Sherbutt Home Care Services Limited

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 8 October 2015 and was announced. At our last inspection of the service in June 2013 the registered provider was compliant with all the regulations.

Sherbutt Home Care Services Limited is registered for personal care. It provides care and support to adults with a learning disability who live independently in bungalows on the same site as the office base and supported living schemes in the town of Pocklington, East Yorkshire. The service has vehicles for transportation to day services, college, social events, visiting friends or family and holidays. There is limited car parking on site for staff and visitors.

Summary of findings

On the day of our inspection the registered manager told us the service was supporting around 40 people. There were 12 people living in the three bungalows on site and the other people who used the service were living in their own homes in the local community.

The registered provider is required to have a registered manager in post and there was a registered manager at this 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 people who used the service told us that they felt confident about their safety. We found that the staff had a good knowledge of how to keep people safe from harm and they had been employed following robust recruitment and selection processes. There were enough staff on duty to meet people's needs.

The staff received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet people's needs.

We found that people's accommodation in the three bungalows was clean and tidy. People who lived in the bungalows told us they were able to join in communal meals with others, but also liked to prepare their own meals in the kitchens provided. Everyone who used the service received help from the staff team with shopping and keeping their accommodation clean. This ensured people retained their independence as much as possible whilst learning essential life skills such as budgeting, housekeeping and cooking.

Discussion with the people who used the service indicated that they recognised they needed support in some aspects of their care. We saw that there was a good working relationship between the people and the staff based on mutual respect and trust.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that the registered manager met with people on a regular basis to discuss their care and any concerns they might have. This meant each person was consulted about their care and treatment and was able to make their own choices and decisions.

Records about the people who used the service enabled the staff to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential. There were clear processes in place for what should happen when people moved to another service, such as a hospital, which ensured that each person's rights were protected and that their needs were met.

The people who used the service and the staff told us that the service was well managed. The registered manager monitored the quality of the service, supported the members of staff and ensured that the people who used the service were able to make suggestions and raise concerns.

Summary of findings

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 is safe.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the people who used the service and the staff team. Written plans were in place to manage these risks.

There were enough staff on duty to meet people's needs and ensure the hours required for domiciliary visits were met. Staff were recruited using robust policies and procedures.

Medication systems were robust and people were supported to manage their own medicines where possible.

Is the service effective?

Good

The service is effective.

The staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for the people who used the service. They were aware of the requirements of the Mental Capacity Act 2005.

We saw that people who used the service were provided with appropriate assistance and support and the staff understood each person's nutritional needs.

The people who used the service reported that care was effective and they received appropriate healthcare support.

Is the service caring?

Good

The service is caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

The service is responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

Summary of findings

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?
The service is well led.

Good

The registered manager made sure they were available to the people who used the service and the staff team. The people who used the service said they could chat to the registered manager and the staff said they were approachable.

The staff received input and direction from the registered manager. There were frequent communication opportunities and the staff felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure the people who used the service were happy with the service they received.

Sherbutt Home Care Services Limited

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 8 October and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector from the Care Quality Commission (CQC).

Prior to our visit we looked at information we held about the service, which included notifications. This gave us information about how well the registered provider managed incidents that affected the welfare of the people who used the service. The registered provider had completed a provider information return (PIR) for this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service and visited them (with their permission) in their own homes. We also spoke with the registered manager and spoke with staff as they supported the people we met. We looked at five people's care files and spent time in the registered manager's office looking at records, which included the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said they felt safe within their flats and that they could discuss any worries or concerns they may have with the registered manager or the staff. One person told us, “I keep myself safe when I am on my own or with others. My support worker stays with me when we are out socially; they take me to clubs and activities; that makes me feel safe.”

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse (SOVA) and whistle blowing. The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council’s safeguarding and commissioning team prior to our inspection indicated they had no concerns about the service.

