

Mr Ben Edward Maynard

Staying at Home Care

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 ●

Summary of findings

Overall summary

The inspection took place on 16 March 2016 and was announced.

Staying At Home Care provides care and support to people in their own homes. The service provided personal care to nine people at the time of our inspection. The service is owned and operated by Mr Ben Maynard. Mr Maynard is registered with the CQC as the Responsible Individual for the provision of personal care. A Responsible Individual is a person who has the legal responsibility for meeting the requirements of the law. Mr Maynard manages the service on a day-to-day basis and is referred to in this report as 'the provider'.

People felt safe when staff provided their care because their care workers understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. People told us that they could rely on their care workers. They said their care workers had never missed a visit and the agency contacted them to let them know if a care worker was running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff received training in safeguarding and recognising the signs of abuse. The provider described situations in which staff had taken action to protect people and keep them safe. The agency carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency.

People received their care from regular care workers who knew their needs well. New care workers were always introduced to people by the provider before they began to provide their care. The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff.

Staff had access to the training and support they needed to fulfil their roles. All staff attended an induction when they joined the agency and shadowed experienced colleagues until the provider was confident in their ability to provide people's care safely and effectively.

The agency worked co-operatively with people's families to ensure they received the treatment they needed. Relatives told us staff were highly observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to

outline the support they required.

People were supported by kind and caring staff. People told us their care workers were polite, courteous and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. Relatives told us that care workers were compassionate in their approach and sensitive to their family members' needs. They said staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. The provider told us they only recruited staff with the attitude and approach to supporting people that reflected the agency's values, including providing high quality care that promoted independence, dignity and respect.

People received a service that was responsive to their individual needs. They were able to request changes to their care at short notice and these requests were met. Relatives told us the flexibility the agency offered was one of its greatest strengths. They said it enabled them to make sure their family members received the care they needed when their own commitments changed.

The provider told us the agency aimed to deliver a service that exceeded people's expectations and always responded to meet their needs. They said the agency did not impose specific timings on care visits. Instead, visit times and the length of visits were arranged to meet people's needs at that time. This meant that people could request longer or shorter visits each day depending on the tasks they needed their care workers to do. This philosophy and approach to care was much appreciated by people who used the service and their families.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. An individual care plan was drawn up from the assessment. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs and preferences. Relatives told us their family member's care plans had been developed in a way which gave them as much choice and control over their care as possible.

People had opportunities to give their views about the service and these were listened to. They told us the provider contacted them regularly to ask for their feedback and took action to address any issues they raised. People said the provider had made them aware of the agency's complaints procedure but they had never needed to complain as they had regular opportunities to give their opinions about the care they received.

People told us the agency was efficiently managed. They said they had always been able to contact the office when they needed to and that the agency communicated well with them. The agency's management team comprised the provider and two assistant managers, each of whom had obtained a qualification relevant to their role. The management team worked together to ensure that the agency operated effectively, planning staffing rotas and carrying out quality checks.

The agency's quality monitoring system included spot checks on staff providing people's care. A member of the management team visited people's homes to check their care workers arrived on time, provided people's care safely and in line with their care plan, promoted their independence and treated them with dignity and respect.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. Care records were

regularly monitored by the management team to ensure that the quality of recording was appropriate.

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.

Staff were reliable and had never missed a visit.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff attended training in safeguarding and had been told about their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

The agency worked co-operatively with people's families to ensure they received the treatment they needed.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were able to request changes to their care at short notice and these requests were met.

Visit times and the length of care visits were arranged to meet people's needs each day depending on the tasks they needed their care workers to do.

Relatives valued the flexibility the agency offered as it reassured them that their family members would receive care whenever they needed it.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed.

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

Any changes in people's needs were communicated immediately to their care workers.

Is the service well-led?

Good ●

The service was well-led.

The management team worked together to ensure that the agency operated effectively.

People who used the service, their relatives and staff were able to express their views and these were listened to.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

Staying at Home Care

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 was 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 16 March 2016. The provider was given 48 hours notice of our visit because we wanted to ensure the Nominated Individual was available to support the inspection process. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people that used the service and five relatives by telephone to hear their views about the care and support provided.

During our inspection we visited the agency's premises and spoke with the Nominated Individual and an assistant manager. We checked care records for two people, including their assessments, care plans and risk assessments. We checked four staff files and other records relating to the management of the service, including the complaints log and quality monitoring checks.

