Meridian Healthcare Limited

John Joseph Powell Memorial Care Centre

Inspection report

McKenna's Court
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Merseyside
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Tel: 01514310247

Date of inspection visit:
10 March 2016

Date of publication:
25 April 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 was an unannounced inspection, carried out on 10 March 2016.

John Joseph Powell Memorial Care Centre is registered to provide nursing care for up to 45 people. The service is located in the Prescot area of Liverpool, close to local shops and road links.

The service does not have a registered manager because the previous registered manager had recently left. A new manager was appointed and has applied to the Care Quality Commission to become the registered manager of 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.

The last inspection of the service was carried out in May 2013 and we found that the service was meeting all the regulations that were assessed.

People who used the service were safeguarded from abuse and potential abuse because the registered provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff were confident about recognising and reporting suspected abuse and they said they would not hesitate to do so.

Procedures were in place to keep people safe from hazards and to respond to emergencies. Staff had undertaken training in health and safety matters and they were confident about dealing with an emergency situation should one arise.

The registered provider had a policy and procedure relating to medication management. Staff responsible for administering medication completed the relevant training and had their competency checked regularly to ensure they were managing people's medicines safely.

People were cared for and supported by the right amount of suitably qualified staff. The process for recruiting staff included a range of checks which were carried out to check applicants' suitability and character prior to them commencing work at the service.

Staff received the training and support they needed. New staff completed an induction programme and all staff received ongoing training relevant to their role, responsibilities and the needs of the people they supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

(DoLS). Staff understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff were aware of the need to obtain people's consent prior to them providing any care and support.

People were treated with dignity and respect and staff were patient and caring in their approach. Staff knew people well, including their likes, dislikes and preferred routines.

Staff worked together as a team and with other professionals including GPs, McMillan Nurses and other specialist teams to help to provide the highest standard of care possible for people at end of life and their families. People were given the opportunity to express their wishes regarding their care at end of life and an appropriate care plan was put in place for this.

An assessment of people's needs was carried out and appropriate care plans were developed. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person and other significant people such as family members and relevant health and social care professionals.

People were well supported to access a range of healthcare professionals as appropriate to their individual needs. People's health and wellbeing was monitored to ensure they remained healthy and well and staff quickly recognised any health concerns and sought appropriate advice.

Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised. People told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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 safeguarded from harm and potential abuse. Staff were confident about recognising and reporting any concerns they had about people's safety.

New staff were recruited safely. They were subject to a series of checks before they were allowed to start work at the service.

Risks to people's safety had been assessed and managed and procedures were in place for responding to emergencies.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to support people effectively.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

People's health and wellbeing was monitored as required and staff were quick to report any health concerns they noted.

Is the service caring?

Good

The service was caring.

The atmosphere at the service was calm and relaxing and people were appropriately comforted by staff when they were upset.

People were treated with dignity and respect and their privacy was upheld.

Staff knew people well, including their backgrounds, family make up, preferred routines, likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and responded to their needs.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture at the service.

People were complimentary about the way the service was managed.

There were systems in place to assess and monitor the quality of the service and make improvements.

John Joseph Powell Memorial Care Centre

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 was carried out by one adult social care inspector and it was unannounced. This means we did not give the registered provider prior knowledge of our inspection.

During the inspection we spoke with eleven people who used the service and five family members. We spoke with the deputy manager, assistant operations director and staff who held various roles including care staff, kitchen staff and domestic staff.

We looked at areas of the service including lounges and dining rooms, bedrooms, the kitchen and the laundry. At the time of the inspection there were 44 people using the service.

We looked at a range of documentation which included the care records for five people who used the service and four staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems used at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and that they would tell someone if they had any concerns about their safety. People's comments included, "Very safe indeed", "I feel much safer here than I did in my house" and "Safe and sound. I don't worry about a thing". Family members had no concerns about their relative's safety, they all said they felt confident that their relative was safe and well cared for at the service.

Risks to peoples' health, safety and wellbeing were assessed and relevant care plans were in place which included methods to be used to ensure people's safety was maintained. For example, a care plan was in place to minimise the risk of a person falling. During the inspection we saw that staff followed the risk assessment by using appropriate equipment to maintain the person's safety when transferring them. This minimised the risk of the person falling which may have resulted in harm or injury occurring.

