weekly and talked about what they would like to eat, activities and any maintenance issues. People could receive visitors when they wanted and could make use of the private visitor's room on the basement level. Relatives told us they felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We

saw people had personalised their bedrooms according to their individual choice.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. One relative said, "They (staff) support my relative to come for a home visit once a month", and "They (the staff) keep me up to date with any changes". People felt confident to make a complaint if they needed to.

At our previous inspection in April 2015 there had been a breach of regulation 9. People did not receive personalised care. The registered provider had made improvements.

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. These care plans had been updated and contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I require full support when tending to my personal care". The care plans had been completed by staff that worked regularly with people to ensure that people's views were included. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. Activities included going bowling, trampolining, horse riding and going out for meals. People visited local places of interest for example, nature reserves and going to the seaside. One relative said, " They take my relative out shopping, out for meals and to see shows at the theatre". There were links with the local services for example, social clubs. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time.

People were supported to stay in contact with their friends and relatives. People could use the computer in the service to contact family and friends. One person had their own tablet computer for personal use.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice, demonstrating an understanding of person centred care.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability understand. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy.

Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that management dealt with them appropriately and resolved these. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people.

Is the service well-led?

Our findings

People told us they liked living at the service and were happy there. People were confident to raise concerns about their care and said they could speak to any staff if they were worried about anything.

Relatives and staff told us that they thought the service was well-led. Relatives spoke highly of the staff. One relative said, "I would recommend the service to other people". A health and social care professional informed us that staff feel better supported and the food had improved.

A health and social care professional had written a comment to management stating, "I wanted to say how amazed and impressed I am with all the progress in the house. The house is cleaner smarter and better organised. The meals look better and are better textures for people and there is a real choice for them".

Management had a clear vision and set of values, which were reflected in the action plan for the improvement of the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. It was clear that staff were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste. The registered provider was making available the required resources to drive improvement in the service. This had included an increase in staffing numbers. Management promoted an open culture by making themselves accessible to people and visitors and listening to their views. They regularly kept in touch with families.

We saw evidence to support that the service was actively recruiting for a manager. Some interviews had already taken place. The locality manager and manager of another service provided support for the staff. Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that these managers were approachable and supportive, and they felt able to discuss any issues with them. A member of staff told us that they had raised concerns with the locality manager, action had been taken and the issue resolved.

Management worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. Referrals had been made to health professionals for advice and training as part of the improvement plan for the service, Health care professionals we spoke with told us that they had seen improvements in the service.

Staff understood who was responsible for making decisions in the service. There was a shift leader system that identified who was responsible for the service at all times. Staff had been informed what this role involved and were able to explain this to us. Staff had been issued with a job description and had signed to agree this.

There were systems in place to review the quality of all aspects of the service. This included infection control, medication, safety of the premises, staff records, training and care planning. Appropriate and timely

action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included keyworker meetings, house meetings and 1-1 discussions with people about their care. People were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with management and staff.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

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.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. Management 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.

Management 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 within the organisation so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.