

Elite Choice Home Care 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 ●

Summary of findings

Overall summary

Registered Office Elite Home Care Limited provides care for people in their own homes. On the day of our visit the service was providing personal care to 30 people with a range of needs including older persons, people with mental health issues and those living with dementia.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the correct procedures to follow if they considered someone was being neglected or poorly treated.

People received a reliable service from regular staff. There were sufficient numbers of suitably experienced staff employed to meet people's needs. Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people who may be at risk.

People said that they received care visits at the agreed times and that care staff always stayed for the full allocated time. Staff also said that they had sufficient time to care for people safely and they were not rushed.

People were supported by staff to take their medicines and this was recorded in their care records. Checks were carried out to ensure staff were competent to administer medicines and that staff were following the correct procedures.

Each person had a care plan which gave guidance to staff on supporting people safely. Risks to people were assessed and recorded. These included environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received regular training and that they had a good induction before they started to provide support to people.

The registered manager and staff understood people's rights to be involved in decisions about their care and were able to tell us what consent to care meant in practice. People were supported to express their views and to be involved in making decisions about their care and support. The registered manager and staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation and knew what action to take if they thought a person lacked capacity to consent.

People were supported to eat and drink in line with their individual needs. The agency supported people to access healthcare professionals when needed.

People were supported by staff who were kind and caring. People were able to express their views and said they were encouraged to be independent as possible. People said they were treated with dignity and respect.

People said their needs were regularly reviewed and they were contacted on a regular basis to ensure that their current up to date needs were being met.

The provider had a policy and procedure for quality assurance. The registered manager and senior staff carried out checks to monitor the quality of the service provided. Regular quality monitoring visits were undertaken to check that the service provided by the agency was meeting people's needs.

There was a positive culture at the agency that was open, inclusive and empowering. People said that they were aware who to speak to in order to raise concerns. The agency had a complaints procedure in place to respond to people's concerns and to drive improvement.

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.

Potential risks to people were identified and managed. The registered manager and staff were aware of the procedures to follow regarding safeguarding adults.

There were sufficient numbers of staff to meet the needs of people safely.

Suitable recruitment checks were carried out so the provider could be assured that staff were suitable to work with people.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Support and training to staff was provided so staff had the skills required to support people effectively. Staff completed a structured induction to equip them with the skills to work with people. This included a period of 'shadowing' more experienced staff.

People told us staff provided a good standard of care which they had agreed to. Staff were trained in the Mental Capacity Act 2005 so they would know what to do if people did not have capacity to consent to care.

Staff were aware of how to support people to receive a healthy diet. People were supported to access health care services when needed.

Is the service caring?

Good 

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say about their care.

People said they were treated well by staff and that they were kind and caring. Staff said they always treated people with dignity and had respect for the people they cared for

Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

There was an effective complaints procedure which people, and their relatives, were aware of

Good ●

Is the service well-led?

The service was well led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People, relatives and outside professionals were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The registered manager carried out a range of audits to monitor the quality of the service provided to people and to make any improvements.

Good ●

Elite Choice Home Care 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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 May 2017 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and we needed to be sure that the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. They returned the PIR in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we looked at care plans, assessment records, care call allocations and medicines records for people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, supervision records, quality audits and policies and procedures.

We spoke with the registered manager, a director and one member of staff. Following our visit we contacted six people who receive a service from the agency, to ask them their views of the service they

received and we spoke to five members of staff. We also spoke with a community palliative care Clinical Nurse Specialist who had involvement with the service. They consented to share their views in this report.

This was the first inspection of the service since it was registered in November 2015.

Is the service safe?

Our findings

People told us they felt safe with the staff. People said the staff who provided support to them were very good and said they felt comfortable with them. One person told us, "I am very happy, everything is working well for me." Another person said, "I have regular staff who help me and I know who will be coming".

We asked a community palliative care nurse specialist who has involvement with the service if they thought the service was safe. They said "I have been involved with this service where clients are paying privately and also when I have secured Fast Track funding for end of life care patients within last 6-8 weeks of life. The management team assess the needs of all their clients effectively and with the knowledge that with end of life care those needs are ever changing. They ensure their staff are always re assessing home situations regarding risks and lifting and handing issues as patients condition changes. Staff are well trained and I have seen that they are not made to feel uncomfortable or inadequate if they identify something they do not feel competent to do."

