

Complex Case Management Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 26 and 27 June 2017. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit. This was the first comprehensive inspection of the service following their registration with the CQC in April 2014.

Complex Case Management provides bespoke rehabilitation, personal care and case management services to people throughout the North West who have sustained serious injuries including acquired brain injury, spinal injuries and orthopaedic injuries including amputation. At the time of our inspection the service was supporting 22 people. Not all people were supported in meeting their personal care needs however were provided with case management support.

The service has 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.

People and their relatives or representatives spoke highly about the service and said their experiences had been positive. The management team and staff were described as, "Outstanding", "Very professional and reliable" and a "High calibre team."

The service worked collaboratively with other professionals so that people's social, emotional and physical needs were effectively met. Areas of potential risk had been identified, assessed and planned for to help reduce or eliminate the risks to people.

Staff were aware of their responsibilities in protecting people from abuse and knew the procedure to follow so that people were kept safe.

The management and administration of people's medicines was safe and demonstrated people received their medicines as prescribed.

Robust recruitment procedures were in place ensuring only those applicants suitable to work with vulnerable people were appointed. Sufficient numbers of staff were available to support the individual needs of people.

The registered manager was aware of their responsibilities under the Mental Capacity Act. People told us they were actively involved and consulted with in planning their support package. Where additional legal protection was required the registered manager knew who to liaise with so that people's rights were protected.

Opportunities for staff training and development were provided enabling staff to develop their knowledge and skills. More bespoke training in the specific needs of people was also provided. This helped to ensure people were supported safely and effectively so their individual needs were met.

Where necessary people were supported in meeting their nutritional and hydration needs. Advice and support was sought from the speech and language therapists or dieticians where potential risks had been identified.

People's care records showed that thorough assessments had been completed prior to the service commencing. Once agreed a detailed person centred plan was implemented providing good information about people's wishes and preferences and clearly guided staff in the support people wanted and needed.

Systems were in place for the reporting and responding to any complaints brought to the attention of the service. People said they had no issues or concerns but felt they could discuss anything with the management team or staff if they needed to. People were confident they were listened to.

Thorough systems were in place to assess and monitor the quality and safety of the service so that improvements were identified and acted upon. Opportunities were provided for people, their relatives, staff and professionals involved with the service to comment on their experiences and the quality of service provided.

The registered manager was aware of events such as accidents or incidents, which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe.

Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

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's health and well-being was protected as risk assessments and management plans had been completed where areas of concern had been identified.

Systems were in place to protect people from harm. We found the management of medicines people's was safe. Staff had procedures to guide them and had received training on what action to take if they suspected abuse.

People were supported by sufficient numbers of staff. Robust recruitment checks were completed prior to new staff commencing work.

Is the service effective?

Good ●

The service was effective.

Training and support was provided for staff enabling them to develop the knowledge and skills needed to meet the specific needs of people.

People had access to a range of health care professionals so that their physical and health care needs were effectively met. Where necessary people were supported in meeting their nutritional and hydration needs.

Suitable arrangements were in place with regards to consent and capacity. People were actively involved in planning their care and support. The registered manager was aware of their legal responsibilities where restrictions were in place so that people's rights were protected.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with spoke highly about the staff and the service provided. People were supported to be as independent as possible and encouraged to take control over their lives.

Staff were said to be respectful to both people and their families whilst working in their homes.

People felt the packages of care were planned around their individual needs and that staff had a good understanding of how they wished to be supported.

Is the service responsive?

Good 

The service was responsive.

Thorough assessments were completed prior to care packages being agreed. People and their relatives, where appropriate where given the opportunity to be involved in planning their care and support.

People's care records included good information to guide staff about their individual likes, dislikes and preferences.

People told us they had no issues or concern about the service. However knew who to speak with if the needed to. People were confident they were listened to.

Is the service well-led?

Good 

The service was well led.

The service had a manager who was registered with the Care Quality Commission. People who used the service, staff and professionals involved with people spoke highly of the manager and the quality of service provided.

Effective systems were in place to monitor and review the quality of service provided. Opportunities were provided for people and other stakeholders to comment about their experiences.

The registered manager was aware of events such as accidents or incidents, which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe. Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

Complex Case Management 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.

Prior to the inspection we contacted health and legal professionals involved with the service to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the provider as requested and returned to CQC. Information provided was used to inform the inspection.

The inspection took place on 26 and 27 June 2017 and the first day was announced. The inspection team consisted of one adult social care inspector. The provider was given notice before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

As part of the inspection we spoke with two people who used the service, the relatives of two people, three support staff, case manager assistant and the registered manager.

We also looked at two care files, medication administration records (MARs), recruitment records, staff training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people, their relatives and people's legal representatives if they felt the individual needs of people were met safely and effectively. One person told us, "Reliable, done what they said they would do. I am very happy". People's relatives also commented, "100% confidence in them, you can see a difference" and "Confident [Person's name] is being cared for properly."

Feedback was received from a solicitor involved with a number of people supported by the service. They told us, "They [the service] go out of their way to make sure people are safe." We were given an example where the registered manager had reported their concerns about a person's safety, adding, "She [the registered manager] went over and above to ensure the person was safe."

