

Phoenix Care at Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

We undertook an announced inspection of Phoenix Care At Home Limited on 18 September 2016. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. We did this as the agency is small and the director and registered manager both help provide direct care to people. Phoenix Care At Home Limited provides personal care services to people in their own homes. At the time of our inspection, 30 people were receiving a personal care service from the agency. The service was supporting people with a range of needs, including older people who were frail and/or living with a dementia type illness, people with physical disabilities and people living with ongoing chronic health needs.

The last inspection was completed in February 2014 where we found the service to be fully compliant in the areas we inspected.

The agency 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 2008 and associated Regulations about how the service is run.

The leadership and management of Phoenix Care At Home Limited was strong and very responsive to people's needs. The ethos of the service was to provide high quality and person-centred support to people. The registered manager and director led by example, working alongside a committed staff group. The ethos and values were owned by management and care staff alike, ensuring people were at the heart of everything they did. This was evident by the effective ways the agency listened to people and welcomed feedback. People's views and opinions were used to drive up improvement. Staff were well trained and supported and this enabled them to deliver the best possible care to people. Staff consistently said the agency was a "Great place to work." Staff felt valued and appreciated and were therefore willing to help out when there was sickness or holidays. There had been no missed visits.

People repeatedly praised the kindness and compassion of staff, one person said "The staff are excellent. I would give them 10 out of 10. Always polite and very kind. They do any extras and go that extra mile for me."

In the feedback we obtained during the course of this inspection, we were given numerous examples of times when staff had gone above and beyond people's expectations to provide truly personalised care. This included fundraising to purchase a wheelchair accessible vehicle so people could be supported to go on holiday, for trips out or simply to attend health appointments. One example given was where staff had supported a person to attend a family occasion. The member of staff went back, out of the normal working hours, to provide transport for the person back to their home.

Management and care staff had a good understanding of people's needs and wishes and consistently went the extra mile to communicate with and support them effectively. Where it was clear people's needs had changed, the registered manager and director worked with the person and their family to check if the

package of care needed changing to accommodate their additional care needs. Staff said the agency was very responsive to their feedback.

People and their relatives recognised and appreciated these efforts which allowed them to receive their support in a way that made them feel safe and in control. One relative told us, "Phoenix Care are not the cheapest, but they are the best. They have matched up a lovely care worker for my (relative) I know they are safe and I can have peace of mind when I go out."

People were protected by the robust recruitment systems which ensured only suitable people were employed to support them. The registered manager was committed to only accepting new care packages where she was confident that the service had sufficient care workers with the right skills to care for people appropriately. As a result people told us that the agency had never missed a call and that their care workers usually arrived on time and always stayed for the entire time allocated. People also said the service was responsive to their needs and that staff went the extra mile to assist them. This included making sure people attended their healthcare appointments as well as finding ways in which to combat social isolation for people. The agency had their own holiday bungalow which they used for social events and invited people who used the service to meet up.

Staff worked in ways which showed the service was personalised, caring and compassionate. For example staff assisted people to maintain contact with their family and friends, helping them attend local events and learning new skills so they could enjoy time with a person who had that particular interest. People's pets and their needs were considered as part of their care package. The agency helped people to rehouse or look after pets when they needed to go into hospital.

There was a culture of learning from mistakes and an open approach.

Systems had been used to ensure accidents, incidents and near misses were reviewed and used to make changes to help improve the service. In addition the management team used a variety of ways to gain the views and opinions of people and staff. This meant people were at the heart of the service and their opinions mattered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. People had confidence in the service they received and felt safe and secure in the hands of their care workers.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted independence.

Care workers had the knowledge, skills and time to care for people safely and consistently.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of a suitable character.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The registered manager, director and staff were committed to a strong person centred culture.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of staff and the management team.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Outstanding ☆

The service was outstanding in the way it responded to people's changing needs.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

Staff responded quickly when people's needs changed and could adjust visit times and support packages at very short notice.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and director of the service promoted strong values and a person centred culture. These values were owned by everyone and underpinned every level of practice.

Staff were highly motivated and proud to work for the agency and were continually supported and developed to provide the highest quality of care. Staff were committed to the future of the service and making it the best it could be.

The service was focussed on continual improvement and never complacent about its successes, always looking for the next improvement that could be made.