Risk assessments were in place to address environmental risks at the service and staff followed them to ensure people's safety was maintained. For example, fire exits were free from obstructions and the main entrance into the service was monitored at all times and all visitors were required to sign in and out of a visitor's book. Cleaning products were locked away when not in use, in line with the guidance for control of substances hazardous to health (COSHH). Certificates were in place which showed safety checks had been carried out at the required intervals on gas, electricity appliances, firefighting detection systems and equipment.

People were protected against the risk of abuse. Staff gave examples of abuse and they described the different types of abuse that may occur and they identified the signs and symptoms of abuse and how they would report these. Staff told us they had received training in this area and records confirmed this. Staff said they would immediately report any concerns they had to the person in charge at the time or to the local safeguarding authorities if this was required. Staff comments included, "I wouldn't hesitate to report any kind of abuse" and "I'd report it even if the abuser was a friend".

The registered provider had a safeguarding policy and procedure which was made available to staff along with those set out by the relevant local authorities. The procedures helped ensure relevant staff could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary. A record of allegations of abuse which had occurred at the service was kept. The records showed that senior staff had taken appropriate action by promptly informing the relevant authorities such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people.

There were sufficient numbers of suitably qualified staff available to meet people's needs. Staff rotas and annual leave were agreed in advance to ensure the service had sufficient staff available to support people. The deputy manager told us regular staff were called upon in the first instance in the event of a shortfall in staffing as they felt it was important people were supported by staff who knew their needs and preferences. They said there were however occasions when agency staff were used to maintain safe staffing levels at the service. We viewed the previous four weeks rotas which showed the staffing levels during this period were

consistent throughout the day and night. People and family members told us they had no concerns with the number of staff available to meet their needs. Comments they made included, "They [staff] always come when you need them", "I've never had to wait too long", "They take their time, I never feel they are rushing me" and "There seems to be enough staff X [relative] has never complained about staff not being there for her".

Staff were recruited in line with the registered provider's recruitment and selection procedure which was safe and thorough. Appropriate checks had been undertaken before new staff started work at the service. They had completed an application form, attended interview and provided photographic evidence of their identity. A Disclosure and Barring Service (DBS) check had been carried out and a minimum of two references were obtained in respect of new staff, including one from their most recent employer. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This helped the registered provider to make safer decisions about the recruitment of staff.

Medicines were managed safely by appropriately trained staff. The registered provider had a medication policy and procedure which was displayed in the medication room along with other related guidance and advice for staff to refer to on safe management of medicines. There were arrangements in place for ordering, receiving and disposal of medicines, for example medicines which required disposing of were returned the pharmacist who supplied them and a record was kept. Trained nurses were responsible for the management of medicines and they had received training to enable them to administer medicines safely. We looked at a sample of medicines and medication administration records (MARs) and saw the record and amount of medicines held at the service tallied. These showed medicines were available and had been administered to people as prescribed. Medicines were stored in a lockable cupboard which was accessible only to authorised staff. People told us that they had received their medicines on time.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system which assisted the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

Procedures were in place for responding to emergencies such as fire or medical emergencies. Each person had a personal emergency evacuation plan (PEEP) which was easily accessible to staff in the event of an emergency. PEEPs included details about the support each individual needed to assist them should an emergency occur at the service such as a fire, flood or breakdown of essential equipment. Staff had been trained in first aid to be able to respond appropriately in the event of any accidents.

Staff observed good infection control practices to minimise the spread of infection. They had easy access at the point of care to personal protective equipment (PPEs) including disposable gloves and aprons and they wore them when required. For example, when providing people with personal care and when handling clinical waste.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable about their needs and that they provided all the care and support they needed in a way they preferred. People's comments included, "They do a smashing job I couldn't ask for better" and "They [staff] give you what you want, nothing is too much for them."

People were supported to see health professionals as their needs required. For example, people were referred to dieticians, speech and language therapists, doctors and specialist nurses if their needs required it. People confirmed they were supported to maintain their health by meeting with other health professionals as required and this was further supported by family members. One person said, "I get to see my doctor whenever I need to" and family members said "They [staff] are on the ball when it comes to calling for their [relatives] doctor" and "They are very good at recognising when X [relative] is not well and they do something about it". A record was maintained of the contact people had with other health and social care professionals and included any intervention and details of any follow up appointments.