This was the first inspection of this service since its registration with CQC.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said this was because staff understood their needs and any risks involved in their care. One person told us, "I feel very safe with them, they know what they're doing." Relatives were confident their family members were safe when receiving their care, which they said was reassuring to them. One relative told us, "I feel very safe knowing they are going in to see her. I know I don't have to worry because they keep a very close eye on her and they always let me know if there's a problem." Another relative said, "We feel lucky to have found them. We needed to find an agency we could really trust to keep [family member] safe at home and we feel very confident in them."

People told us that they could rely on their care workers when they needed them. They said their care workers had never missed a visit. One person told us, "They are good timekeepers. They are never more than 10 minutes late." Another person said, "They always arrive on time." Relatives told us that care workers were always on time unless they had been delayed due to another person's needs at a previous call. They said the agency always contacted them or their family member to let them know if a care worker was running late. One relative told us, "They are always on time unless they've had to spend longer than usual with the previous person. If that happens, they ring him to let him know they're running late so he doesn't worry they're not going to turn up." Another relative said, "They've never missed a single visit. If they are running late, they ring to let us know. We're aware we have choices but we've chosen to stay with them because they have never let us down."

The provider explained how the agency's monitoring systems highlighted if a care worker had not arrived at the visit. This meant action could be taken to ensure that the person received the care they needed and to check on the care workers' safety and welfare. People told us that the agency took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

Care workers used an app on their smartphones to log in and out of each care visit. If a care worker had not logged in ten minutes after the scheduled start of a call, the provider received an email to alert them of this. This system had had benefits for people and staff. The provider gave us an example of when this had happened. A care worker's car broke down on their way to a visit and they were unable to contact the agency's office. The provider received an email when the care worker failed to log in to the call to alert them that the care worker had not arrived. The provider was able to arrange a replacement care worker and contact the person receiving care to let them know a replacement care worker would be attending. The provider also established contact with the care worker to check on their safety.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Staff always had access to management support as the management team provided out-of-hours cover on a rota basis.

Staff received training in safeguarding and recognising the signs of abuse. The provider told us they had reminded staff of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary. The provider described situations in which staff had taken action to protect people and keep them safe. For example staff had raised concerns with the provider about a person at risk of abuse from a third party. The provider had alerted the family about these concerns and made a referral to the local safeguarding authority. The provider told us, "We do as much as we can for the families to keep their relatives safe."

We saw evidence that the agency carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to be taken to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

One person's care involved support with medicines administration. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. The person whose care involved the administration of medicines had a medicines administration record and the provider checked these records to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from regular staff who understood their needs. People told us that they were always told which care worker was visiting them and that they knew their care workers well. One person said, "It's always someone I know. I have a regular carer and another carer who comes when my main carer cannot. I know them both very well. They take good care of me." Another person told us, "I have regular carers. I'm very happy with them. They send me a list so I know who is coming. I prefer knowing who it's going to be. I know them all very well."

Relatives told us their family members received consistent care and support from staff who were familiar to them. They said if a new care worker visited, they were always introduced to their family member by the provider before they began to provide their care. One relative told us, "She has a few different carers but it's always someone she is familiar with and she gets on with them all. If they take on a new carer, they always introduce them to her before they visit on their own, so it's never a stranger turning up at her door." Another relative said, "There has been consistency, which has been really important. We have always had regular carers. We get others when they are sick or on holiday but new carers are always accompanied by [the provider] or a regular carer when they first visit."

The provider understood the importance people placed on having regular care workers. The provider told us, "We ensure we use regular staff so people get consistent care. The consistency of care is an important part of what we do. People are sent a rota because they like to know who is coming. If there are any changes, we call them to let them know." The provider confirmed that new care workers were always introduced to people before they provided their care. New care workers also shadowed a colleague to understand how people preferred their care to be provided.

All staff attended an induction when they joined the agency and had access to ongoing training. The provider told us shadowing experienced colleagues formed an important part of the induction process for new staff. They said that this element of the induction enabled new staff to observe and learn how the provider expected people's care to be delivered. The provider told us a member of the management team always observed and assessed a new care worker before signing them off as competent to provide people's care.

Relatives told us they were confident in the experience and skills of their family member's care workers. One relative said, "They are certainly well trained. They follow the care plan meticulously. They record the care in a booklet." Another relative told us, "They are very competent. I have complete faith in them." Staff received training in areas including dignity and respect, safeguarding, moving and handling, first aid, fire safety, medicines administration, food hygiene and infection control. We saw evidence that an assistant manager had discussed the training with staff to ensure their understanding of the material and to enable them to ask questions. The provider had introduced formal one-to-one supervision for care staff in 2016. The provider told us that staff would have a one-to-one supervision every three months and that dates for these sessions had been scheduled.