Checks of the training plan and three staff files indicated that the staff had completed safeguarding of vulnerable adults (SOVA) training during their induction and again as refresher training. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been one alert raised by the registered manager in the last six months. The safeguarding team had checked the evidence and were satisfied with the actions taken by the registered manager to keep people safe. CQC had been notified of the alert. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

The registered manager told us that the service supported around 40 people and employed 26 staff. Checks of the staff rotas and conversations with people who used the service indicated there were enough staff employed to meet people’s needs. Discussion with the registered manager indicated that they had a system to work out the number of staff needed to meet the needs of the people who used the service based on the number of hours paid for by each individual. However, this was not clearly documented. The registered manager told us that they would do this as a priority and keep the records in their quality assurance file.

There were 12 people living in the three bungalows on site and the rest of the people using the service lived in the local community. We found that within the bungalows staff were available from 07:00 to 21:30 and there was always one member of staff on site overnight. People living in the bungalows had ‘life line’ pendants that had a call button linked directly to the night staff telecommunication system, so they were aware immediately if anyone needed their support. Staff received their duty rotas four weeks in advance and any sick leave or annual leave was covered by the staff team, the registered manager or the team managers. This meant people who used the service received continuous care from staff they knew and trusted.

People living in the local community had visits from the staff team between the hours of 07:30 and 17:30. Flexible hours were used if people wished to go out on social activities during the evening time. The registered manager told us that people who used the service let them know about events they wished to go to and the registered manager would adjust the rotas accordingly. One person told us they received a rota each week that told them which staff would be supporting them and what tasks and activities they would be available for such as cleaning and social activities. This was shown to us during our visit with this person.

The service had a recruitment policy and procedure that the registered manager understood and used when employing new members of staff. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

Discussion with the people who used the service indicated that they had been fully consulted about their care and treatment and they were able to talk to us about the measures they took to keep themselves safe and well.

Accident forms were available in each person’s flat for use as needed. One person who spoke with us said they had fallen recently resulting in them bruising parts of their body. They said, “I just slipped and down I went. Everything is okay now and I am feeling much better.” We were given access to the records for accidents and incidents and any

Good

Is the service safe?

investigations completed by the registered manager. We saw that staff had completed an accident form for the person who had fallen and the registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

The care plans we looked at included up to date risk assessments for daily tasks such as moving and handling or medication giving, as well as more personalised risk assessments. The risk assessments in the care files and reports from health care professionals identified any behaviour patterns or activities that could potentially put the people who used the service at risk of harm. These were addressed through care plans and / or behaviour management plans and agreed with the person who used the service. For example, for one person it had been identified that their behaviour could be disruptive to others and they had a behaviour management plan in place identifying their trigger points and the actions for staff to take to diffuse the situation. Records were kept of any incidents and these showed that the person's behaviour was improving with only two incidents recorded in the last six months.

Risk assessments also included regular monitoring of need such as mental health, finances, self-medication and weight. It could be seen that the outcomes of assessments informed the care plans for each person and any changes were documented and followed up by the registered manager and staff. We saw that people signed their agreement to their risk assessments. We discussed with the registered manager the need for the risk assessment process to include the environment within people's homes. We were told that this had been picked up in a recent care file audit by the registered manager and would be put into place immediately.

Appropriate arrangements were in place in relation to the ordering, handling, administration and disposal of medicines. There was a medication policy and procedure in place that was being updated to meet best practice guidance from the National Institute of Clinical Excellence (NICE). The registered manager told us this would be completed by the end of October 2015. We were told that medicine management training was supplied by the local pharmacist. We were able to confirm this by looking at staff training records and the staff training plan which showed that staff were given regular updates and refresher sessions. Checks of three medication administration records (MAR) showed that these were completed appropriately. Another MAR sheet had a couple of minor issues around not always recording the quantity of medicine received from the pharmacy and the use of an incorrect code when signing the MAR. The registered manager said they would speak to the member of staff and ensure they understood the process to follow regarding recording on the MAR chart.

We were informed by the registered manager that some people were able to self- administer their medicines as needed, but others required prompts from the staff. Staff also gave people assistance to order and pick up their prescriptions. We saw that each person's care plan detailed what medicine they were prescribed and where necessary included a risk assessment for self-administration. This information was reviewed by the service on a regular basis.