Robust quality assurance systems enabled the service to ensure that the service delivered support in line current best practice and always making sure that they put people at the very heart of

every process.

Phoenix Care At Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was completed by one inspector who visited the registered office on 18 September 2016

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. 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. The provider also completed a Provider Information Return (PIR) before our inspection. 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.

During our inspection we went to the agency's office and met with the registered manager, the director and one care worker. We reviewed a variety of documents which included five people's care plans, three staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with ten people who used the service and two relatives of people who received care. We also undertook telephone interviews with eight care staff to seek their views on working with the agency.

We sought feedback from the local GP surgery and community nurse team. We received a collective response from the practice manager from the local GP practice.

Is the service safe?

Our findings

People described ways in which staff helped them stay safe and feel safe. For example, one person said "Staff from Phoenix help me with my shower. They are there to help me and this makes feel safe." Another person said "They are very reliable, they always help me and that keeps me safe." A relative described how they had "peace of mind" knowing their relative was being cared for by a care worker who knew them well and with whom they got on well with.

People were safeguarded from the risk of abuse because the agency had developed safe systems for managing people's monies. Staff had received training on understanding abuse in vulnerable adults and were confident in understand who and when their concerns should be reported. The registered manager understood their responsibilities in respect of following local safeguarding processes.

The service used weekly memos to all staff detailing people's needs and vulnerabilities to ensure staff knowledge was up to date and they were aware of the risks to people's safety. This also helped to ensure staff understood the actions they needed to take to minimise the risks to people who needed extra support to keep them safe. This included when people's physical and/or mental health had deteriorated. Staff said the memos were a good way of quickly communicating to a team of care workers. One said it really helped to identify any changes they needed to consider when they worked with people who had become more vulnerable.

People were enabled to remain independent, whilst risks were managed sensitively to ensure people's safety. For example, each person had a detailed assessment prior to a package of care being agreed. This included assessing potential risks which included safe moving and handling, environmental risks and risks from any health conditions which staff would need to be aware of. For example where someone was at risk of developing pressure sores, this had been clearly identified and staff were given clear instructions about the preventative measures needed to minimise the risk of pressure damage occurring.

Risk assessments were regularly reviewed and updated as people's needs changed. Staff said they found the care plans and risk assessments were an important part of their 'toolkit' to ensure people were kept safe and had the right care delivered. Staff understood the importance of monitoring risks for people and knew that if people's needs changed they could report this to the registered manager and director and their care package would be looked at and adjusted if needed.

There were always sufficient staff available to meet people's needs. This was because the agency was small and only worked in specific areas. They employed staff who lived locally and therefore travel time was kept to a minimum. The registered manager and director said they had specifically set up the agency to provide a much needed local resource. They have intentionally stayed small to ensure they can cover all their care packages and remain "hands on". For example, either the director or the registered manager always completed the first visit to a new person. This was to ensure they had a good picture of their needs and to support their workers. They had no missed visits. The registered manager said "We have sometimes done more visits but we have never missed a visit, we always get to people. Sometimes our timing can be tricky as

we are in a busy holiday area so during summertime the traffic can be a nightmare, but we always turn up." People confirmed the agency was reliable and did not miss visits. People expressed a high level of satisfaction for the care and support they received.

There were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. Prior to new care workers beginning work for the service, they had an interview with the registered manager, director and where possible a person using the service. In addition, pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service had good systems in place to safely support people with the management of their medicines. Most people required some support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. People confirmed care workers assisted them when needed to take their medicines. One person said "I struggle to get the pills out and sometimes I would forget what to take, so the girls help me and I feel much better and safer knowing they check for me."

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. We saw that Medication Administration Records were regularly returned to the office where the registered manager audited them. This meant that the registered manager could check on the standard of work and identify any training issues for staff.

Uniforms, disposable gloves and aprons were provided to ensure care workers had protective clothing and promote good infection control practices.

Is the service effective?

Our findings

People confirmed they felt well supported by staff who were competent and understood their needs. One person said "The staff are very knowledgeable, I have no worries on that front." A relative said "I believe the care worker we have has the right skills and qualities to help my relative. I feel we have been very well matched and wouldn't want to change."

All new care workers completed a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Care workers confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively. During this time, they did not visit people alone until they had demonstrated confidence and competencies in each of the key areas of the certificate. The registered manager said the care certificate was useful for staff new to care, but could be repetitive for those who had previously been a care worker.