We looked at how the agency protected people from the risk of abuse. We saw safeguarding policies and procedures were in place as well as a whistle blowing procedure (the reporting of unsafe and/or poor practice). Records showed and staff confirmed that safeguarding training had been provided. Staff we spoke with were also able to explain the whistle blowing procedure and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected.

Other policies and procedures were in place to promote the safety and protection of people. These included information about the recruitment and selection process, whistle blowing, disciplinary, and confidentiality.

In July 2016 we received some information of concern from a whistle blower. This was followed up with the registered manager at that time. Allegations were not substantiated. No other issues or concerns have been brought to our attention.

People and staff had access to out of hours 'on-call' support in the event of an emergency or issue arising. We were told that on-call support was provided by the registered manager, case managers and administration staff. All on-call staff were said to be kept up to date with people's support packages and the designated staff team. This helped to ensure any issues were addressed quickly so that continuity in care was provided.

At the time of the inspection the service employed nine permanent staff and four bank staff. Other support staff were employed directly by the person or their financial deputy who acted as employers on people's behalf. However we were told the agency would take responsibility for any employment issues as well as providing relevant training, supervision and support.

We looked at the recruitment files for five staff. Robust procedures were in place. Records showed that appropriate checks were made prior to applicants being offered employment. These included an application with full employment history, written references, copies of identification and interview records. Checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. The DBS identifies people who are barred from working with

children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

We looked at how staff were deployed to work with people. Records showed that people had a designated team who provided the care and support they needed. We were told and records showed that people or their relative were involved in interviewing prospective new staff for their support. This enabled them to be involved in the decision about which staff would help to provide the support they needed.

We were told that team leaders took responsibility for managing rotas. Bank staff had been employed so that more flexibility could be provided should cover be required. One staff member told us, "They are good at matching people together."

We saw that areas of risk to people's health and well-being were identified and appropriately assessed. These explored areas such as, administration of medication, moving and handling, aggression and risk of trips and falls. Where necessary relevant health care professionals were involved in carrying out a full assessment. Records showed that assessments explored the likelihood and severity of risk and the strategies needed. Management plans provided clear guidance to help minimise risks to people and those providing support so that people were kept safe.

Assessment also explored any environmental issues in people's homes as well as fire safety. Support plans made reference to fire equipment being in place such as an extinguisher, fire blanket and a smoke alarm. We were told by one member of staff that visual health and safety checks were completed as part of the routine monitoring visits carried out at people's homes. Records of such visits were completed and held on people's files.

We discussed with the registered manager what arrangements were made to ensure equipment used by people was regularly checked to ensure they remain safe to use. We were told the person's financial deputy took responsibility for ensuring all checks were completed. Any issues identified by staff would be referred to them.

We looked at what arrangements were in place to support people with the administration of their prescribed medicines. A policy and procedure was in place along with a programme of training for staff. Training records showed that medication training had been completed by all but two staff and was updated every three years unless additional updates were required.

A review of people's records showed that assessments were completed to determine if people were able to self-medicate. Where this was not possible and assistance was required a detailed risk assessment and plan was completed describing the level of support needed. Information explored arrangements for the ordering, administration, storage and disposal of items. We saw that staff completed medication administration records (MARs) to evidence what medicines had been given. Records we looked at had been completed in full. To help ensure people received their medicines safely weekly and monthly audits were completed

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. In addition training records showed that all staff had completed training in this area and renewed on a three yearly basis. Staff spoken with confirmed they had completed training and had access to protective clothing, where this was needed. The registered manager told us that one of the case managers was also a qualified infection control nurse and could provide advice and support where necessary. This helped to ensure people and staff were protected against the risks of infection.

Is the service effective?

Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. The service had policies and procedures on file to guide staff with regards to capacity and consent. A review of records and a discussion with staff confirmed that training had been provided in relation to MCA. Staff spoken with were able to describe how they offered people choice and encouraged them to make decisions for themselves.

We found that capacity assessments were completed for people to establish their ability to consent to their care and support. There was evidence on people's care records of their written or verbal agreement being made with regards to the service provided. Where this was not possible the registered manager or case manager would consult with an appropriate representative. One person we spoke with said, "My son helps me make all the decisions." The relative of another person said, "We are consulted and involved in everything. They don't do anything without talking to us."

During our discussion with the registered manager we were told that the service worked closely with solicitors and deputies appointed by the Court of Protection. Formal assessments of people's mental capacity were also undertaken by the person's solicitor. These assessments were specific to decisions about finances and litigation.

We were told that one person who resided in a care home was subject to a deprivation of liberty safeguard (DoLS). This had been arranged by the home however the service was fully informed of the restriction in place. The registered manager had also approached the supervisory body (local authority) for another person seeking agreement from the Court of Protection due to restrictions in place. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This helps to ensuring the rights of people were upheld.

We looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the registered manager and staff about the programme in place.