People received the support they needed to maintain a healthy diet. A care plan was in place for people who needed support to eat and drink. The plans included people's food likes and dislikes and any equipment or assistance they needed to help them eat and drink. The MUST (Malnutrition Universal Screening Tool) was used to help identify people who were underweight and at risk of malnutrition. People's weight, food and fluid intake was monitored as required and appropriate action was taken when concerns were noted, for example, a referral was made to a dietician when records showed a person lost or gained a significant amount of weight over a set period of time.

Menus which were made available to people evidenced a choice of different foods and the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. During the morning of our inspection we saw that people were approached by staff and asked to select their meals for the day in advance. People were reminded of their choice prior to the lunch time meal being served and were offered an alternative if they had changed their mind. People told us the menu was flexible and food was prepared on request. Comments we received included, "I really like the food, it's very tasty and I get plenty to eat" and "The portions are just enough and I can ask for more if I want". We observed the lunch time meal being served. People chose where they wanted to sit and meals were served quickly so people were not left waiting too long. There was a choice of hot and cold drinks including water, juice, tea and coffee. Tables were laid with napkins, cutlery and condiments. The atmosphere was relaxing and calm as people chatted to each other and staff. People made positive comments regarding the meal they were served and they were offered second helpings. A member of staff sat next to a person who needed assistance to eat their meal. The staff member was patient in their approach as they spoke with the person and offered food and drinks at a pace appropriate to the person's needs.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive and they had access to policies and procedures to guide them if this was required. Staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body and those that had been authorised were in place.

Staff received appropriate training and support relevant to their roles and responsibilities and people's needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people who used the service. Staff told us that as part of their induction they had completed training in key topics such as safeguarding, health and safety and dementia care. New staff also shadowed more experienced staff for a period of time before being included as part of the core team. Throughout their employment all staff continued a programme of training relevant to their roles and responsibilities. For example, in addition to mandatory training nurses underwent training in topics relevant to their clinical role such as wound care and medication. Care staff completed yearly refresher training in mandatory topics as well as training specific to people's care needs such as dementia and diabetes. Training was delivered in a number of different ways, including, touch training (e-learning) and classroom training by an accredited training provider. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff comments included, "I have completed a lot of training which has helped me with my job" and "The training helps me a lot in my work".

Staff received appropriate support and supervision and they felt well supported in their role. Each member of staff received regular one to one formal supervision sessions and an end of year appraisal. Nurses received clinical support and supervision appropriate to their role. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs.

Good

Is the service caring?

Our findings

People told us they liked the staff and that they were caring, polite and respectful. Comments we received included, "They [staff] are all very nice indeed. They are respectful" and "Very good. They always say good morning and ask how you are. Nothing is too much trouble". Family members said, "The staff are caring and polite. They show a lot of interest in X [relative]" and "They respect X [relative] they know what she likes and doesn't like".

The atmosphere at the service was calm and relaxing and staff took time to sit close to people and chat with them. When holding one to one discussions with people staff maintained eye contact and listened attentively to what the person had to say. Staff encouraged group discussions between people and shared laughter and banter with them. One person said, "They [staff] brighten up my day with their little jokes". A family member said, "The atmosphere here is always relaxing and homely".

People told us they considered that staff knew them well and this was confirmed by our observations and discussions held with staff and family members. For example, when assisting people into the dining room staff offered people a place where they knew they preferred to sit or next to people they knew and got on well with. A family member told us, "X [relative] likes to spend time alone and they know that. They encourage her to join in activities, they never force her though". Staff spoke fondly and respectfully about people and it was clear that they had taken time to get to know people's background and histories which helped generate conversations of interest.

People were invited to complete a personal profile and a document titled 'Remembering Together' Your life story. The documents gave people the opportunity to share information about their family make up, friendships, skills and interests and their background such as where they lived previously and where they had worked. Staff knew people well and respected that each person was different with different needs. Staff said, "I treat everyone differently because they all want and need different things" and "It's important to get to know each person so that we can care for them in the right way". We heard staff speaking with a person about their past life and the staff member asked relevant questions and listened with interest to the responses they received. The person responded positively to this and looked relaxed and comfortable in the presence of the staff member.

Family members told us that they could visit anytime and that they were always made to feel welcome. One family member said, "The staff are all so welcoming. They offer me a drink every time and they have even invited me to join X [relative] for a meal". People had the option to spend time in private with their visitors either in their bedroom or in small communal areas which looked out onto the gardens. Family members were invited to social events held at the service, for example birthday celebrations and seasonal events including Christmas and Halloween parties. One family member told us they enjoyed the events and that staff had worked very hard to make them special for people.