There was an ongoing training and development programme for all staff. This together with supervision, allowed staff to develop their skills and have an opportunity to discuss their role and plan for further training. The training included areas such as moving and handling, basic food hygiene, first aid and infection control. In addition care staff had been offered training in more specialised subjects relevant to the people they worked with. This included dementia care and challenging behaviour. Supervisions occurred every three months and included a direct observation of care staff working with people. This was followed by a one to one meeting to discuss their role and what strengths and training needs each staff member had. Staff said the training and support they had was very good. One said "I have never felt more supported than in this job. They are excellent. There is ongoing training and support whenever you need it." Another care worker said "They (director and registered manager) work alongside us. They know the role; they know our clients so they know what training we need. I find them very supportive."

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice.

People told us that staff routinely asked for their consent before providing care, telling us, "They ask me if I am ready and whether I am happy for them to help me." Staff said that they recognised the importance of gaining consent from people and doing so was something which was automatic to the way they delivered care. Care plans included details about when people may be more reluctant to accept help and support. The plans gave staff instructions about how best to support the person, but also highlighted that if they declined help that care workers accept this and record that the person had refused assistance at that particular time.

People were happy with the support they had to eat and drink. This support varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Others had plans which included detailed instructions about what meals care workers should prepare for people to maintain good health. Care workers purchased some people's meals and ensured they had a balanced diet. Where care workers were responsible for providing meals they recorded and monitored people's food and fluid intake. The staff group recognised the importance of meals being a social time and for some people it was important that the care worker sat with them and ate too. Care workers were encouraged to take their own snack or food so they could sit and eat with people where this had been identified as a need. Relatives said the agency always prepared meals and snacks as agreed within the individual care plan for the person.

People were supported to see appropriate health and social care professionals in order to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. When care workers had identified a change in people's health, they had alerted the agency office and requested support to share this information with either the person's family and/or relevant medical professional. The local surgery practice manager conducted a small survey of the GPs at their surgery and found they were all positive about Phoenix Care At Home. They said "The carers are knowledgeable about their patients and interact well with the GP involved in the care." One community nurse confirmed the agency refer to them in a timely way and followed any instructions needed.

Is the service caring?

Our findings

People and relatives were overwhelmingly positive about the caring nature of the care workers and director and registered manager. People said "They are very kind, considerate and friendly which is important to me." Another person said "The staff are excellent. I would give them 10 out of 10. Always polite and very kind. They do any extras and go that extra mile for me." One relative described how the care worker who came to visit their relative had learnt to play chess to enable them to have quality time with the person doing something they enjoyed. The relative said "She is really lovely. They have developed a lovely relationship and this give me piece of mind knowing (name of relative) is being cared for by someone who cares about them."

People benefitted from the time and effort that the service invested in building positive and caring relationships with people. The registered manager and director were passionate about providing an outstanding service and it was clear that this enthusiasm and drive was effectively shared with all the staff employed by them. One staff member said "I have worked in other care setting and for other agencies. This is by far the best because everyone genuinely cares about the people we visit. The manager and owners are very hands on. They know each person well and they really care about getting it right for people. The whole team do." Another care worker described working for the agency as being "like a big family, we look out for each other and especially look out for our clients." Staff consistently spoke about how caring the registered manager and director were towards them as workers and towards the people they provided care to. Staff spoke about people as individuals and it was clear they had developed close relationships which helped them to deliver the care and support needed.

People were confident staff worked in a way which respected privacy and dignity. One person said "Staff are very sensitive to my needs and make sure I am comfortable. They do think about my dignity and I am very happy to have such lovely caring carers."

Care staff understood the importance of promoting people's independence and care plans reinforced the ethos that support was to be provided to allow people to lead the lives they chose. The service maintained a book of the things they had done to make a difference to people's lives. This was kept in the office and used as a way to share their successes and compliments with each other and new staff. It was obvious from the entries that everyone who worked for the agency shared a common goal of putting people at the centre of everything they did. Examples of going the extra mile included all staff being actively involved in fundraising in their own time to help maintain the wheelchair accessible vehicle the agency had purchased to help people go out and about. One staff member used their bike to follow a person who used an electric scooter, to enable them to still be safe but also independent in shopping. Another staff member had assisted a person to go on holiday. The agency also sourced another agency for them to use whilst away.

