Proper Care (Cornwall) Ltd

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Inspection report

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24 September 2018

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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

We carried out this announced inspection between the 19 and 24 September 2018. At the last inspection, in February 2016, the service was rated Good overall but requires improvement in relation to our question 'Is the service effective' because staff were not receiving training updates. At this inspection we found improvements in access to training had been made and the service was now Good in all areas.

Proper Care (Cornwall) Limited provides personal care to people living in their own homes in the community. Services are provided to predominantly older people living in an around Helston in South West Cornwall. At the time of our inspection the service was providing support to approximately 70 people. The service generally provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes. These services were funded either privately, through Cornwall Council or NHS funding.

People and their relative told us the service provided safe care. Their comments included, "I feel happy and safe with them [staff]" and "Yes I do [feel safe], they [staff] are very good." Staff had received training in safeguarding adults and knew how to respond if they had any concern in relation to people's safety. Staff were confident the registered manager would take any action necessary to ensure people's safety.

Risk assessments had been completed and where risks had been identified staff were provided with guidance on how to manage and minimise these risks while providing support. Any accidents or incidents that occurred had been appropriately recorded and investigated by the registered manager to reduce the likelihood of similar events reoccurring. The service had purchased a lifting aid and staff had received training on how to assist people who were uninjured up from the floor following a fall. This meant people were protected from the risks associated with spending time on the floor while awaiting assistance from emergency services.

People told us they received a reliable service and no one reported having experienced missed care visits. Staff told us, "There are no missed visits. There is always someone to every visit." We received mixed feedback from staff, in relation to the amount of time allocated to travel between care visits and identified that some staff visit schedules did not include appropriately amounts of travel time. We discussed these issues with the registered manager who accepted and recognised that travel time had not been consistently included in staff rotas. We have made a recommendation in relation to the services visit scheduling systems and the manager explained that changes were planed to address these issues.

People told us their care visits were normally provided on time and for the full duration and one person's relative said, "One thing is we have been allocated a reasonable amount of time so we don't feel under any pressure. The people are very caring and pleasant and they do try to understand my husband. They take the time and trouble to understand what he feels unsafe about." Staff told us the issues with travel time did not impact on the support they provided and daily records showed staff normally arrived on time. We have made a recommendation in relation to the service's current visit scheduling system.

Staff were sufficiently skilled to meet people's needs. Following our previous inspection a new system had been introduced to ensure all training was regularly reviewed and updated. Staff told us, "They are very strict that all our training is up to date." While health professionals said, "Staff appear to be well trained and are happy and actively striving to improve their education". There were appropriate staff induction processes in place and all staff new to care received formal induction training in line with the requirements of the care certificate.

The service had robust recruitment practices, which meant staff were suitable to work with vulnerable people. Staff told us they were well supported by their managers and commented, "The managers are [very] nice, easy to talk to" and "They come out and supervise us and they do random spot checks as well." Records demonstrated all staff received regular formal supervision and annual performance appraisals.

Care plans provided staff with sufficiently detailed direction and guidance on how to meet people's individual needs and wishes. Peoples' care plans were regularly reviewed and updated. People and where appropriate their relatives had been involved in these reviews and reported that changes had been made to their care plan in response to suggestions they had made.

Staff knew people they supported well and those people told us they were normally supported by a small group of carers whose company they enjoyed. Information about people's likes and interests was gathered during the needs assessments process and where possible the service aimed to provide support staff with similar interests. One person's relative said, "They originally chose a carer who had travelled a lot as we did when we younger."

People's care plans included guidance for staff on their individual communication needs and how to support people to make decisions and choices during each care visit. Daily care records showed staff respected people's wishes when planned care was declined. People said staff respected their dignity at all time and commented, "I never feel judged by her" and "We have a good rapport. They never come in grumpy and they never talk about other clients, never swear and never smell of smoke even though I know some of them do."