People were asked to record their consent to their care and we saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans before consent was recorded. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

The agency worked co-operatively with people's families to ensure they received the treatment they needed. The provider told us that staff had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. The provider said care workers were often able to identify small changes as they knew the people they cared for so well. When staff alerted the provider to concerns about people's health, the provider shared this information with people's families. This enabled relatives to respond to their family member's needs. For example the agency identified that one person was at risk of choking when eating their meals. The provider raised their concerns with the person's family, who arranged input from a speech and language therapist. Care workers from the agency then attended training with the speech and language therapist about the types and textures of food the person needed and how they should be positioned when eating. The provider had also prompted a referral to an occupational therapist for one person, which had resulted in the installation of specialist equipment including a profiling bed, ramps and a handrail.

Relatives confirmed that staff always observed any changes in their family member's needs and that the provider contacted them if they had any concerns about people's health or welfare. One relative told us, "[The provider] is amazing. He spotted my father was ill and got us to call a doctor. He looked after my father when he was ill and treated him with the utmost care and respect. He is so patient." Another relative said, "They pick up very quickly if he is not well. They told us to call a doctor on one occasion and I was glad we did."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them and their property with respect. People said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "I get on very well with them all. I enjoy a chat with them" and another person said, "They have a very good attitude. They are very polite and very helpful. I'm very happy with them." a third person told us, "They are very diligent and hard working and they are very respectful of my home. They take their shoes off when they come in and they are very careful around the house."

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members' needs. Relatives told us their that staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "The staff are amazing, my mother loves them. I'm so glad we found this agency" and another said, "The carers are very helpful. She likes them all. I'm absolutely delighted with them. They put her to bed at night and she finds that comforting. They always make sure she's left comfortable." A third relative told us, "She's very happy with them. The aim was to enable her to stay at home and there is no way she could have done that without them. We owe them a debt of gratitude."

The provider ensured staff were supported to do their jobs effectively and to provide a high quality service. The provider told us, "We make sure we provide the right support for staff. For example we make sure we build in enough travel time between visits, we tell them to stay as long as people need. This means they never have to rush." The provider told us the agency aimed to create an environment in which staff would be motivated to deliver high quality care. The provider told us, "We are flexible with the staff too, we try and meet their needs. We see them regularly. It means we have good staff retention. We want our staff to be happy so our service users are happy."

People told us that staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "They certainly treat her with respect and they always provide her care in private."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. People were able to request changes to their care, for example to extend, shorten or change the time of visits, at short notice and these requests were met. The provider ensured the staffing rota was sufficiently flexible to accommodate these requests for changes. Relatives told us the flexibility the agency offered was one of its greatest strengths. They said it enabled them to make sure their family members received the care they needed when their own commitments changed. One relative told us, "They are exceedingly flexible. If we have needed to change or cancel visits at short notice, they have always responded really well. I can't praise them highly enough." Another relative said, "The flexibility is extremely valuable to us. They have always provided cover whenever we've needed it. For example last week I had to go away unexpectedly and they provided cover at short notice. That means a lot to us and it's not something we found was offered by other agencies." A third relative told us, "The flexibility is a great benefit to me. For example if I am going to be at my mum's over lunch time, I let them know and they are happy to cancel their lunch time visit. We work in tandem with them and it works very well."

The provider told us the agency aimed to deliver a service that exceeded people's expectations and always responded to meet their needs. The provider said, "We try and go above and beyond for people. Our philosophy is that it's their care, it's for them. If they want something done differently one day, they can have it if we can do it." This philosophy and approach to care was appreciated by people who used the service and their families. One relative told us, "We're extremely happy with them. They go the extra mile if she needs anything." Another relative said, "[The provider] has always been available if needed, even out-of-hours. I texted them in the evening once about a change to the next day's arrangements and [the provider] rang me back straightaway." A third relative told us, "They have always adapted to her needs. The care has increased as her needs have increased. [The provider] has been very helpful with the advice he has given us."