People were treated with dignity and respect and their independence was promoted. Staff were respectful in their conversations with people and demonstrated a caring approach by using touch appropriately. For

example, a staff member sat and held the hand of a person who was upset. The staff member reassured the person, offered them a hot drink and remained with the person until they settled. Staff were gentle and reassuring with people when supporting them to mobilise. Prior to assisting a person to transfer by use of a lifting hoist staff spoke gently to the person and explained what they were about to do. They ensured the person was covered up before raising them out of their chair and continued to speak with them throughout. Staff knocked on doors before entering people's bedrooms and they explained why they were there.

People were given the option to express their preferred gender of carer and this was recorded in their care plan. People's preferences about expressing their sexuality was also recorded in their care plan for example, how they liked their hair styled, how they liked to dress and their preferred fragrances and personal care products. Other preferences which were recorded included the amount of pillows people liked to sleep with and the level of lighting they liked during the night. One person's care plan stated that they liked two pillows and a low light at night. We met with the person and they confirmed their preferences were in place.

The registered provider had accreditation for the Gold Standard Framework (GSF) to provide end of life care. It involves them working together as a team and with other professionals including GPs, McMillan Nurses and other specialist teams to help to provide the highest standard of care possible for people at end of life and their families. People were given the opportunity to express their wishes regarding their care at end of life and an appropriate care plan was put in place for this. The plans included such things as advanced decisions to refuse treatment or appoint somebody to act on the persons behalf. People at end of life had access to appropriate services including palliative care services.

Good

Is the service responsive?

Our findings

People who used the service told us they received all the care and support that they needed. Their comments included, "Oh yes they [staff] provide everything I need", "They see to me very well" and "I can't fault them at all". Family members told us that their relative received good care and that all their needs were met at the service. Their comments included, "X [relative] is a million times better since being here, they [staff] are fantastic, so good".

People's needs were assessed, identified and planned for. Prior to using the service each person underwent an assessment of their needs carried out by the manager. As part of their overall assessment they also took account of assessments carried out by other health and social care professionals involved in people's care. Copies of the assessments and a care plan which had been developed for each of their assessed needs were held in people's individual care file. Care plans covered things such as sleeping, managing pain, personal care, mobility and communication and they incorporated any known risks and how they were to be managed. Each care plan clearly showed the area of need, the preferred outcome and the support staff were required to provide to achieve the outcome. Care plans were reviewed each month, or sooner if a person's needs changed and they showed the involvement of people and relevant others such as family members. Review records which were completed highlighted any changes made to care plans and the reasons why.

Two family members described their relative's admission to the service as positive. They said they visited the service prior to their relative's admission when they met with people who used the service and staff and viewed vacant bedrooms and other communal areas. Both family members said they had helped to complete an assessment and develop care plans with their relative. They said it gave them an opportunity to share important information about their relative's needs and how they were to be met. One family member said, "It was very important that they were consulted because the staff need to know about certain routines which are very important to X [relative] and X is unable to tell them".

A daily record of the care and support people received was maintained and they showed that people's care plans had been followed as required. For example, we saw that one person was assisted to bed to rest after their lunch each day to relieve pressure areas and another person remained in bed until mid-morning before rising in accordance with their wishes.

Staff responded promptly to people's needs. A member of staff was present at all times in communal areas people occupied. People's verbal requests for assistance and call bells were responded to quickly. People told us they did not have to wait too long for staff to respond to their calls for assistance. One person said, "They come quickly when I call for help. Sometimes I have to wait a bit but I know it's because they are busy helping others and I'm not too worried about that". A family member told us, "They're [staff] are always around, I've no worries". Staff carried out regular checks and spent time with people who were being nursed in bed and those who chose to spend time in their rooms.

Charts were in place for people who required aspects of their care and support monitoring, such as repositioning, food and fluid intake. The charts which were completed by staff following the required

intervention showed people's needs were being met at the right times. A member of staff explained that the charts enabled them to identify any concerns they had about a person, for example if a person's fluid intake had deteriorated. The staff member said they would report any concerns they had to the nurse in charge. A nurse told us that staff were really good at reporting any concerns they had about a person's health or wellbeing. On two separate occasions during our inspection we heard staff requesting the nurse to attend to people because they had concerns about their health. The nurse responded in a timely way.