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff respected people decisions and choices in relation to how their care was provided.

Staff were motivated and spoke passionately about their role. Team meetings were held regularly and staff were encouraged to visit the office each Friday to collect their rotas and chat informally with managers. Staff told us they were supported and commented, "I like the staff here, we all help each other out", "[The managers] are brilliant, if you have an issue they sort it out straight away. Little, big, whatever it gets sorted" and "All in all [The registered manager] is a good boss and it is a good place to work."

People and their relatives were complimentary of the support the service provided and told us, "I think they are very good, no excellent", "They have a brilliant team and [the registered manager] should be proud of all his girls" and "It takes a great weight off me as I know I can rely on them."

The service had effective quality assurance systems in place to drive improvements in performance. People told us they were asked for their views on the quality of care the services provided as part of the care plans review process and records showed that people's comments had been complimentary. Information about the service complaints procedures was included in each person's care plan and people told us they would not hesitated to raise any concerns with the registered manager who they knew well and visited regularly.

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 remains safe.

Is the service effective?

Good

The service was effective. Staff were sufficiently skilled and well trained. There were appropriate procedures in place for the induction of new staff members.

The service worked well with health professionals and guidance they provided had been incorporated in people's care records.

Managers and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Proper Care (Cornwall) 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 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 between 19 and 24 September 2018 and was announced in accordance with our current methodology for the inspection of home care services. The inspection team consisted of one Adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The expert by experience telephoned a sample of people and their relatives to check people were happy with their care and support.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the 11 people who used the service, six relatives, seven members of care staff and the registered manager. In addition, we inspected a range of records. These included four care plans, five staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives consistently told us they felt safe while receiving support from Proper Care (Cornwall) Limited. Comments we received included, "Absolutely, 100% safe", "I feel happy and safe with them", "Yes I do [feel safe], they are very good" and "Oh definitely yes. They are very, very careful with [my relative]."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training in safeguarding adults and equality and knew how to identify and report possible abuse. Staff told us they would initially report any concern to the registered manager who they were confident would take any action necessary to ensure people's safety. Information about the local authorities safeguarding procedures was displayed in the service's office and safeguarding contact information was included in the service user guide within each person's care plan. Records showed that service had appropriately raised safeguarding concerns where issues in relation to people's safety while accessing the community had been identified. The service also provided people with support and guidance on how to remain safe within their own homes. Information guides designed to help people identify potential doorstep frauds and manage nuisance phone calls were available to people from the service's office.

Risk assessments had been completed as part of the initial care visits to each person's home. For each identified area of risk staff had been provided with guidance on the action they must take to protect the person and themselves. This included any environmental risks in people's homes, risks in relation to their care and support needs as moving and handling, nutritional needs and the risk of falls. Where lifting equipment was necessary to manage risks associated with transfers, staff were provided with detailed guidance of how this equipment should be safely used. This included photographs to demonstrate how equipment should be used and guidance for staff to provide people with reassurance when using equipment. For example, one person's care plan stated, "Once [Person's name] is connected to the hoist explain every movement so that [they] do not get worried."

Any accidents and incidents which occurred were documented within people's care records. These events were also reported to managers and investigated to identify any additional measures that could be put in place to prevent similar events from reoccurring. Senior staff had recently received training from the ambulance service, on how to support people up from the floor if they had fallen but not sustained any injuries. Following this training the service had purchased an inflatable lifting device and office based staff were now able to safely support people up from the floor after falls, to prevent the risk of people sustaining injuries while waiting for support from emergency services.

The service had appropriate emergency procedures in place for use during periods of adverse weather. A traffic light system was used to prioritise individual care visits and this system had worked effectively during the previous winters sever weather conditions. In addition, there was a company car available for staff to use without notice, in the event that their own vehicle broke down. This helped minimise the risk that vehicle reliability issues would result in missed care visits.

