

Sage Care Limited

Sagecare (Biggleswade)

Inspection report

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05 June 2017

07 June 2017

08 June 2017

26 June 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 an announced comprehensive inspection of this service between 02 and 26 June 2017 to check whether sufficient improvements had been made since our last inspection in October 2016. The inspection in October 2016 was carried out in response to concerning information received by the Care Quality Commission (CQC) about the service. We identified breaches of a number of the Health and Social Care Act 2010 (Regulated Activities) Regulations. The service was rated as inadequate and placed into special measures. We took enforcement action to place a condition on the registration of the service to restrict new packages of care until such time as sufficient improvements were made. At this inspection we found the service had made significant and sustained improvements.

The service provided personal care for people in their homes. At the time of our inspection the service provided care and support to 180 people which amounted to 1700 hours care per week. .

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people who used the service and their relatives was mostly positive although some people felt the timing of their visits required improvement. They had confidence in the management and individual staff to provide safe, compassionate care that met their needs, in the way they liked to be supported.

Staff demonstrated commitment to protecting people from possible harm, and were knowledgeable about how they should do this. Systems were in place to identify and minimise any risks to people.

Staff received relevant training and had a good understanding of people's care needs. The registered manager offered high level support to staff, ensuring they were familiar with people's needs, and had the skills and knowledge to meet them before they started to provide support. The service was working towards each person being supported by a consistent team of staff to ensure that they received care from staff who knew them and that they felt safe with. The recruitment process for new staff was robust and all pre-employment checks were completed to ensure as far as possible that only suitable staff were employed. There were sufficient staff employed to meet people's needs safely.

The provider demonstrated a person centred approach to care and people told us they enjoyed positive relationships with their regular staff that were friendly and respectful. They confirmed staff took care to protect their dignity and privacy.

The service provided to people was based on their individual needs and was flexible to accommodate any changes that were required. People felt able to express their views and the provider sought feedback from

people to support continuous improvements to the service.

There were effective processes in place to monitor the quality of the care provided to people who used the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were enough trained and competent staff deployed to meet people's needs. The recruitment process was robust. The timing of some people's calls did not always meet their needs safely.

Staff understood their responsibilities related to protecting people from harm and following the correct procedure for reporting concerns

People had personalised risk assessments in place which detailed measures to manage risk to people.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received support to do their job by way of training, supervision and appraisal.

People's healthcare and dietary needs were identified and met.

The requirements of the Mental Capacity Act 2005 were being met.

Good ●

Is the service caring?

The service was caring.

People received care from regular staff that knew and understood their needs.

People were supported to maintain their independence and to be involved in making decisions about their care.

People were treated with dignity and respect.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and contained a good level of detail in relation to people's changing needs.

The service maintained strong links with the local community and organised events to reduce the risk of people becoming isolated

Complaints were resolved appropriately.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was visible, supportive of the staff team and promoted an open and person centred culture within the service.

New systems for scheduling and managing care visits were used effectively to check that people received care as and when they expected to.

Quality monitoring systems were in place to identify improvements that needed to be made across the service.

Staff were able to contribute to the development of the service through team meetings and kept up to date with regular newsletters.

The service submitted necessary notifications to CQC.

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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.

This announced inspection took place between 02 June and 26 June 2017 and was done to check that improvements to meet legal requirements had been made following our focussed inspection in October 2016. We gave the provider 48 hours' notice of the inspection to ensure that the registered manager would be present and that all the necessary documentation could be reviewed. The inspection was carried out by two inspectors from the Care Quality Commission and two Experts 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.

Before the inspection we reviewed information available to us, such as the previous inspection report, the provider's action plan, notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the visit to the main office on the first day of the inspection, we spoke with the registered manager, the regional manager, two care coordinators, the recruitment officer and a member of staff with responsibility for training. Following the office visit, we contacted 42 people using the service and/or their relatives and four staff by telephone. We reviewed the care records, medicines records and risk assessments for 12 people who used the service. We looked at recruitment records for five staff and training records for all the staff. We reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

During the inspection in October 2016 we found there was an insufficient number of suitably trained staff deployed appropriately to meet people's needs and as a consequence care calls were late, cut short or missed. Where people required two care workers to provide their care the calls were sometimes attended by only one care worker and as a consequence the appropriate care could not be given. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made but some work was required to ensure people received visits at the time they needed them. Whilst people now told us that staff stayed for the expected duration of the call, some people still felt that visits were not always on time.