People told us they enjoyed the activities which were provided at the service. Dedicated staff were appointed each day to organise and facilitate activities for people who used the service. People told us about some of the activities which they were invited to take part in which included, cheese and wine events, film afternoons, sing-a-longs and prize bingo. One person said, "I really look forward to the bingo" and another said "I don't always want to join in but I know I can if I want". People were provided with daily newspapers on request and church services were held weekly for people who wished to attend.

People were provided with a copy of the registered providers complaints procedure which described the process for making a complaint and the response people could expect if they made a complaint. A copy of the procedure was also displayed in the main entrance and it was summarised in a brochure about the service, copies of which were also on display at the main entrance for visitors to take away. People told us they had no reason to complain but they were confident about complaining if they needed to. A complaints log was kept with a record of complaints made, how and when complaints were investigated and the outcome.

Good

Is the service well-led?

Our findings

A new manager had recently been appointed at the service following the retirement of the previous registered manager. The new manager had submitted an application to CQC to become the registered manager. The manager was not on duty at the time of our inspection, however an assistant operations director for the company visited the service to assist with the inspection along with the deputy manager and nursing staff that were on duty at the time.

Staff told us that they had attended a staff meeting when they were introduced to the new manager. They told us that they were still getting to know her and had so far found her to be approachable and supportive. A family member told us they had been informed about the appointment of the new manager during a resident's and relatives meeting which they had recently attended.

There was a clear management structure at the service which people who used the service and staff were familiar with. The manager had overall responsibility for the day to day management of the service and they had the support of a deputy manager, trained nurses and an administrator. The manager reported directly to an assistant operations director from whom they also received ongoing support and supervision. Nurses received clinical supervision from the manager and assistant operations director. However the registered provider was in the process of recruiting a clinical service manager who would lead on clinical issues at the service including taking over the role of supporting and supervising nurses. Care staff reported directly to the nurse on duty each day and they had a named nurse who acted as their mentor and conducted their one to one supervisions and annual appraisal.

Staff told us they felt there was an open culture within the service. The registered provider had a whistleblowing policy which staff had access to and were familiar with. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff told us that they were confident that if ever they witnessed or suspected poor care or harm they would have no hesitation in whistle blowing. They said that they felt confident that they would be supported by the registered provider to raise their concerns and that they would be treated in confidence.

The registered provider had a clear system in place for assessing and monitoring the quality of the service. This included a range of audits (checks) which were carried out across the service by the manager, deputy manager and senior staff. Checks were carried out at various intervals on things such as care plans, the environment, and medication and infection control. Staff competencies were checked and their performance was monitored to ensure they were providing people with safe and effective care and support. As part of the services quality assurance framework the assistant operations director for the service conducted monthly visits to the service to ensure the processes for assessing and monitoring the service had been followed in line with the registered providers requirements. Following their visit they produced a report of their findings and shared it with the manager who was responsible for following up on any required actions identified as part of the visit.

The management team facilitated regular meetings for people who used the service, their family members

and staff from all departments. The meetings were recorded and those who were unable to attend had the opportunity to read the minutes. We saw minutes taken from meetings held for people and their family members, care staff and kitchen staff. Staff comments included, "The meetings are quite regular. They are a good way of being kept up to date with things" and "The communication is good". A family member said, "They communicate well with us about important things. They told us about the manager leaving and who had replaced her".

People who used the service and their family members were invited each year to complete a customer satisfaction survey. The survey invited people to rate their level of satisfaction and comment on areas of the service including, their involvement in decision making about their care and support, food, activities and cleanliness of the environment. The results from the most recent survey carried out in 2015 where not available however we viewed the results taken from the 2014 survey. The results showed the majority of respondents had rated the service as meeting or exceeding their expectations. Action plans were put in place to make the necessary improvements based on people's feedback.

The registered provider had a system in place for reporting and recording accidents and incidents which occurred at the service. The system was described in a flow chart which staff had access to. Staff knew what their responsibilities were for these were reported upon and recorded appropriately and lessons were learnt. This information was then picked up by the registered provider in their monthly audits in order to monitor the service and ensure improvements continued and were maintained.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice. Any updates or new information which impacted on the service delivery was shared with managers and staff in a timely way through group and one to one meetings. This included changes to policies and procedures, legislation and good working practices. Staff had been informed about the Care Quality Commission's new way of inspecting and the changes made to the associated legislation. The registered provider had an annual development plan and they shared information from this with us as part of their submission of the Provider Information Return (PIR).

The registered provider had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.