Staff told us, "There are enough staff" and "I think we have lost a couple of staff recently but there are enough of us." At the time of our inspection the service was slightly understaffed and in order to provide all planned visits, managers were completing care visits first thing each morning. The service's management team recognised this situation was not sustainable in the long term and told us, "We are only bidding for packages where we have gaps" and "We are recruiting." A recruitment drive was underway and an additional staff member was due to start in the week following our inspection while two additional candidates had been appointed but were awaiting recruitment checks.

All staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's care needs. Staff files demonstrated all necessary checks had been completed to ensure staff were safe and suitable for employment in the care sector. These included references from previous employers and Disclosure and Barring Service (DBS) checks.

There were suitable on call arrangements in place to support people and staff when the office was closed. People told us, "No problem in contacting them" and "Yes we have the numbers. They are on the front of the folder." While staff said, "The on-call service is brilliant, someone always picks it up if you ring." On-call senior staff maintained records of all calls they received and took appropriate action where necessary to reschedule care visits due to unexpected staff unavailability. There were procedures in place for the handover of information from on-call to office staff each morning to minimise the risk of care visits being missed visits.

None of the people we spoke with had experienced missed care visit and people said, "They always send someone. We have two carers at a time and they have never missed." During our inspection we found no evidence of missed care visits and staff told us this had not occurred. Staff told us, "Missed visits, very rarely. None that I know about", "No missed visits", "I don't recall any missed visits" and "There are no missed visits. There is always someone to every visit."

We received mixed feedback from staff in relation to the amount of time allocated to travel between care visits. Some staff told us, "They give you 5 or 10 minutes to travel between visits", "I would say there is enough travel time, usually the rounds run on time" and "There is some time between visits. I think the rota does work". While other staff said, "We don't always get travel time but there is enough time to do the visits" and "I look at the rota when I pick it up and any issues are sorted." We reviewed the service's visit schedules and found staff had not always been allocated appropriate amounts of travel time between care visits. We discussed these issues with the registered manager who recognised that travel time had not been consistently included in staff rotas. The manager explained that changes in office personnel were underway and that senior care staff were to be provided with dedicated administrative time to review an update the services visit schedules in future.

People said they normally received care visits on time and for the full duration. Their comments included, "They come in the morning at 0700 for half an hour", "Usually around the right time", "They always stay the allotted times unless I get tired and tell them to go, but this is very rare" and "One thing is we have been allocated a reasonable amount of time. So we don't feel under any pressure. The people are very caring and pleasant and they do try to understand my husband. They take the time and trouble to understand what he feels unsafe about." Staff told us the issues with travel time did not impact on the support they provided and records showed staff normally arrived on time. Staff comments included, "I am normally on time, if I am running late I contact the office and they would tell the person that we are going to be late let the person know" and "Yesterday I had to stay to wait for an ambulance and they covered my other visits."

It is recommended the service seek advice and guidance from a reputable source regarding the

development of scheduling systems to ensure adequate time is allowed for staff between home visits.

People were supported to safely manage their medicines if required. Staff had received appropriate training in this area and care records provided staff with guidance on the level of support each person required with their medicines. Where staff administered people's medicines administration records had been completed.

Staff had received infection control training and people care plans instructed staff to wash their hands at the beginning and end of every care visit. Personals protective equipment including gloves and aprons was readily available to staff from the office.

The service supported some people with shopping but did not hold any quantities of money on people's behalf. People gave staff shopping lists and money to pay for their shopping and staff returned with the items required, change and receipts for all purchases made. People told us, "They sometimes help (with shopping) and they bring back the change. I trust them" and "They do (go shopping for me) and return the change and receipt."

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they started to use the service. This helped ensure the service could meet people's needs, wishes and expectations. People said the registered manager had visited them at home to complete these assessments and told us, "[The registered manager] came and my daughter was here too and we ran through all the stuff", "They [staff] insisted on looking around the premises and doing a full inventory" and "The manager came down and still pops in to check everything is alright."