Although most people were happy with their care overall, other people told us that the timing of calls was sometimes problematic and did not always safely meet their needs fully. The concerns raised related to visits that were scheduled too early or late and also the time keeping of some carers, who either came late or arrived too early for the visit. One person said, "Because I go out at 9:30am, if they come after that, I've had no carer. They're meant to arrive between 8:30 and 9:30am. I just get myself ready and get myself out." Another person said "It's a bit hit and miss." A relative said, "They come between 9:30 and 9:45am in the mornings. However, this was only ever meant to be a temporary arrangement. [Relative] hates being in bed at 9:30. [They] would rather be up. [They are] naturally an early riser." Another relative said that the morning visit to their relative was too early at 6.20am and that frequently their porridge was left to go cold because they did not feel like eating breakfast so early in the morning. The next visit was at midday but often they had not had anything to eat until then.

Whilst the new system had supported the service to manage calls much more effectively than previously, some issues regarding timing still occurred. The registered manager was aware of this and we saw that steps were being taken to address people's concerns through frequent monitoring of calls and identifying ways to improve the service to people, including addressing issues directly with staff who were not visiting at the scheduled time without good reason.

We saw that the service was taking significant steps to address issues regarding scheduling visits but that work was still on going to embed these changes. The service had made a decision to reduce the geographical area supported by the branch which made the deployment of staff more effective. There was a new software system for scheduling staff. This enabled the care coordinators to ensure that time critical calls and calls requiring more than one member of staff were accurately scheduled with enough time to cover them so that calls would not be missed. The system supported an approach to scheduling that encouraged continuity of care. As far as possible, each person was supported by a small consistent group of staff which meant that incidents where people were supported by unfamiliar staff would, over time, be reduced to a minimum.

Shortly after the last inspection the provider had launched a new call monitoring system which provided them with a much more reliable way of monitoring staff attendance at calls to people's homes. This system

was facilitated by the use of mobile phones and electronic swipes in people's homes. This meant that staff did not have to rely on being able to use people's phones to log in. It also meant that they had to be at the correct location before they accessed the system. The system provided staff with their rotas and rated the visits to indicate high risk or time critical calls. The main office received live notification of late or missed calls by the system which they could then take action about straight away. This had resulted in a dramatic reduction in late or missed calls.

We saw that, where calls had been cut short, reasons for this had been identified and recorded. Many times, the reason given was that people did not want staff to stay once the scheduled task had been completed. As a result the service had requested a reduction in the hours commissioned by the local authority once it was established that the person was in agreement with this. Where calls had been cut short for a reason other than the person's request, the service raised the matter with the member of staff in supervision.

At the inspection in October 2016 we found the provider's recruitment process was not utilised in a robust way to ensure only suitable staff were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made. The provider had a robust recruitment policy in place and new staff were being recruited safely to work in the service. We looked at the staff files for three care staff that had joined the service since our previous inspection. We saw that they had provided two references which had been validated, proof of their identity and right to work in this country (where applicable), literacy and numeracy checks and copies of questions asked at interview. A Disclosure and Barring Service (DBS) check had also been completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

At our last inspection in October 2016 we found risks to people were not always identified, assessments were not always completed accurately and staff did not have sufficient information to care for people safely. People's medicines were not managed safely. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that significant improvements had been made to the service people received in relation to these issues. People now had personalised and detailed risk assessments in place which identified risks across different areas of their care and support. These included the risk of working in their home environment, pressure area care, moving and handling, nutrition and hydration and behaviour which may have impacted negatively upon others. There were measures included which provided guidance to staff as to how they could manage these risks during their visits.

People's medicines were managed safely. Some people required assistance with taking their medicines. For some people this was just a prompt by the member of staff to take their medicine. For other people a trained member of staff administered the medicines to them. People who had support to manage their medicines told us that staff did so skilfully. One relative said, "The carer is good at giving him his medication." Another relative said that their relative's regular member of staff made sure they took their medication and, "If the tablets are running out [staff] will flag it up."

We looked at a sample of medicine administration records (MAR). We found that these had been completed correctly with no unexplained gaps in recent months. Staff who supported people to take medicines received training and their competence was checked before they provided this support to people to ensure they knew how to do this safely.

