

Mears Care Limited

Mears Care Derby

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

This inspection took place on 29 and 30 March 2017 and was announced. The provider was given 72 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

This was the first inspection since the provider's registration of this location on 18 August 2016. The providers legal entity has changed since the last inspection visit.

Mears Care Derby is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby and surrounding areas. This included people with physical disabilities and mental health. The agency office is located in Derby city centre. There were 199 people in receipt of personal care at the time of our inspection.

There was a registered manager in post. 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.

People we spoke with said they felt safe with the care and support they received from staff at Mears Care Derby. Staff were knowledgeable as to whom they should report information to should they believe someone was at risk of abuse.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. However risk assessment were not always detailed, which placed people at risk of inappropriate or unsafe care. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

People told us they received their calls at the agreed times. The provider's recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff received training to meet the needs of people living at the service and received supervision, to support and develop their skills.

The provider understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making decisions about their care and support. Their consent was sought by staff. Staff knew about people's individual mental capacity to make informed decisions.

People received appropriate support to manage their dietary needs. This was done in a way that met with their needs and choices. People were referred to health professionals when required to maintain their health and wellbeing.

People told us staff treated them in a caring way and respected their privacy. Staff supported people to

maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Staff felt supported by the management team. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report abuse. The provider had assessed, and put plans in place to manage the risks associated with people's care and support. There were sufficient staff to meet people's needs. Recruitment procedures ensured the staff employed were suitable to work with people. People had the support they needed to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision. People's rights were protected because the provider followed the requirements of the Mental Capacity Act 2005. People were supported to access the services of healthcare professionals as appropriate. People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring and friendly. People and their relatives were involved in their care and staff respected people's wishes.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed. People's care plans had been created with their input and contained personalised and detailed information. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns. The service took concerns seriously and acted promptly to resolve these.

Is the service well-led?

Good 

The service was well-led.

The service had a registered manager. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities. They were given guidance and support by the management team. Staff felt supported and worked well together.

Mears Care Derby

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 March 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 29 and 30 March 2017.

Due to a technical issue we did not send the provider a Provider Information Return (PIR) prior to this 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who used the service and 12 relatives. We spoke with the registered manager, care coordinator, two team leaders and five support workers.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff from Mears Care Derby and were happy to have them in their home. Relatives were confident their family members were in safe hands. One person said, "I wouldn't be safe to have a shower on my own any more but when my carer is here I feel fully supported by her and I would really miss my daily shower if it suddenly had to stop. Since my carer has been here I haven't had a single problem with falls." Another person told us, "I was a bit wary about having a key safe to start with as I was worried that just anybody could get the key out of there. But in over three years there's never been a single problem and my carers always make sure that they try the door before they put the key away when they have finished." A relative stated, "My wife has to be hoisted at least four times every day. She doesn't particularly enjoy it, but I have to say all of her carers make her feel really safe and take their time to explain what is happening before they lift her. I think they are most considerate and there's never been a problem since they have been coming." This demonstrated that people felt they received safe care and support from Mears Care Derby.

People were protected by staff who knew how to recognise signs of suspected abuse. Staff and records confirmed they had received training in how to recognise harm or abuse. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One staff member said "I have done safeguarding training. I am sure my manager would take any allegation seriously. In actual fact I also think the company would take any allegations or concerns seriously." Another staff member told us, "If there was an allegation of abuse I would ring the office and not record the allegations in the communication log. So that the person was safe. We have support available 24/7."

The provider had processes in place to ensure safeguarding concerns were reported to the local authority safeguarding team for further investigation and monitoring. Records showed the process had been used appropriately and we had been notified of these referrals.

Staff told us they ensured people who had call pendants were accessible so that they could summon help in an event of an emergency and ensured they left people's property secure. A staff member said, "Before leaving if I have used the cooker I always check to see it's switched off and ensure the doors and windows are locked." One person said, "Because I've been known to fall in the past, I do have a pendant which I have on my wrist. I only take it off when I have a shower in the morning but my carer is good and always reminds me if I haven't put it straight back on afterwards." Another person stated, "My carer uses the key safe to let herself in and then she puts the key back in there when she leaves me. I've never had any problems with the door being left unlocked in all the time I've had it."