The registered manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. The service also had its own safeguarding policy and procedure which was provided to all staff and people. Staff were aware of and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. Staff told us that they would ensure people were safe and secure and report any concerns to the office. The registered manager told us people were supplied with a 'Client Handbook' and this contained information about the service provided and included information on how people could report any concerns they had.

Risks to people were assessed and included in their initial assessment record. There was an environmental risk assessment of people's homes so staff could identify any risks to their own and people's safety. There were also risk assessments for supporting people with mobility and moving and handling. Any risks that were identified were discussed with the person concerned to see how risks could be minimised whilst achieving the necessary care outcomes and respecting people's rights. Once agreed the risk assessment was incorporated into the person's care plan so staff had the information they needed to mitigate any risks.

There was an 'out of hours' service for people and staff. There was an answer phone service for any calls to the office out of hours. The registered manager told us when a message was received the on call service were then notified so they could follow up on any issues. People also had a list of relevant contact telephone numbers in their home for advice and emergencies.

There was a health and safety policy in place and this contained details about working safely when working alone in the community and when in people's homes. This also gave staff guidance on the importance of security of people's homes and the use of any key safe arrangements to gain access to people's properties. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. There were instructions for staff to report these incidents to the provider's management team to follow up. This meant that appropriate action could be taken so people were safe.

There were sufficient numbers of staff to meet people's needs. Records showed that currently the agency was providing 210 hours of care to people each week. There were 15 care staff employed who could provide in excess of 250 care hours per week. This meant that there were sufficient staff hours available to support people's care needs. The provider told us staffing was arranged so each staff member had a duty roster with the names of people and the times of the care call they were undertaking. Staff told us they were sent the roster for the following week each Friday and that if there were any problems this gave them time to sort things out with the office team. Staff said they had sufficient time to carry out the tasks as set out in the care plans and they were given sufficient time to travel between care calls. People told us they received a reliable service from consistent staff. People were also sent a weekly roster, which meant they knew the names of the staff who would be providing care to them. One person told us, "If there are any changes the office always calls to let me know".

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The registered manager told us staff did not start work until all recruitment checks had been completed. We spoke with a relatively new member of staff who told us their recruitment had been thorough.

People told us they were satisfied with the support they received with their medicines. There was a medicine administration policy and this was developed in line with the local authorities. Staff were required to complete training specifically designed for the administration of medicines in a domiciliary care setting. Staff were required to successfully complete a competency assessment before being allowed to administer medicines to anyone. The names of the medicines prescribed and the procedures for staff to support people were recorded in their care plans. Staff recorded on the care plan notes when they supported someone to take their medicines. These showed people received their medicines as prescribed. The provider's medicine policy and procedure helped to ensure that people received appropriate support with their medicines that was safe.

Is the service effective?

Our findings

People told us the staff who supported them knew what support they needed. Comments from people about care staff were all very positive. People said staff always stayed for the agreed length of time and sometimes longer. No one we spoke with had experienced any missed calls and everyone said staff would usually arrive on time. One person said, "My care worker is brilliant, she does everything I ask and more". Another said "I could not ask for better support, the clue is in their name, Elite and that's what it is".

Training records showed staff completed training in a number of relevant subjects. The registered manager told us the agency had developed a relationship with a local 'outstanding' rated care home, whereby staff were able to join their mandatory training session. This training covered moving and handling, first aid, safeguarding, food hygiene, and infection control. Additional training was also provided which included, The Mental Capacity Act 2005 (MCA) privacy and dignity, health awareness, care planning, end of life care, mental health awareness and dementia. The registered manager told us that they would arrange other specialist training to meet the needs of individual people if required. For example fire training was carried out through West Sussex Fire and Rescue Service. All staff told us training was good. One member of staff said, "You get all the training you need and if I am unsure of anything they will arrange refresher training for me".

Staff told us they had a good induction. The registered manager said observational competency checks were carried out for new staff as part of the induction shadowing to assess practice and knowledge prior to being placed for work. Staff confirmed they carried out a number of shadowing shifts with experienced staff before they were allowed to work alone. The registered manager told us shadowing was an important part of the induction. This could go on until both the agency and the staff member were confident to go out and support people alone. Staff said this helped them to provide effective support to people. The registered manager told us induction training had been amended to reflect Skills for Care guidance and the Care Certificate requirements. The Care Certificate is a national qualification covering 15 standards of health and social care topics.