People and their relatives told us they felt safe. One person said, "I feel very safe. [Staff name] reassures me when I have worries." Another person said, "They look after me very well. They make sure I don't have a fall; they walk behind me or they make sure I'm holding onto something." A member of staff said, "We do what we can to make people feel safe in their home." We saw that the service took steps to ensure people's homes were left secure by staff and people confirmed this. One person said, "They're very good at this. They never leave without checking everything first." Many people had key safes to enable staff to enter their home. The service had developed an additional coding system to ensure that the key code could not be identified by anyone other than by those with authorisation to enter people's homes.

Staff told us that they had received training in safeguarding people from harm and were able to tell us of the types of abuse to which people could be exposed. The provider had clear, up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Records reviewed both before the inspection and at the main office visit showed that since the last inspection, incidents were reported appropriately, both to the local authority and to the Care Quality Commission as required by law.

Is the service effective?

Our findings

At our last inspection in October 2016, people and their relatives had mixed opinions as to the skills of the care workers. People were happy with the skills of the regular staff that called on them but were less happy with new care workers. At this inspection, most people felt they were supported by skilled knowledgeable staff. One person said, "They must be trained because they do it all so well; they know what I need. They always ask if there is anything else they can do too." Another person said, "When they hoist me out of bed they really know what they're doing." A relative said, "They turn [relative] very well. They know how to lift [relative] using slide sheets."

Describing their regular carer, one person said they were very knowledgeable and that, "[They are] the main cog and [they] have turned things around." However, other people told us they still felt that support from new or replacement staff was not as skilled or knowledgeable as that offered by regular workers. One person said, "When it is not the regular carer, the routine is off too." Another person also felt that care from new staff was not always exactly right but stated, "You have to get used to new carers."

When we discussed the skills of new and replacement staff with the registered manager they explained that they were taking action to address this by developing teams of staff to work with individuals. This meant that people would be supported by familiar staff at all times as far as possible because staff in teams would cover for each other. Work was therefore underway to further improve the provision of consistent competent care to people.

New staff received a thorough induction in line with the care certificate. Staff told us they received induction training which also included shadowing more experienced staff before working on their own. This was confirmed by people who told us, "I was introduced to a new one this morning. They usually shadow other carers first." Another person also said, "One started on this round; they came round with the normal carers, shadowed them."

Staff told us they had good opportunities to complete training. One member of staff said, "Oh yes, we get lots of training. I keep up to date and do refresher training every year." Records we looked at showed that staff completed regular training to keep them up to date in areas such as safeguarding people from harm, health and safety, moving and handling and medicine administration. Senior care workers completed additional training, such as Medicines Officer training which had included the auditing of medicines administration charts (MAR), scenarios in relation to medicines errors and changes in people's needs. The provider supported staff to develop their skills and the manager told us that over thirty of their staff had completed training to be 'dignity champions' and other staff were currently training to be champions in infection control, medication, Nutrition and Dementia.

Staff were supported by way of group and individual supervisions and reported that support from senior colleagues was good. Senior staff and managers had received further training in supervision and the provider's expectations of what this would entail. As a result supervisions were more effective and supported staff to do their job well. We saw that performance issues were managed appropriately. Training and

development needs were identified, and themed supervisions were organised for staff both individually and in groups when information sharing or learning about a particular issue was required. Good practice was encouraged through practice observations. The provider had developed a small flip book of prompt cards that covered essential care related topics such as information relating to specific medicines, skin care and hydration and weight management. This supported staff to have information to guide them if issues arose when visiting people.

People told us that staff asked them for permission before providing any support. One person told us, "Everything they do they ask me first. They explain what they're doing. If it's different to what I expected they tell me why." Another person told us, "They never do anything I don't want them to."

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. The manager and staff had an understanding of MCA and how it related to their work. Staff had received training in this legislation and had been supplied with the pocket size guides outlining the key issues to support them to work to the principles of the act.

Where providing meals was a part of a person's care package, their dietary needs and preferences were clearly documented in their care plans. People who received this support told us their needs were met well. One person said, "They make me lunch, a sandwich or soup." Another person said, "They get me breakfast and lunch." Daily care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to have their healthcare needs met. Records showed that people had contact with healthcare professionals such as dietitians, district nurses and GPs and that, where necessary, staff had made contact with emergency services if people fell ill or had an accident. Healthcare professionals who worked with the service reported that communication was good between them and the service. One professional recently nominated a team of staff to receive the provider's 'Care Heroes' award stating that they had, "Provided extra care ensuring [people's] needs are met beyond expectation."

Is the service caring?