Kindness and compassion was extended to people's pets. The agency had ensured pets were safe when people were taken into hospital. When kennels were not available, they took the dog home to be cared for until the person returned home. For another person they took their dog to the vets to keep their injections

and check-ups up to date.

The agency and its staff were continually thinking about how to deliver the best care and how to keep people happy and safe. They had purchased a leaf vacuum to ensure people's pathways and gardens were safe in wet and windy weather. On occasions the director or registered manager had driven to Exeter to pick up equipment needed so a person could leave from hospital and return home. This was to ensure they did not have to remain in hospital longer than necessary. Staff and the management team went above and beyond what a care agency would normally do to facilitate people coming home.

The service had received many thank you cards and letters of thanks. Almost all of these detailed how impressed people were in respect of the caring nature of staff and the owners. One had written "You always put the real meaning in the word care." Another said "It was a huge relief to me when you appeared smiling and efficient and kind, sweeping in and taking care of everything...so you continued bringing daily comfort and relief, your warm hug to me every morning was something I treasured."

The registered manager and staff all spoke about the importance of providing quality end of life care. The registered manager said "We always do our best to help with end of life care packages as we understand the importance of someone having the chance to end their days at home, for the benefit of them and their families. Some of our carers have done the end of life hospice training and we have done our own in house training on palliative care." One care worker said they had most feared the prospect of people dying but with the right support and training they now felt "It was a privilege and honour to support someone at the end of their life." It was clear from discussions with all staff, they followed the caring ethos embedded by the registered manager and director and this included ensuring people's final days were how they wished them to be.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their family. People felt their views and wishes were considered when planning for the support they needed. One person said "I do feel very much in control, they asked me how and what I wanted to be helped with and the girls have a very detailed plan to work from. If anything changes (name of registered manager) pops in and we look at it together." A relative said "I feel they have been very responsive to our needs. I can't praise them enough. If we ask for any changes to our visits they try to accommodate this and are most helpful, especially when help is needed for appointments and suchlike."

The registered manager and director described how they always visit prior to a package of care being set up. They gather as much information about the person's abilities, independence and their support needs as well as their important daily routines, wishes and likes and dislikes. They used this information to develop a comprehensive plan where the person and their wishes were at the heart of it. The plans included detailed instructions to staff about how to support the person ensuring their personal preferences were considered. For example, offering a cup of tea in bed to one person who liked to take their time getting up. The plan informed staff to go at the person's own pace and to give them time to fully wake up before offering assistance with personal care.

Either the director or registered manager always attended a new person for the first visit. They said "We like to make sure our assessment, which may have been done in hospital, is accurate and reflects people's needs and wishes. By going in the first time ourselves, we can gauge whether we need to tweak the care plan and we can also talk with our staff about how best to support the person. This is why we have chosen to stay a small agency. The best part of our job is being hands on and providing the right care for people."

The agency was extremely responsive to people's needs. For example they found people using wheelchairs were often unable to source suitable transport. The registered manager and director decided to fund raise and purchase a wheelchair accessible vehicle for people to use. People using their service could book this vehicle and only needed to pay for the petrol. This additional resource had proved vital for some people being enabled to attend hospital and medical appointments. Staff had also been able to use it to help facilitate people in trips out into the community where previously this had proved difficult to achieve.

Where people were at risk because their environment was not always suitable and/or safe the agency went above and beyond their paid role to ensure they were responsive and worked to change this. For example for one person whose home was cluttered and infested with rats, care workers, with the persons permission, spent time doing a deep clean whilst the person was in hospital. They also arranged for them to have a new kitchen fitted and a new porch so that their living accommodation was more suited to their needs and ill-health. For another person with profound sight issues, a care worker went the extra mile to spend time rearranging the environment so it was safer and more suitable for the person. The agency also arranged for this person to have a riser/recliner chair and went and collected it for them. Where people needed a key safe to assist their family and care workers to enter their home, the agency arranged for their own handyperson to install a key safe at no extra cost to the person.

Care workers, the registered manager and director worked within a framework of best practice for dementia care, understanding that people may have variable capacity and insight into their abilities and needs. One care worker said "We very much go with the flow, if people are happy then so are we. We try to encourage our clients to be independent, but always give that little extra if they are not having a good day." Another described how they worked with the same people to ensure continuity of care. The provision of effective care planning along with regular and skilled staff meant that people always received support that was personalised and responsive to their changing needs.