We saw that the provider had carried out a variety of risk assessments. Risk assessments contained details of equipment needed to support people to move safely. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely. Staff told us that they would report any concerns or changes in people's care to the office. However we did find that some risk assessments did not include detailed guidance for staff to ensure consistency in supporting the person.

Staff we spoke with were consistent in their responses about what actions they would take in the event of an accident or incident, such as finding a person on the floor. This demonstrated staff understood what action to take in an emergency to keep people safe.

People and relatives confirmed that staff were available to support them as agreed. They told us staff arrived within the agreed time frame and stayed for the call duration. One person said, "I'm never quite sure how they do it, but I have to say, the majority of my visits from the carers are right on time." Another person told us, "It has only ever been on rare occasions, usually when my carer has had a problem with her previous client, that she has been late getting to mm. Usually the office will call me to let me know what is happening. If I was worried myself, I would phone the office to find out what was happening, but I've never had to." Staff confirmed there were sufficient staff employed to meet people's needs. A staff member stated, "In my area there are enough staff. If there is sickness the calls do get covered."

People, who were supported with their medicines, told us they were happy with the support they received. One person told us, "My carer always passes me my tablets every morning and she gets me a drink at the same time. Once I have taken my tablets she writes in the chart to say that I have had them. My carer is always on time, so my tablets are never late." Another person said, "The carers are really good and my tablets are always given on time or thereabouts. Once I've taken them my carer will write in the records to confirm that I have taken them."

Staff had completed medicines training and had their competencies checked before administering medicines on their own. Staff competencies and knowledge about medicines were regularly completed by team leaders. We looked at a sample of records which confirmed this. From the three care records we looked at only one person received support with their medicines. The assessment contained information on the level of support the person needed to take their medicines, so that staff were supporting the person in accordance to their needs.

Staff told us medication administration records (MAR) were kept in those people's homes who required support with their medicines. The MAR was signed when the person had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines.

We looked at three staff recruitment files which showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Proof of identification and references were also obtained. Staff told us they were unable to start work until all the required checks had been completed. This demonstrated the provider checked staff's suitability to deliver personal care before they commenced employment.

Is the service effective?

Our findings

People and relatives told us staff were well trained and had the skills required to do the job. A relative said, "My mother had specific health care needs and when we started with the agency her original regular carers were trained by her district nurse in how to look after the equipment used. Unfortunately, a couple of her carers have now left the agency but they have now trained six additional carers so that they are suitably trained to be able to look after mum without her having to worry that they don't know what they are doing. I was particularly impressed with how the agency took it upon themselves to do this without me having to ask them."

There were systems in place to assess the competence of employees before they worked unsupervised in a role. Newly appointed staff received induction linked to the Care Certificate award. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. As part of the induction program new staff shadowed more experienced staff before they worked independently. A staff member said, "The induction was good it was detailed." The team leader told us after the induction period they carried out regular spot checks. This was to ensure staff were supporting people in accordance with their care plans.

Staff told us they had received sufficient training to carry out their role effectively and meet the needs of the people receiving a service. Staff explained that they had access to a range of training to develop the skills and knowledge they needed. A staff member said, "The training I received certainly helped me in my role." Another staff member said, "They are hot on training we get regular training as well as any updates in training." Where people had specific needs, staff who cared for those people were provided with the training they needed to meet their needs. For example, some staff told us that they had to undertake training in Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a feeding tube which passes through the abdominal wall into the stomach so that feed, water and medication can be given without swallowing. A staff member said, "We have received PEG training at the local hospital, as we are supporting a person who has a PEG tube. The registered manager told us they had an electronic system which supported them to monitor staff training. The system flagged up when staff were due refresher training. The management team also ensured staff competency was regularly checked."