When new staff were employed they initially completed five days of classroom based training before shadowing more experienced staff to observe how care was provided. During this initial period of training staff completed courses in all topics the service considered mandatory including, moving and handling, safeguarding adults, first aid, fire safety, foody hygiene and medicines management. Staff told us they continued working alongside more experienced staff until they felt sufficiently confident to work independently and one staff member said, "I was shadowing for two weeks, then on double first and then gradually built up to singles." Staff new to the care sector were supported and encouraged to complete the care certificate within their first twelve weeks of employment. This nationally recognised training package is designed to provide staff with an understanding of current good practice.

At our last inspection we found the service required improvement in this area as staff had not received regular training updates. This issue had been identified by the service prior to the previous our inspection but not fully resolved .

At this inspection we found that service had new systems in place to ensure all staff training was regularly refreshed and updated. People consistently told us their care staff had the knowledge and skills necessary to meet their needs. Staff said, "We are called in for all the relevant training throughout the year" and "They are very strict that all our training is up to date." Managers told us, "There has been a big improvement in training." Health professionals reported, "The staff that I have come into contact with appear competent and well trained, they have always used handling equipment safely" and "Staff appear to be well trained and are happy and actively striving to improve their education."

Staff were encouraged and supported to continue their education and on the day of our inspection an external supervisor was meeting with staff to review their progress towards diploma level qualifications. Staff said, "I have done my level three [diploma in care] and they were supportive with that." One health professional told us, "One patient required specialist support which required additional training from [health professionals]. Proper Care were active in wanting and seeking to do this. This has enabled the patient to remain at home."

There were systems in place to provide staff with supervision and monitor their individual practice. All staff regularly received one to one supervision from their managers and unannounced spot checks were regularly completed. In addition, staff received annual performance appraisals and the records of these meetings showed they provided opportunities for staff to identify training and development goals. Staff said they were

well supported by their managers and commented, "I have just had supervision the other week", "They come out and supervise us and they do random spot checks as well" and "I've had an annual appraisal."

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported people with their food shopping and assisted them with the preparation and cooking of their meals. People's care plans included detailed and specific guidance in relation to people's meal preferences. For example, one person's care plan stated, "Breakfast is cereal with semi skimmed milk, toast with butter and honey and a cup of weak black tea." All staff had completed food and hygiene courses so they knew of how to prepare food safely.

The registered manager and staff team had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Relatives told us, "They get the district nurse out if they have any concerns about my [relative]." While health professionals gave us examples of where the service had worked with them effectively to positively impact on people's wellbeing. Professionals comments included, "They have always been open to ideas and suggestions and are often the one's who will initiate/suggest improvements in care," "I find the management team at Proper Care communicate very well" and "They pick up on changes in patient's health quickly and advice on an appropriate course of action." Were professionals had provided advice or guidance this was incorporated in the person's care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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. We checked whether the service was working within the principles of the MCA. We found the registered manager and staff team had a good understanding of the MCA and that people were supported to make decisions and choices during care visits.

Staff told us they asked people for their consent before delivering care or support and care records showed people were able to decline planned care. Where people had capacity, they had signed their care plans and review documented to formally record their consent to the planned care.

Good

Is the service caring?

Our findings

People's needs were assessed by the registered manager or senior carers once a new package of care was commissioned. Staff visited the person at home to assess and identify people's individual needs. Their care plan was then developed by combining information on people's needs and preferences gathered during the assessments with feedback from relatives and details supplied by care commissioners. Initial care plans were reviewed and updated after the initial period of care provision to incorporate staff learning and any additional preferences expressed.