The service had actively built links with the local community that enhanced people's wellbeing and quality of life. Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. As such, staff took proactive steps to support people to access their local community and attend places of interest. One person talked to us about how much they valued the support of care workers in helping them get out into the local community.

The agency had purchased a holiday bungalow within the local community, which they rented out for people to use for holidays. They also used the bungalow for social events when it was not being rented out. It had been fully adapted for people in wheelchairs and had tracking hoist to help with safe moving and handling if needed. They recently celebrated ten years of being in operation and invited all the people who used the service to a party at the bungalow. They also strived to facilitate outings to places of local interest and for shopping trips. The registered manager and director recently spoke to a local cub group to promote disability awareness.

People gave examples of how the service had responded to their requests to a change of their service. One relative told us "If we need extra support they will always try to help us." The registered manager said that because she and the director both worked with their care worker team in the direct provision of care, they were able to change and offer additional support at short notice if needed. This showed they had a very responsive approach to how they delivered their support to people.

The views and opinions of people were sought in a variety of ways. There were annual surveys. The most recent asked people to rate the service and 14 out of 15 returned surveys said they would rate the service as outstanding. The registered manager and director also visited people either as part of their care team or to review their care plan and risk assessment. They used this time to talk to people individually to ascertain whether they were satisfied with the service and whether any changes or improvements could be made. For example when people wished to have their care delivered at a different time. The registered manager endeavoured to achieve this for the person. She explained they may have to wait a short period as timeslots for visits had already been allocated, but would change the times as soon as she was able.

The management team and care workers continually strived to improve and be responsive to people's needs. They had developed a confidential transfer to hospital form to help people to have care and support in the way they have chosen, should they need to be admitted to hospital. They had also adapted some of their forms to better identify if someone needs support and monitoring of their food and fluid intake to help them stay healthy. Recently one of the care workers suggested they all use labels to date opened food in people's homes. The agency now provide labels, highlighters and pens so staff can ensure food is clearly marked as to when it was opened to help keep people safe.

The service had a positive approach to handling concerns and complaints which they viewed as having a role in driving improvement. Where people had raised minor concerns the registered manager had acted swiftly to investigate their concern and to look at ways of improving. For example when one person raised

an issue about shopping and not always getting receipts, the registered manager discussed this at a team meeting and sent all staff a memo reminding them of the policy and procedures for handling people's monies. Each concern had a written response and a request for further feedback. People said they could raise any concerns and were confident they would be dealt with appropriately. One person said "I have raised some minor points and (name of director) has been straight on it. I have no doubt they take all comments suggestions and complaints seriously."

Is the service well-led?

Our findings

People and staff were complimentary about the style and leadership of the registered manager and director. One person said "They are very good, they run the place very well and also help with the care." One care worker said "I have never worked for such lovely bosses, they are very open, honest and wouldn't ask any of us to do anything they wouldn't or haven't done themselves."

The registered manager and director had worked hard to provide strong leadership and role models to promote their ethos. Their core values of integrity, dignity, support and improvement were clearly embedded within the delivery of the service. Every person we spoke with gave positive feedback and repeatedly said the agency was the "best". People said the service was reliable and care workers were helpful and responded to their needs and wishes. We saw examples of where the agency worked to improve the service. This included being their own critical friend and documenting all accident, incident and near misses. For example, where it was noted that bedsides for one person was not used on one occasion, this was documented as a near miss and the registered manager reminded care workers that they needed to do a final check before leaving someone. Their approach was open inclusive and enabled care workers to make suggestions and talk freely about the ups and downs of their role. Staff all spoke about the agency being a fun and friendly place to work. All said their views and opinions were listened to and acted upon.

Quality assurance surveys were used to gain the views of people, their relatives and other professional's views. Their comments and views were shared with staff and used to help improve the service. People told us they were asked for their views on the care and support they received.

Quality assurance checks were completed on a regular basis. As part of their duties the care workers checked people's care plans and risk assessments, as well as daily records and medicine records. These were checked again by the registered manager on a monthly basis when they were taken to the office. This helped them identify when improvements were needed. Where actions were needed, these had been followed up. For example where medicine records had not been fully updated, checks were made about why this had occurred and staff were reminded about the policy and procedure to follow in respect of medicines record keeping.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.