Staff also confirmed they were supported to undertake additional training such as National Vocational Qualifications NVQ or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The agency employed 15 care staff and nine had achieved a minimum of NVQ2 or equivalent. Four members of staff were currently undertaking additional qualifications. The registered manager said support was provided to staff to enable them to maintain their skill knowledge and meet people's individual needs.

Staff received support to understand their roles and responsibilities through supervision and appraisal. Supervision consisted of individual one to one sessions and staff meetings. Supervision also included formal spot checks of care workers when supporting people in their own homes. Records and staff confirmed this and staff said they could discuss care issues, staff training or any other issues openly with the registered manager or senior carers.

People were aware they had a care plan. The provider used a computer based care planning system and all staff could access the person's care plan on their mobile phone and this was password protected. There was also a facility for people and their relatives to access the care plan so they could monitor the care and support provided. People told us they were consulted and had agreed to the arrangements made for their care. One person told us "Everything works really well for me, the girls come in and know exactly what support I need. They will do anything I asks of them, they really are first class".

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff understood their responsibilities in this area. Staff working in the service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff confirmed they had received training in the MCA and this helped them to ensure they acted in accordance with the legal requirements.

When required, staff provided support to people with their food and drink. This included the preparation of meals for people in their own homes. This was recorded in people's care plans together with any relevant information about anyone's nutritional needs. Daily records were made by staff each time they provided care to someone and these showed people were supported with eating and drinking where this was relevant.

The registered manager and staff told us they regularly monitored people's care and health needs. Staff said if they had any concerns about a person's health needs they would contact the office and if necessary arrange for a GP or other appropriate health care professional to visit. This helped people to remain healthy. Staff said they had regular people who they supported so they could notice any changes in people related to their health needs and report it immediately. The registered manager told us that they would always record contacts with health care professionals.

Is the service caring?

Our findings

People described the staff as caring, kind and respectful. All the people we spoke with made positive comments about how they were treated by staff. Comments from people included: "The staff who support me are really good." "The staff give me all the help I need and treat me really well" and "I have no complaints, they are always polite and friendly". "I can't fault them they are all so nice". One person said, "This is the best agency by far. We had another one before which was not a patch on this one. They really do all they can to help me". Relatives were all positive about the caring attitude and support provided by staff.

The registered manager said, "We do our best to try to match the right staff with the right customer and as part of our assessment we always ask people about their preferences for a male/female carer".

Staff told us they knew people well, including their likes and dislikes and encouraged them to be involved in making decisions about their care, and support and this information was recorded in care plans. People told us their views were listened to and taken into account when care and support was provided. One person told us "The staff always check that I have everything I need before they leave. They always ask if I need any help with different things. Staff told us they sought people's agreement before completing care tasks.

The registered manager told us when new staff were employed she would check with the people being supported to make sure there were no problems. She said that if there were any issues or changes required then this would be quickly sorted out to the satisfaction of all concerned.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity in their own homes. Staff understood the importance of building trusting relationships with people. One care staff member said, "I really enjoy my job, going out to help people is a pleasure. I get to meet some lovely people and I would always treat people with respect and in the same way as I would want to be treated".

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this. One person said, "People from the office came out to see me and check that everything was working well for me. I know that if I need more help they will come back out to see what they can do to help me".

The PIR submitted by the provider told us 'We regularly deliver packages of care to NHS funded clients who are approaching the end of their life. We feel that this is a particular strength of our team. We also receive lovely feedback and thanks from family members of these clients who say we have enabled their love one to remain at home right to the end and that this would not have been possible without our support. In addition to caring for the client, we try and provide as much support as possible for their families.

A community palliative care nurse specialist who has involvement with the service told us 'My clients are always praising this agency. They as a team have seen many of my patients dying at home and they have changed to adapt the needs not only of the patient but seen the needs of their partner and offered fully appropriate support. I have truly felt their staff are very invested in the care they give'.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us the agency was responsive in changing the times of their visits when needed. No one we spoke with had experienced any missed calls and people said care workers always arrived on time and stayed the correct amount of time. One person said "I know when my care worker will be coming, they never let me down". A relative said "They (staff) use their initiative to make sure that shopping was done, repeat prescriptions were put in, washing was done etc. and alerted me about any concerns about my mother's health."