We found people's care plans were detailed, accurate and informative. For each care visit staff were given specific instructions on the support people required alongside information about their individual preferences. For example, one person's care plans instructed staff, "Take special care to dry [the person's] feet as [they] has reduced sensation in them and cannot tell if they are dry or not." Staff told us they found people's care plans sufficiently detailed and commented, "There is always a care plan in every house", "All the information you need is in the care plan" and "The care plans are good, I always read them." Health professionals recognised and valued the service's abilities to support people with complex care need and the registered manager told us

People confirmed copies of their care plan were available in their homes and that they had been involved in the processes of developing and reviewing these documents. People and relative told us the registered manager visited them at home at least twice a year to review and update their care plans. People said, "I do [have a care plan] and the carers use it. [The registered manager] came here last week for a three-month review and looked in the folder" and "We have spoken to [the registered manager] and even changed the Care plan." The registered manager told us, "I let people choose how often we do reviews" and we found that people care plans had been appropriately reviewed and provided staff with accurate information on people's individual needs. Where significant changes in people needs were identified these were highlighted to staff in the weekly newsletter, which were included with their visit schedules. This meant staff were aware of changes in people needs before they arrived to provide support.

During each care visit staff completed notes of the care and support they had provided and people told us, "They fill the folder in every day". These records included details of staff arrival and departure times, details of specific tasks completed and observations in relation to the person's mood and any changes in their care needs.

The service was able to make changes to scheduled visits times, at short notice, to enable people to participate in community events or attend hospital appointments. One person told us, "Today the carer came at 0500 this morning to see to me and help me get ready before the transport came to take me to hospital."

People care's plans included detailed guidance for staff on how to communicate with people effectively. Where people used specific equipment including digital devices to aid their communication, staff were provided with detailed information on how these devices were used. This included guidance on how to

present information and frame questions to enable people to make decisions and choices about how their care was provided. The registered manager had limited knowledge of the Accessible Information Standard and intended to review this guidance following our inspection. The Accessible Information Standard introduced in August 2016 sets out guidance on approaches that should be used to share information and communicate effectively with people who have difficulty communicating.

People and their relatives understood how to raise and report any concerns about the service's performance. People knew the registered manager well as he visited regularly to complete care plan reviews. People said they would not hesitate to report any complaints to the registered manager but told us this had not been necessary. People felt confident any concern they reported would be taken seriously and that they would not be subject to discrimination, harassment or disadvantage if they made a complaint. Comments we received in relation to complains included, "I feel I could ring up and tell [registered manager's name], he is very supportive", "I would go straight to [registered manager's name] and tell him straight", "I have no complaints at all" and "Any small issues are addressed immediately. If anything is wrong it is put right."

Since our last inspection the service had begun to focus on providing care for people at the end of their lives. The managers and staff worked closely with health professionals to enable people to leave hospital and be cared for in their own homes. Relatives and people in receipt of this support were consistently complimentary of quality of care provided by Proper Care. Their comments included "We are quite happy with them they are very good" and "I am very happy with them". Health professionals told us, "We manage complex patients with life-limiting degenerative conditions to which Proper Care offer bespoke care packages to meet the required needs of the individual" while staff comments included, "I enjoy the end of life care, we are all really good at supporting each other. I think we are brilliant at it actually. I think we are really supportive of the families as well."

Good

Is the service responsive?

Our findings

People's needs were assessed by the registered manager or senior carers once a new package of care was commissioned. Staff visited the person at home to assess and identify people's individual needs. Their care plan was then developed by combining information on people's needs and preferences gathered during the assessments with feedback from relatives and details supplied by care commissioners. Initial care plans were reviewed and updated after the initial period of care provision to incorporate staff learning and any additional preferences expressed.

We found people's care plans were detailed, accurate and informative. For each care visit staff were give specific instructions on the support people required alongside information about their individual preferences. For example, one person's care plans instructed staff, "Take special care to dry [the person's] feet as [they] has reduced sensation in them and cannot tell if they are dry or not." Staff told us they found people's care plans sufficiently detailed and commented, "There is always a care plan in every house", "All the information you need is in the care plan" and "The care plans are good, I always read them." Health professionals recognised and valued the service's abilities to support people with complex care need and the registered manager told us

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to present information and frame questions to enable people to make decisions and choices about how their care was provided. The registered manager had limited knowledge of the Accessible Information Standard and intended to reviewed this guidance following our inspection. The Accessible Information Standard introduced in August 2016 sets out guidance on approaches that should be used to share information and communicate effectively with people who have difficulty communicating.