There was a system in place for supporting and supervising staff. Staff told us they felt supported by the registered manager, the care co-ordinators and the team leaders. Staff confirmed they received regular supervision. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. A staff member said, "My line manager is very supportive and approachable." Another staff member told us, "My line manager is great. I have found supervisions beneficial. Any concerns you have you can raise with your line manager and they get sorted."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive

as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People confirmed staff sought consent before they provided them with support. A person told us, "My carers certainly give me plenty of choice about what order we do some of the tasks in. I certainly don't feel that I'm being dictated to in any way by any of the carers." Staff had undertaken training on the MCA and understood their responsibilities for supporting people to make their own decisions. Training records we saw showed staff had undertaken training in this area. Staff told us they obtained people's consent before they supported them. A staff member said, "You cannot make anyone do anything they don't want to do. We can only advise a person." Staff also told us if a person refused care they would report this to the office. We saw people had signed their care plans to demonstrate their consent to the care and support they received. This demonstrated staff respected people's wishes and ensured they were in agreement with the support they received.

Some people we spoke with were supported with meal preparation. People told us they were happy with the support they received from staff with the preparation of meals and drinks. One person said, "My carers do all my meals for me but they are very good and never mind making me something different if I fancy something different for a change. The other day one of my carers made me a nice omelette because I didn't fancy one of those microwave meals." A relative told us, "My mum is helped with all of her meals. She was having a microwaved meal at lunchtime, but she was finding that this came too quickly after her breakfast call. So we have now changed this round so that the carer makes her a sandwich at lunchtime and she has a cooked meal at teatime which seems to have suited her better. The carer always gives her plenty of choice of everything that is in the fridge or the freezer in relation to the cooked meals so that she has something that she really fancies." People's care plans had information about their food preferences and the support they required. Staff we spoke with were aware of people's individual dietary needs. Staff told us if they had concerns about people's dietary intake they would contact the management and inform them about this. This showed that people were supported to manage their individual dietary needs.

People's health needs were identified in their care records. A relative said, "My mum's carer knows that I'm happy for her to ring and book a GP appointment if she feels that it is necessary. The carer or the agency will give me a ring to let me know that they've arranged it and why they thought it was needed. I am grateful for the agency doing this for me." Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. A staff member said, "At the last call the person didn't look well and told me they were in pain. I rang the ambulance service and informed the office as well as the person's family. I waited with them until the paramedics arrived and the family turned up. The person was admitted to hospital." This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

People and relatives we spoke with expressed how staff were caring and friendly. One person said, "They [staff] are all very caring. They never mind doing extra jobs for me, in particular, they never mind organizing my washing so that it is easy for my daughter just to collect it when she calls in each week." A relative told us, "My mum is living with dementia. These days we have to try and cajole and encourage her to do anything other than just sit in the chair all day. I cannot tell you how patient her three regular carers are with her. They will try and make a bit of a laugh and try and encourage her as best they can so that she can have a shower every morning and feel refreshed for the rest of the day ahead."

People told us they felt that they received individualized care from the staff. They told us staff respected their routines and worked alongside them. Comments from people included, "I know I am quite fussy and that I like things to be done in a certain way, but my carers are all very good and have taken account of my fussiness and I've been really pleased to see that they make sure they do things the way I like them to be done" and "I like to do things in a certain order, so first thing in the morning I must have my cup of tea and a biscuit before I attempt to have a shower. The carers put the kettle on as soon as they come in each morning so they can make me my tea and then we can carry on and get my shower sorted out." A staff member said, "I always ask the person how they want things doing." This demonstrated that staff took into consideration people's individualized routines whilst supporting them.

People told us staff addressed them with their preferred name. One person said, "When I first started with the agency I was asked what name I would like to be addressed by from the carers. I told them I didn't want to be referred to as Mrs [person's name]. But instead I was more than happy for them to use my first name. They always have done ever since." Another person told us, "I've been known by my middle name for more years than I care to remember so I told the manager that I would much prefer being called this by the carers. I think it's written in my notes, but I've been looked after by the agency for such a long time now that everybody knows me by that name now."