Discussion with one person who used the service indicated that they kept their medicines in a locked cupboard in their kitchen area. They had access to the keys, but preferred staff to administer these for them. Another person told us, "I like the staff to remind me to take my medicine, otherwise I would forget." They also had access to their medicines and were responsible for keeping them safe. This had been agreed in writing by them within their care files. We asked the registered manager about the disposal of medicines and we were told that staff would take medicines back to the pharmacy for people if that was their wish. However, staff remained mindful that the medicines were people's property so this was only done with their consent.

People who spoke with us indicated that they were given support by the staff to help them budget their finances. One person who used the service told us, "I have an agreed amount that I get out of the bank and this is used to fund things such as basic groceries and treats. I find it difficult sometimes to stay within my budget, but I do my best. I have my own bank account and bank card." We were shown this person's care plan for finance, which indicated their family took care of their main finances and arrangements were in place for a weekly allowance that the individual took control of.

Good

Is the service effective?

Our findings

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We saw that the staff team had access to a range of training deemed by the registered provider as both essential and service specific. Staff completed training on learning disabilities as part of their induction and their Qualifications and Credit Framework (QCF) diploma in health and social care, which replaced the old National Vocational Qualifications (NVQ's) in 2011. We found that 22 out of the 26 staff either had this qualification or were in the process of completing it. Evidence in the staff training files showed us that staff had completed essential training such as fire safety, medicine management, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. The staff training plan also showed that they had completed courses on dementia and learning disabilities, epilepsy, diabetes and autism and training on the Mental Capacity Act 2005 (MCA).

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. All of them said "Yes" and one person told us, "The staff are lovely. They look after me and make sure I am happy and well."

Checks of the staff files showed that they received regular supervision from their line managers. Records seen indicated that supervision meetings were held every month and we found that the supervision sessions were written in detail and included action plans. Appraisals for the staff were carried out every April and staff competencies were reviewed in October each year. The registered manager told us that there were spot checks completed by the registered manager as part of the review of staff competencies, but these were not always documented. The registered manager told us that they would make sure these competency checks were recorded and any feedback given to the member of staff would be included. This meant that staff practice was monitored and reviewed to make sure people who used the service received a good standard of care.

Discussion with the registered manager indicated they understood the principles of MCA and if required would organise a best interest meeting. Best interest meetings take place when informed choice cannot be made by the individual, and includes the views of all those involved in the individual's care. We observed that the people we met, who used the service, had capacity to make everyday decisions about their lives and only needed support for finances and more life changing decisions.

People who we spoke with told us that the staff only carried out tasks or provided assistance with personal care when they had obtained consent or 'implied' consent, and that they were encouraged by staff to make decisions about their care. Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care file. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of the person who chose them to act for them at a time in the future when they no longer wished to make these decisions or lacked the mental capacity to make those decisions.

People who used the service confirmed to us that they were able to discuss their support at any time. One person told us, "I get to see [the registered manager] quite often or I can just ring them up and ask them to talk with me about things. Otherwise [staff] will listen to what I have to say and we can discuss how I can do different activities or access certain places."

Information in the care files indicated the people who used the service received input from health care professionals such as their GP, psychologist, dentist, optician and chiropodist. People who used the service told us how they could access outside professional help if they needed to. One person said, "I like to go to my GP on my own, but the staff would come with me if I wanted them to. I am going

Good

Is the service effective?

today to get a blood test done and have my flu jab." Another person told us, "I ask the staff to go with me to any appointments with my GP and my mum takes me to the dentist and opticians."

Some of the people who used the service required assistance with meal preparation, snacks and drinks. People told us that they were always asked what they would like to eat and the member of staff would then go about preparing it. We saw that care plans detailed each person's likes and dislikes with regard to eating and drinking. People who we met and those whose care files we looked at did not have any specific dietary needs or support from dieticians. However, the registered manager said if people did have specific needs then they would receive support from the staff and any assistance they required to access specialist support.

Discussion with people who used the service indicated that they enjoyed preparing and cooking meals for themselves and for friends. People who lived in the on-site bungalows had a communal kitchen and dining room they could use. Others who lived in the local community had a kitchen and dining area in their own flats. One person we spoke with said they were not a fan of healthy food, but the staff gave them support to plan and cook nutritious meals and follow a balanced diet. They said "I like to go to the local market and shops and I have a budget that I try to stick to." We saw evidence of weekly menu planners and budget plans in people's care file.