People's needs were assessed before any care or support package was agreed. The initial assessment included details about how to communicate with people, their physical and mental health and mobility. Care plans were structured with the person's needs and preferences as being central. The registered manager told us people were able to choose the level of support they required. The registered manager told us they did not provide care packages to anyone for less than 30 minutes as they felt they needed this amount of time to provide the care people requested.

The provider used a computer based care planning system and each person had an individual care plan which set out their needs, the support needed by staff and how the support should be provided. Care plans included information regarding the support people needed to maintain their independence such as assisting people with personal care and domestic tasks while allowing people to do as much as possible for themselves. For example the care plan for one person said they needed support with washing and dressing. The care plan instructed staff to prompt the person to wash themselves and to explain to the person what they were doing. The care plans gave a step by step guide to care staff on what they should do at each stage of the process. Care plans explained what support was needed and how the person wanted their support to be given. Care staff told us how they used the care plans to guide them when providing care, but also asked people how they wanted to be helped. The care plan system recorded the time the staff member arrived and when they left. This enabled the management team to see that staff remained with people for the correct length of time and also enabled them to see if any care calls were late or missed.

People's care and support was planned in partnership with them. People had care plans in place that had been developed with their involvement. People said that when their care was being planned at the start of the service a member of the management team came out to see them to see what care and support they needed and took time to explain everything. They checked if the person wanted a male or female carer and checked what time the visit was required. The planning included what care they wanted or needed and how they wanted this care to be delivered.

Staff said that they always received sufficient information about people to provide responsive care. One staff member said, "If we get a new person to visit we will get the care plan in advance so we can read it through and see what we need to do". A second staff member said, "The care planning system is really good, you have the care plan to hand before you go in to give care. If anything changes you are notified and the care plans are updated straight away".

Each person's care arrangements were detailed in a timetable format. The registered manager said they sent out an individual copy of the details of care calls to each person every week. This detailed the times of care calls and the names of the staff who would be providing the support. The registered manager told us that if there were any changes to this then people would be informed of the changes by phone.

We asked the registered manager how they managed if a staff member was sick or on holiday. They told us they would contact other staff to ensure the care call did not get missed. She said if any staff were allocated additional care calls they would be informed by phone. Staff said this was not a problem and they were always given enough time if asked to do additional calls. One staff member said "You are never pressurised, if you say no then that's fine with the office".

Records were made each time care staff supported people. The care plan system required staff to record each task detailed on the care plan was completed. If a task had not been carried out staff had to record the reason why the particular task was not completed. This ensured people received care as set out in care plans. Staff confirmed they recorded all relevant information to evidence the care and support that had been given at each care visit.

People's care needs were regularly reviewed and changes were made to care arrangements when needed. People confirmed their care plan reflected their current needs and preferences. Staff told us that if they noticed any changes in a person's needs they would contact the office and the registered manager or another member of the office team would get in touch with the person concerned to review the person's care needs. If any changes were needed a new care plan was made up and all parties concerned notified. For example one person initially had a morning and evening call to assist with personal care. Staff soon recognised that the person was going from breakfast to early evening without eating anything other than a few dry crackers as they were not motivated or confident. To this end the registered manager had met with the person concerned and explained the situation. The person then agreed to have an addition visit for 30 minutes at lunch time when staff could check on the person and provide a lunch time meal. The registered manager said all new clients were contacted at the end of the first week to check that everything was running smoothly. At this time people could make adjustments to their care plan, times of visits or staff visiting so that all their needs were being met. People confirmed they had regular visits to check that their care plans were up to date and were meeting their needs.

People told us the provider and staff responded positively to requests, they said communication was good and that they were listened to and involved in making decisions about their care and support. One relative told us how they asked for care staff to carry out additional visits if they were going to be unavailable and to cancel certain visits if the person was going out for the day or on holiday. They said this was never a problem and that the agency always accommodated any requests. The registered manager told us that she would always try to respond positively to request from people. She said that she would always listen to what people wanted and respond appropriately. People said staff were flexible in how they provided support so that requests could be taken into account.