Our findings

People were very complimentary about the staff, particularly the staff who visited them regularly. One person said, "They're absolutely perfect; the best carers we have ever had." Another person said, "They are kind to me and caring. They look after me very well." A relative said, "They cheer my [relative] up. They put a smile on her face; the dog even looks forward to her coming. She waits for [staff name] to come in."

It was clear from people's comments that the relationships they had formed with their care staff were positive and this contributed to their well-being. This was reflected in comments such as, "We have a little chatter; a laugh too." And, "The main carer is excellent with [relative]; she mucks about, laughs with [relative] ... [relative] loves it. They have a lot of banter which [relative] enjoys." We were also told, "They do know how to help me. I've got lots of worries and troubles and they always listen and reassure me."

Staff we spoke with had a clear commitment to working with compassion and at the person's pace, showing respect for their individual wishes. One member of staff told us, "You persevere. You have to go slowly with some people. It has taken me three years to get one person to accept personal care, but we got there, in their time." People told us that staff were respectful. One person said, "I can't put on my shoes, they help me; they never make me feel silly." Another person said, "They never look down on you." A third person said, "None of them are sarcastic or short with you. They take their time and they're helpful."

People were supported to maximise their independence and even learn new skills if this is what they wanted. One person had nominated their carer for the provider's 'Care heroes' award after they had supported them to learn how to use technology. They said in the nomination that, "[Staff name] has introduced me to the world of technology with a [name of tablet] and one of my favourite sports idols is [name] who I tweet before every race and I always get a response back... I can even now 'facetime' [a social media term] my family members."

People were involved in making decisions about their care. For example, one person had recently been involved in the recruitment of new care staff at a local job fair. They spoke with potential new recruits about what was involved in care and what their expectation of carers was. This supported the person to shape the values of potential new staff and give them insight into what was involved in a job in domiciliary care.

Staff told us and people confirmed that they took care to protect people's privacy and dignity when providing care. A relative told us "Oh yes, they cover [relative] up while washing [them]; and when on the bed pan, that's respecting privacy."

Is the service responsive?

Our findings

At the last inspection in October 2016 we found that people did not receive care that was personalised to their individual needs. Assessments and Care Plans were not sufficiently detailed or kept up to date to ensure people received care that was appropriate to their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager had worked hard alongside senior care staff to make significant improvements in documentation. This was to ensure that people's needs and preferences were clearly recorded in care plans and that staff had good information about how to support people.

People's support plans were now reflective of their needs and were detailed and personalised to ensure each person received individually tailored support. People told us they were involved in the development of their support plan and we saw that relevant information about people's life history was included in people's records. This supported staff to get to know people as individuals and understand issues that were of importance to them.

We saw that people's care was reviewed to ensure it still met their needs. In addition to review visits completed in people's homes, the service also completed telephone reviews to check if people were still happy with how their care was managed. People told us that staff routinely asked them if they were happy with their care or needed any additional support and that senior staff from the office sometimes visited or telephoned to discuss their care. One person said, "I've been asked what I think ... the carers always check I'm happy with what they do." Another person said, "[Senior staff] has listened to everything we've said. She listens very well. After she came this morning, she's chasing up a new hoist for me." However, one person told us they had requested additional support as they were finding it hard to cope at home. They had been waiting for five weeks for a response. We discussed this with the service who confirmed that a request had been made to the funding authority and they were waiting for a response. In this instance, the service had taken action to facilitate the requested changes but the person did appear to have been kept informed. The records of the telephone reviews we saw showed that people were mainly happy with their care.

People told us that staff spent time with them and supported them to maintain their interests and hobbies. One person said, "I like doing crosswords so they help me have a look at them." The service organised monthly social events in an effort to get to know the people who used their service and to support people's wellbeing by bringing them out of isolation. All the events were provided free of charge and included a summer cream tea and a Christmas party where everyone who attended went home with a hamper put together by contributions from staff. We saw from photographs of this event that the Christmas party was well attended and the registered manager told us that people still talked about these events to her when she met them.

The service recently celebrated diversity within the work place and involved people who used the service, care staff and office staff in the event. The registered manager told us this had been a great success and that

people had the opportunity to try foods from different countries and cultures, something which some people had never done before. They told us that the feedback from this event was very positive. This supported people to be involved in the service and to be included in events and was another example of opportunities taken by the service to reduce isolation for people.

People who received care from regular carers invariably said they were happy with their care. However, two people raised concerns that they did not have support from staff of the gender of their choice. We discussed this with the manager who responded quickly to ensure this matter was resolved.