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Good

Is the service well-led?

Our findings

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The management structure within the service provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by a care manager responsible for the coordination and planning of care visits and a training manager who was responsible for managing the induction and training of the staff team. In addition, the service was in the process of introducing new rota planning roles that would enable experienced members of care staff to develop their skills. These staff were to be provided with some dedicated administration time each week to focus on reviewing and updating the service's visit schedules.

People and their relatives were complimentary of the quality of care and support provided by Proper Care. People's comments included, "I think they are very good, no excellent", "I don't think they could do anything better. They are first class" and "They have a brilliant team and [the registered manager] should be proud of all his girls." While relative said, "I could not wish for better", "I am very impressed with the staff. I have every confidence with them. I just let them get on with it" and "It takes a great weight off me as I know I can rely on them." The registered manager told us , "I am proud of the staff."

Staff told us there was a positive culture within the service and spoke passionately about their work. Managers were approachable and staff were encouraged to visit the service office each Friday to collect their visit scheduled and shared any observation that had made in relation to changes in peoples' care needs. On the day of our inspection a pizza lunch was provided to mark the departure of a member of office staff while further encouraging care staff to visit the office. Staff told us, "Morale is always very good", "I like the staff here, we all help each other out" and "The managers are dead nice, easy to talk to."

Team meetings were held regularly and staff were encouraged to make suggestions about any improvements that could be made to the quality of care and support the service provided. Staff told us they did this through informal conversations with management, regular supervisions and while working alongside their managers. Staff reported that managers acted on any feedback they provided and their comments included, "[The managers] are brilliant, if you have an issue they sort it out straight away. Little, big, whatever it gets sorted", "The managers are great, I can't fault them" and "Anything that comes up you just talk to the office and it gets sorted." One staff member provided an effective summary of staff feelings in relation to the registered manager saying, "All in all [The registered manager] is a good boss and it is a good place to work."

People and their relatives knew the registered manager well and told us the service communicated with

them effectively. Comments we received included, "There is good communication with [The manager]", "There is a good dialogue with [The registered manager] and he also comes out to see us every couple of weeks" and "I feel that the people in the office do have a clue as they are all come out of the office and do the actual care. I have also been impressed with their interpersonal skills. I feel confident in asking them for tips too."

Health professionals were consistently complimentary of the service's management and the quality of support staff provided. Feedback received from professionals included, "I consider Proper Care to be both well led and managed by [the registered manager] and his supportive team. I have a good working relationship with Proper Care built upon respect and trust", "Patients and carers have regular meetings with the management team to ensure that the carers are meeting the patient's needs. Carers and family members have reported feeling well supported as a result" and "I have always found Proper Care very professional and appear to go beyond what is expected when supporting their patients, they always appear to be looking for solutions to problems rather than looking at them as a barrier."

The registered manager and office team strived to continually improve the quality of support provided. There were appropriate quality assurance systems in place and all daily care records were audited each month on their return to the office. Managers regularly worked alongside staff to monitor their practice. Unannounced spot checks of staff working practices were completed to ensure people received consistent quality support. People were regularly asked to provide feedback on the service's performance as part of the care plan review process. Records showed people's feedback was generally positive and recently received comments included, "[The staff] are lovely, nice and caring."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any forms of discrimination. All staff were required to complete Equality and Diversity training as part of their induction and there were systems in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

People's care records were kept securely and confidentially, in line with legal requirements. The service had submitted appropriate notifications to the CQC in relation to a variety of incidents and events that had occurred.