We asked a community palliative care nurse specialist if they though the service was responsive. They responded 'Totally, they will pick up end of life care packages as soon as they can safely do so as they are aware time is limited and the manager will juggle and move things around even when some patients have died within three days of them starting. They realise this is precious time and care needs to be responsive. Also if they simply have not got capacity to safely take on that care they will say no and in turn I fully respect them for this as if they cannot deliver the care safely for the patient and their staff then no must be the answer.'

There was a complaints procedure that was updated and distributed to people and staff. People said they had a copy of this and they knew what to do if they had a complaint. Comments from people included: "I know there is a procedure and if I had any concerns I would talk with the manager." Another person said "I know what to do, but I have no need to complain I can't fault them for anything".

The registered manager told us no complaints had been received and expressed the view that this was because issues were responded to quickly

Is the service well-led?

Our findings

People and staff said the registered manager was good and they could talk with them at any time. One person said, "If I need anything I can contact the office and I know they will sort it out for me." Another person commented, "I cannot fault the service, if I am unsure about anything I would speak with my care worker, I could tell her anything."

The PIR sent to us by the provider stated 'The Company Directors have both completed formal nursing training and one has an MA in Human Resource Management. Both are hands on in all aspects of running the business on a daily basis. As the number of clients we support has increased, we have appointed two Senior Carers (both who hold a Level 3 Diploma in Health and Social Care) and enrolled them on their Level 4 Diploma. They are able to provide support and guidance to less experienced members of the team, assess new clients and review their needs as required. The senior carers also provide an on call service at the weekends (with the Directors available as a back up) which ensures that suitably experienced members of staff are available at all times. We know that recruiting and retaining the best employees is the only way we can deliver the quality of care to our clients that we strive for. By encouraging ongoing training and development and developing our business, we are trying to provide our team with a rewarding career with opportunities for progression. We promote a no blame culture where the team are able to raise concerns, ask for help or admit to mistakes without fear of reprisal. For example if something has happened that was incorrect or could be done better, we discuss such issues at the next team meeting so that we can all learn from it. When we inspected the agency we found that the contents of the PIR were accurate and reflected the service provided. This demonstrated that the providers were open and transparent.

Staff said the management team were very approachable and commented positively about the registered manager and the management team based at the agency office. Staff told us there was always someone available for advice and support. Staff said there was an 'on call system' used for when the office was not manned. One staff member told us "We have all got the managers phone number, I know I can contact her if I had any problems".

There was a positive culture at the agency that was open, inclusive and empowering. Staff spoke highly of the registered manager and the company. Staff were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the management team was approachable and kept them informed of any changes to the service and that communication was good. One staff member said, "The management team are really supportive. If I need any advice or support I can just call the office and get help. The registered manager is really nice and keeps you up to date with everything. There is really good communication all round" A second care worker said, "I like working here, everyone is very flexible and this works well with my family commitments".

The registered manager told us they operated an 'open door' policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The registered manager said they would not hesitate to make changes if

necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication with the registered manager was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that she was open and transparent and worked well with them.

The registered manager said she regularly monitored professional websites to keep up to date with best practice. She was aware of the requirements to send us notifications as required to inform us of any important events that took place.

The registered manager told us that regular staff meetings were held. These enabled anyone to talk to the registered manager about all aspects of the service and to provide feedback on the service provided. Also regular spot checks were carried out to observe care staff practice. This was also confirmed by staff who told us they viewed this as positive support. The registered manager said this was also an opportunity to speak to people in their own homes and see how the agency was meeting their needs and if any issues needed to be addressed. People confirmed this.

The provider had a policy for quality assurance to monitor the quality of service provided to people and to drive improvements in the service. A range of informal and formal audit processes were in place and these included obtaining the views of people who used the service. Audits were also carried out in areas such as; Care plans, visit records, supervisions, medicines, concerns, complaints and compliments. In addition management met regularly with senior staff to discuss any issues with the people supported and staff.

Records were kept securely. All records kept on the computer were backed up and password protected. Throughout the inspection visit the registered manager was able to locate records we asked for quickly and these were accurate and up to date.