Good

Is the service caring?

Our findings

People who used the service said they were very happy with the care and support they received from the staff. We saw that there was a good rapport between staff and the people who used the service. People told us they, "Trusted and had confidence in [the staff]" and we observed that staff acted in a caring and friendly, but professional manner at all times.

We observed how staff promoted people's privacy and dignity during the day by knocking on house doors prior to entering and calling out to announce themselves on arrival at people's homes. One person told us, "I have no worries about my privacy or dignity. [Member of staff] always respects my personal space and my home."

Discussion with people who used the service, the registered manager and the staff indicated that the care provided was person centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We saw that information was often presented in a clear print and pictorial format and one person told us "That makes it easier for me to read and understand what is being said." This person also kept a personal diary of activities that they had taken part in, which they kindly showed to us. They had handwritten about their participation in events such as holidays and nights out and included photographs as a reminder of what they had done and where they had been.

People who used the service did not use advocates on a regular basis as they felt capable of speaking up for themselves on day to day issues. However, we saw that some people did have input from advocates when making the decision to use the service initially. From our observations and the records we looked at, we saw that people had a good relationship with the staff team and the registered manager and were able to discuss any concerns or worries they might have on a regular basis. One person who used the service told us, "I can ring [the registered manager] at any reasonable time. They will always arrange to come and visit me if I need them."

People who used the service told us they were involved and supported in planning and making decisions about their care and treatment. People said, "I can do most things myself" and "The staff are great. We go out together and have a good time." We found there was a communication folder in every home containing the person's care plan, communication sheets and assessments. The staff completed daily notes to show what care and tasks had been carried out and there was a section for people who used the service to record any comments or queries in.

Staff were told about people's care needs before they visited them for the first time and were also given updated information if a person's care needs changed. Staff were introduced to people by an existing member of staff or the registered manager. This meant that people had met staff who would be supporting them before they visited their home for the first time. One person who used the service told us, "Any new staff are accompanied by one of the staff team until they find their feet. They soon get to know us."

Staff supported and encouraged people to maintain family relationships. Discussion with people who used the service indicated that their family and friends were an important part of their lives. One person said they went out with their parent every week as part of them sharing similar interests and hobbies. Another person said, "I ring my parent every day as I have my own mobile phone. It is nice keeping in touch with them."

Good

Is the service responsive?

Our findings

The registered manager and the staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

Discussion with the registered manager indicated that referrals to the service, which is based in the town of Pocklington, usually came through East Riding of Yorkshire Council (ERYC) who are the local authority. ERYC worked with each person wishing to use the service to see if their needs were compatible with what the service could provide. This usually took some time and therefore the service did not accept any emergency placements. The registered manager went out to meet each person and their family, and individuals were able to come and visit the service and speak to people already in placements. This helped people see what using the service was like and enabled them to make an informed decision about whether they wished to use the service or not.

We saw that in each care file a 'needs' assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. The people who used the service told us there were no restrictions on their daily lives although risk assessments had been completed and behaviour management plans were in place to make sure they stayed safe and well. We found that where people had sensory impairment the service adapted to accommodate this, for example one person had their 'seeing dog' living with them in one of the bungalows.

The care plans we looked at were written in a person centred way. We saw that the staff reviewed the care plans with people who used the service every three months or more often if their needs changed. People's input and views were at the centre of any decision making. This was confirmed when we spoke with people who used the service. They told us about their daily routine and what they liked to do each day and the places they liked to visit. For example one person told us "I like to get up at my own pace, this is usually around 07:00 or 07:30. I am a very sociable person and I like to go into the town usually to the shops or the local café. I go to York or Hull if I want to do any clothes shopping and I use the local bus service or ask for a lift in the staff car if necessary."

People who used the service were involved in their own care reviews with input from the staff team, the registered manager, their family and the funding authority (where applicable). People told us how happy they were and one person told us, "I am well looked after and [support worker and registered manager] listen to me when I want to talk about my care." People who used the service held their own records and copies of these were kept in the registered manager's office. Discussion with people indicated they were aware of the contents of their care file and we saw that they had signed the paperwork to say they agreed with the care plans.