People told us staff respected their dignity and supported them to be independent. One person said, "Before the carer opens the front door, they always press the front doorbell and then as soon as they are through the door they will shout up to me so I know who it is and I'm not panicking about who could be coming through the front door." Another person stated, "Because the rest of the family are about, my carer when she comes in in the morning will knock on my bedroom door. She will call out her name before she comes in. Then she always make's sure she shuts the door behind her so that if anybody is walking around they won't see me in a state of undress." Staff understood the importance of caring for people in a dignified way and supported people to remain independent. A staff member said, "I encourage the person to do as much as they can. We are not there to take anything away from people." They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff told us that they ensured doors were closed when people were using the bathroom and covering people up whilst assisting with personal care. This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

Care plans had been developed with the involvement of people using the service or their representative. We saw people or their representatives had signed their care record to denote their agreement for the care received. One person said, "The care plan in my folder was put together after I talked with my social worker and the manager from the agency. I definitely felt that I was being involved in planning how the agency was going to deliver my care." A relative said, "When we first sat down with the manager from the service we were asked what time we would like the visits and whether mum preferred male or female carers. We also talked about what jobs needed doing at each visit. When a care plan was put together we were sent it to read and we were able to make any alterations to it that we felt were necessary. So yes, we felt fully involved in planning the care." Another relative told us, "I think we spent at least a couple of hours talking to one of the managers from the service about all the help that my husband needed from the carers. She told us that she would go away and write this up into a care plan which she did. We were able to look at it to make sure that everything was in it that we wanted before the care actually started. We definitely felt that she was interested in us as a couple rather than just as another client to add to the list of clients she looked after."

People were provided with information about the service in a folder which was kept at their home. This included the contract of care, contact details for the service values and aims and key policies and procedures such as how to make a complaint.

Is the service responsive?

Our findings

People told us they received care that was tailored to their individual needs and responsive to their needs. People told us that they were supported by regular staff that carried out tasks as they wished. They also told us they were asked for their preference in staff gender when supported with personal care. A person said, "When I started with the agency they wanted to know if there was anything I particularly liked to do during the week so that they could work their visits around my activities in order that I wouldn't have to miss out on anything that was important to me." A relative said, "Dad was asked who he preferred to be supported by. To be honest, he's always got on better with males rather than females, so he was allocated one very, very nice male carer to start with. But he has recently retired and dad has now been given some new male carers who he is currently getting to know."

Discussions with people, their relatives and the care plans we looked at showed that they had been involved in their care. Care plans were reviewed annually or when there was a change. They were kept updated ensuring they remained person-centred, reflecting any changes to the individual's needs. A person said, "Someone visited us a few weeks ago to talk about the care and she looked at all the records that the carers have been filling in. She asked us if anything needed changing, but to be honest everything is alright just as it is at present." A relative said, "We have a face to face review meeting once a year. We only have to pick up the phone and ask for one of the managers to come back out for a visit so it can be discussed."

Staff confirmed care plans were kept up to date and provided them with information about people needs and how they preferred to be supported. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This showed the support people received was personalised to meet their individual care needs.

People and relatives we spoke with told us they were aware of the complaints procedure or who to contact in the office if they wanted to complain. One person said, "There is a complaints leaflet in the folder which tells you who to ring and ask for. I would phone the manager to start with if there were any problems but hope that they could be sorted out without taking it any further." Another person said, "I know that I would need to speak to one of the managers. And knowing how well run the agency is, I think if I had any concerns they would be looked at honestly and openly and hopefully answered and improved to my satisfaction." One relative told us they were very satisfied with the care being provided, but raised some concerns about the conduct of a couple of staff who supported their family member. We fed this back to the registered manager, who contacted the relative for further information. The registered manager informed us that they had started an investigation immediately and taken action to address the concerns received.. The registered manager confirmed that these concerns would also be shared with the person's social worker.

A system was in place to record complaints, this ensured the action taken and outcome was recorded. The provider had received three complaints.. The complaints records we looked at confirmed that these were investigated and responded to. The registered manager told us they looked at the complaints received and if required introduced changes to the service. Reflection and learning was then used to reduce the likelihood of a similar complaint occurring. For example we saw that a relative complained to the service as a call did

not take place. This was investigated by the provider and found that the call time had not been entered correctly onto the system. Following this the registered manager confirmed that the rotas were checked to ensure they had the correct call times inputted.

Is the service well-led?