The provider told us that the agency did not impose specific timings on care visits. Instead, visit times and the length of care visits were arranged to meet people's needs at that time. This meant that people could request longer or shorter visits each day depending on the tasks they needed their care workers to do. People could also cancel or request additional visits at short notice. For example one person had arranged for friends to visit them at home but needed a care worker to let their guests into their property. The agency arranged for a care worker to attend to carry out this task. Another person had booked a short visit but requested their care worker to stay longer than planned to assist them in managing a particular task. The care worker stayed for over two hours until the task was completed. The provider told us that there were no financial penalties if people shortened or cancelled visits. The provider said, "There are no cancellation fees if people cancel their visits at short notice. We only charge people for the time they use."

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Once the provider had drafted the care plan, it was shown to people to check the contents reflected their wishes and preferences. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. For example if the care package included providing lunch, the person's care plan detailed their preferred meals, how they preferred those meals to be cooked, where they preferred to eat and any support they need to do so.

People were regularly asked for their views about all aspects of their care and their views were listened to. Relatives told us their family member's care plans had been developed in a way which gave people as much choice and control over their care as possible. One relative said, "They review her care plan regularly. The reviews are instigated by them to make sure the care plan is still accurate." The provider used the feedback they received to ensure people received the care they needed from the care workers they preferred. One relative told us, "They ask what she thinks about her carers. She gets on with them all but they try hard to keep the ones she likes best." Another relative said, "They are always happy to change things based on what she tells them."

The provider told us that people's care was reviewed on a quarterly basis. They said these reviews were important to ensure that people were receiving their care in the way they needed and preferred. The provider arranged reviews out of office hours if necessary to enable people's families to attend. The provider told us, "We ask people if they are happy with their care workers, with the communication from the office, if there is anything they would like done differently. We do reviews at evenings or weekends if need be so families can attend."

The provider ensured that any changes to people's needs were communicated immediately to their care workers. If a person's care plan was amended, the provider sent an email detailing the changes to the care workers' smartphones. The provider told us they followed up these email updates with a telephone call to each care worker to ensure they understood head office to implement the changes made. This system was also used to update staff on any changes to the visit times or length of visits people had requested.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the service and their relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. One relative told us, "If I've had a problem, I've always been able to tell [the provider] and he's sorted it out straightaway." The provider told us that maintaining regular contact with people ensured the agency dealt with any issues before they developed into a concern or a complaint. The provider said, "Because we have regular contact with people, we get told about little things as they come up and can put them right. For example it's rare for a problem to come up in a service review as we hear about any issues as they arise. We have never had an official complaint."

Is the service well-led?

Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. One person told us, "[The provider] calls me regularly to ask if I'm happy with things and I can contact him whenever I need to. The communication with them is very good. I have recommended them to friends." Relatives told us they provider always acted on people's opinions and preferences. One relative said, "For example they have tried hard to provide the carers she prefers. When they sent a new carer, they were keen to know if she was happy with them and said they would change things if not." Another relative told us, "The communication is very good. We speak to [the provider] regularly. They regularly ask for feedback and have always acted on any changes we have requested."

The provider told us they only recruited staff with the attitude and approach to supporting people that reflected the agency's values. These values included providing high quality, individualised care that promoted independence, dignity and respect. The provider told us they always observed care workers' practice until they were confident in their ability to provide care in a way that reflected these values. The provider told us, "We expect high standards from our staff. They need to be kind, compassionate and to really want to do the job."

The provider distributed satisfaction surveys each year, which people could return anonymously if they wished. The 2015 survey results were very positive about the care people received, the skills and attitude of staff and communication with the agency's office. Surveys were also distributed to staff to enable them to give their views about the service and ways in which it could be improved. People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response. One relative said, "[The provider] is always on the end of the 'phone if we've needed anything" and another relative told us, "We have a very good relationship with them. Their communication is very good."

The agency's management team comprised the provider, who managed the agency on a day-to-day basis, and two assistant managers. Each member of the management team had obtained a qualification relevant to their role, such as NVQ level 5 in Health and Social Care or the Registered Manager's Award. The management team worked together to ensure that the agency operated effectively. The management team attended a planning meeting every Monday to ensure that appropriate staffing rotas were in place and to plan the quality checks to be carried out. A member of the management team was always available to people who used the service, their relatives and staff, including out of office hours.

The agency's quality monitoring systems included making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. The management team also checked that care workers provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. Spot checks were carried out at a variety of times, including evenings and weekends, to ensure that all aspects of

the service were monitored effectively.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. We found evidence that care records were checked and monitored by the management team to ensure that the quality of recording was appropriate.