We looked at the person's care file and saw that the care plans were written in clear print and an easy read format to assist the person who used the service to understand it. In the care plan there was a detailed pen picture (life history) about the person's life, highlighting their likes and dislikes, behaviours, and daily routines.

A number of people told us about the jobs they held in the community. These were important to them as they provided financial independence and an opportunity to meet new people and make friends. One person we met was going to college to do their A levels and others enjoyed attending day centres where they could take part in activities and socialise with their peers. It was clear that people enjoyed a high level of independence as they spoke about going in and around the community, visiting local towns and going on holidays aboard and in the United Kingdom. We saw that staff worked flexible hours to accompany people to evening entertainment such as disco's, swimming, social clubs and other local events.

Discussion with people who used the service indicated that they had a copy of the complaints policy and procedure and this was provided in both clear print and pictorial format. People told us, "I talk with [the registered manager] or [my support worker] if I have any problems. I can ring them up if I need to talk with them straight away." Discussion with the registered manager and checks of the complaints file indicated that there had been two complaints made in the last 12 months. Both had been investigated by the registered manager and resolved quickly.

Good

Is the service well-led?

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. The information within the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

There was a registered manager in post who was supported by a supported living manager and a business manager. This was a small service and the registered manager was an integral part of the staff team. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.

We spoke with people who used the service and their response to our questions about the quality of the care they received was extremely positive. They told us they felt they received a good level of care from friendly and helpful staff. People who used the service told us, "I can get hold of someone in the office every time I ring up. They are always polite and sort things out quickly" and "I have no concerns about the service. They turn up on time, give me my care and support in a way that I like and need and are responsive if I ask for any changes."

Our observation of the service was that it was well run and that the people who used the service were treated with respect and in a professional manner. We asked the registered manager about the culture of the service. They told us, “It is about enabling people to develop their independence and skills. It is my role to see that they achieve their goals and ambitions by offering them the right support and care.” We found that the ethos of the service was clearly set out in the Statement of Purpose which was given to each person who used the service. We were also shown the service’s vision and values statement, which was given to all staff upon their employment with the service.

From our observations of the service we found that the registered manager focused on giving people who used the service a high quality of care, but some records and documentation needed further development. Although there were audits carried out on care plans, accidents, complaints, staff training, supervisions and medicine administration forms these were not detailed or fully recorded with action plans to show how issues raised had been managed. However, we did see that the registered manager took action if they found staff practice was lacking. This was evident in the staff supervision records and staff meeting minutes. The registered manager said they were aware of the need to improve the quality assurance process and that this would be started immediately.

Discussion with the registered manager and people who used the service indicated that the registered manager was always contactable and they came out to visit people every six months to review their care and progress. Records of these visits and minutes of what was discussed were kept by the service and were made available to us for inspection. One person we visited said, “I think the service is great. [The registered manager] is excellent and the staff are lovely.”

We saw that the service encouraged and supported people who used the service to access amenities and maintain their links with the local community. One person told us they went to the local college four days a week; another person said they went to watch horseracing at Beverley, swimming and to the social club. A third person said “I go to the café with staff, I play tennis with a local club and I like to watch Hull City football club. This is all possible because the staff are there to look after me.”

Feedback from people who used the service and staff was obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. We were able to look at a selection of documents that confirmed this took place; meetings were held with people who used the service in March, June and September 2015.

We saw copies of the staff supervision sessions; these were held on a monthly basis. The information indicated that this gave the staff an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. Staff meetings were also held monthly and we saw the agenda’s and minutes for meetings held in May, June and August 2015. Staff had discussed issues such as policies and procedures, learning from events, work practices and people who used the service.

Good

Is the service well-led?

We found that staff records were kept within a locked cabinet in the registered manager's office. Information within them was up to date and monitored by the registered manager. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults, recruitment of staff and infection prevention and control were reviewed regularly and some were being amended to ensure they reflected current legislation and best practice guidance.

All care files and associated care records were stored securely by the person in their own home and at the organisation's office. These documents were accessible to the staff and easily located when we asked to see them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.