Our findings

People and their relatives felt the service was managed well. One person said, "I have no concerns about how the agency is run and trust me, if I needed to speak to a manager I would simply phone up and stay on the phone until I found somebody to talk to." A relative said, "I think the agency is very well run because I've had no concerns whatsoever about the care my father is receiving. I have only ever rung up the office once and asked to speak to the manager and that was shortly after we started with the agency when I wanted to change the timing of one of the initial visits. I certainly wouldn't hesitate in contacting the office again and asking to speak to one of the managers if I did have concerns that needed to be addressed in the future."

The provider's registration of this location was on 18 August 2016. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the regional manager, team leaders and care coordinator's.

People told us they would recommend the service to others. One person said "100% I would recommend the service to others. I have been extremely impressed with how the agency is run and the quality of the carers who have been looking after me." A relative said, "We have used a number of different agencies over the last six or seven years and I have to say this one has been the best to date. I would definitely recommend this to any family members or close friends who were looking to find some care for a loved one."

The registered manager was involved in all aspects of the day to day running of the service. Staff spoke positively about working at the service and felt the service was well managed. Staff confirmed they enjoyed working for the provider and were given training opportunities to develop their skills and knowledge. A staff member said, "I would recommend the agency to people as its well managed. I have no problems or concerns." Another staff member told us, "Since the rebranding of the branch, things have been a whole lot better. I am happy to come into work."

An on call system was provided by the management team to support staff. Staff we spoke with told us they were able to access the on call system, which provided out of hours support to deal with any emergencies or problems. A staff member said, "The on call system works well. Its really helpful talking to someone you know and who knows the people who we support. Its brilliant being able to contact someone 24/7."

The provider had a whistleblowing policy which told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff we spoke with understood the policy and were clear about their responsibilities to protect people. Staff told us they would not hesitate to raise concerns and felt they would be protected by the policy.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. The service held regular staff meetings to enable staff to share ideas and discuss good practice when working with people. A staff member said, "We have regular staff meetings. You can say what you want." This provided assurance that staff were given the opportunity to make their views known

and for management to share information about the service.

Regular audits were undertaken to check that people received good quality care. The registered manager conducted medicines audits of the MAR. Where staff made an error with medicines, management would respond by speaking to the staff member, provide additional training and carry out a competency assessment. We looked at a sample and saw that these had been signed when people had taken their medicines. The registered manager told incident and accidents were entered into a data base, which was managed by the health and safety advisor at Mears Care Limited. We were shown the system. The registered manager informed us that the system had been in operation for five months. After six months an analysis would take place of any accidents and incidents, to establish if there were any lessons to be learnt. In an event there were lessons to be learnt the health and safety advisor would contact the registered manager of any actions required. This showed that the provider had quality assurance system in place to drive continuous improvement of the service.

Staff received 'spot checks' by team leaders. During these checks staff were observed providing care to people and assessed in areas such as punctuality, uniform code was being adhered to and reviewing the care records kept at the person's home to ensure they were appropriately completed. If there were any concerns about staff performance this would be addressed using the provider's policies and procedures. Staff and records we looked at confirmed this.

Following our discussions with people that used the service we identified that some people were not receiving their rota. We fed this back to the registered manager who confirmed they would ask staff to check with people at call visits that they had received their rota. Staff would then report back to the office if people had not received a rota, which would then be sent to them. This showed us that prompt action was taken to address any areas for improvement.

We found risk assessments were not always detailed to provide information on how to minimise risks. For example one person's moving and handling risk assessment stated staff to reposition the person to relieve pressure. However there were no instructions for staff on how the person was to be repositioned. The lack of maintaining detailed records placed people at risk of inappropriate or unsafe care. We fed this back to the registered manager who confirmed that the risk assessment would be updated to include the steps on how the person was repositioned.

People and relatives we spoke with told us they had been asked for their views and opinions on the service. However some people told us they did not receive feedback from the questionnaires they completed. We discussed this with the registered manager, who confirmed that the deadline for questionnaires had not ended. The registered manager said that once the questionnaires had been received these would be analysed. Results of the survey would be sent to people in a newsletter. An action plan would be put into place to address any areas for improvement.

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts. The registered manager responded to our requests for additional information when required. We saw that people's confidential records and staff personnel records were kept securely in the office. Information was well organised and accessible.