At our last inspection we found that complaints about the service raised by people and their relatives had not been recorded correctly or managed effectively. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. People were aware of how to make complaints and confirmed that they had seen the provider's complaints procedure. One person said, "I've got the book with the numbers on it. If I've a problem I'd ring them." Most people said they had not had any cause to complain and most said they knew how to contact someone at the office and would do so if they needed to raise any issues. Some people said they would ask the carer if they needed to ask anything. One person said, "I would ask the carer. You would hear from me if I had any complaints." We looked at records relating to complaints and found they were managed and recorded appropriately. The provider had a system for analysing complaints to support the service to identify what improvements were needed and to take action to reduce the chances of any reoccurrence.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a senior team of coordinators, administrative, training and recruitment officers.

At our last inspection in October 2016 we found that there was inadequate management oversight of the service. The registered manager was also the provider's regional manager and was not at the service on a daily basis. An acting branch manager was overseeing the service and had failed to maintain the legal requirements of the Health and Social Care Act. Audits completed had failed to pick up concerns identified at the inspection, records were signed off as accurate when errors had been made, incidents, accidents and concerns raised by people were not recorded and therefore action was not taken. The acting branch manager left the service in the period between the first and second days of the inspection and the registered manager returned to the service on a full time basis.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found substantial improvements had been made and that most of the necessary changes were now embedded in the culture of the service. People, their relatives and staff said the service was well led. A person told us, "[Name of a manager] came this morning ... she's so helpful, yes." Another person said they felt the management of the service had improved. They said, "It is well organised now. They come when they're meant to; I know who is coming, It's much better." A relative told us that, although they did not have much contact with the manager and the office team, when they had cause to call them, "They are always helpful and they seem to listen."

The registered manager was a positive role model to the team. She said, "We're a team and I try to support the staff". She spoke about the importance of recruiting staff with the right values and attitude, seeing this as key to ensuring they delivered good quality person centred care. The recruitment officer told us they had made significant links with the local community through community centres and places of worship. Through this they were able to move towards recruiting a work force that was reflective of the diversity of the local community and the people using the service.

The registered manager was well supported by the provider's senior management team. They, and other senior staff had clear areas of responsibility, and staff knew who their line manager was and what was expected from them in their roles. There was evidence of an open and inclusive culture that reflected the values of the service. Members of staff we spoke with said they felt valued by their manager and the senior management team. One member of staff said, "They are really supportive. Yes, of my work and also with any issues I have of my own."

The provider had introduced an award ceremony called the 'care heroes' awards. Nominations could be made by people, their relatives, staff and external professional where they felt a member of staff or a group of staff had worked particularly well. This supported staff to feel that their contributions were recognised

and helped to maintain their motivation to do their job well.

Team meetings had been held regularly and covered work related issues and briefings regarding events or training matters that had arisen over the previous weeks. Staff meetings were well attended and this was aided by the meeting being held more than once to optimise attendance. Staff also had regular newsletters to keep them up to date.

People and relatives had opportunities to feedback their views about the quality of the service they received. One person said, "A manager rang up to find out what was going on. They ring now and again. She said I was to ring if I have any concerns. I've had a survey too. I do feel I'm listened to, yes, they're a very caring company." Another person said, 'They phone up every now and again. I had a questionnaire in the past.'

A survey was completed regularly, but people were also asked for feedback during telephone interviews and quality monitoring visits. The registered manager also held 'touching base' sessions at the main office where people who used the service and their relatives could call in to have a chat about their care or any other issues they wished to raise.

The registered manager analysed information about the quality and safety of the service and comprehensive quality assurance monitoring was in place. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. An electronic system allowed the service to run reports which gave them a 30 day projection of any issues that required action, such as training, spot checks or reviews that were due. Any accident, incidents or complaints received were logged and analysed through the same system. Audits such as those for care plans or medicines were managed through this system as well and we saw that the reports generated highlighted any areas of concern identified and what action was to be taken and by when. This meant the service had the opportunity to prevent reoccurrences and to make improvements where possible.

The head office carried out robust quality monitoring visits that were in line with the methodology used for inspection by the Care Quality Commission. We saw that a recent visit had taken place and had rated the service as good, with some actions required. The registered manager told us that the visit was very thorough and had prepared the team well for the next inspection from the Commission.

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe. All policies and procedures were kept under review to ensure they remained up to date and appropriate.