We were told and information showed that a comprehensive induction programme was in place. Consideration had also been given to the Care Certificate and relevant modules. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively. We saw the induction also included the completion of all mandatory health and

safety training such as; moving and handling, safeguarding people from abuse, health and safety, fire safety, medication, first aid, nutrition and mental capacity. Two members of the management team had completed training, which enabled them to deliver moving and handling training to the staff. This enabled the service to quickly respond to people's physical and mobility needs.

Further bespoke training was provided by therapists involved in people's care. This included, physical support needed as well as developing an understanding of an acquired brain injury. Staff competencies were assessed to ensure they understood what was expected of them. One staff member told us, "They support us all the way" and "Rigorous training, they are on the ball."

In addition to the training we were told that staff completed shadowing sessions (working under the supervision of an experienced care worker) and spent time reading people's care records. Shadowing periods varied depending on the needs of the person and staff experience. Observations were then carried out by the case manager assistant before being signed off to work on the rota. One new staff member told us they had been given all the information they needed in relation to the person they were supporting. Adding "I was given all the support and time I needed."

Opportunities were provided for staff to talk about their work both individually and as part of their team. Staff said that managers were "understanding and approachable" and meetings provided an opportunity to "talk about issues that were important to them." Feedback was received from a health care professionals in the surveys sent out prior to the inspection. They told us, "The training and supervision within the company is excellent and this shows in the quality of care and support being provided to service users."

Annual appraisals were also undertaken. One staff member said, "We get an opportunity to talk about progression." Another staff member said they were being support to complete a vocational training course in health and social care and that regular study time had been provided to enable them to complete the work required.

As staff worked across the north west region, they did not have easy access to the office. The service had introduced a 'drop box' service which enabled them to keep staff up to date and informed. Staff we spoke with confirmed what we were told. They said that the system, which is password protected, helped to keep them up to date with their work and any changes in the care and support people needed.

People's relatives and staff provided good examples of how the service worked in partnership with other professionals to ensure people's physical and health care needs were effectively met. A review of people's records showed that people were registered with a GP and had access to Speech And Language therapist (SALTs) Physiotherapists, Occupational Therapists (OT) and Psychologists. Records were made of all appointments and discussed during the regular mutli-disciplinary meetings. This information helps to ensure people are kept safe and supported appropriately. One staff member we spoke with said there was a, "Good network of professional support."

We saw that consideration was given to people's nutritional needs where this support was provided. Advice and support was sought from the SALT's and dieticians where potential risks such as poor swallowing or choking had been identified. People's records showed that a food and fluid diary was completed to help monitor people's nutritional intake.

Is the service caring?

Our findings

We asked people and their relatives about the care and support provided by staff. People we spoke with told us, "It's done the way it should be", "So far so good" and "Good support and reliable." People's relatives said that staff were considerate to their needs and how it impacted on them when staff were in their home. People told us, "They recognise how the support impacts on the family home", "Staff are respectful to all the family and have spent time getting to know everyone."

All the people who responded to our feedback surveys told that staff always treated them with dignity and respect and provided support in a caring and kind way.

The relatives of people we spoke with told us they were happy with the care and support their relative received. Their comments included; "If we hadn't of had their help I don't know where we'd be now", "They take into consideration the family too" and "Anything we've needed they have been there." Of staff and managers they said, "I've never met nicer people" and "They are inclusive and trusting."

A solicitor acting on behalf of several people also told us, "All the staff are caring and considerate" and "They are high on the list, due to the standard of care and support provided for people."

Staff we spoke with told us how they supported people to maintain their independence. They gave examples of how they encouraged people to do things for themselves. One staff member said there was "good therapeutic support, which enabled people to take more control over their lives." They said that one person was helped to communicate their needs and wishes. A communication book had been introduced detailing how the person communicated with others and what their gestures meant to them. Their relative said this had helped them to "make more decisions for themselves", adding they could now "see the difference due to the way staff are working with [person's name]." Staff we spoke with also saw how the introduction of the book had benefited the person. They said "we can communicate properly with [person's name] and get the best out of them."

Staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We saw that staff worked in small teams with each person, which had enabled people and staff to get to know each other as well as offering continuity of care.

During our inspection, with their permission, we visited one person at home. A member of staff was present during the visit. The person was seen to enjoy a good rapport with staff and interactions were polite, friendly and good humoured.

Staff we spoke with felt the service provided a high quality of support due to the attitude of the registered manager. They felt the registered manager, "understood the role of support staff", "was not afraid to get stuck in", "had a really good knowledge base" and "provided the support and direction needed by staff."

We saw that information such as support plans were provided in different formats. This helped people to

participate and understand information that was important to them.

People's records were stored electronically in the main office. Computers were password protected. This helped to ensure that confidentiality was maintained.

Is the service responsive?

Our findings

We spoke with the registered manager about the assessment process when people were referred to the service. We were told the service accepted referrals from financial deputies and solicitors acting on behalf of people where financial decisions need to be made.

In order to assess and co-ordinate people's care and support, we were told and records showed that the registered manager or one of the case managers carried out a comprehensive needs assessment with the person and relevant others. The assessment helped to establish people's wishes and preferences, social history, medical circumstances as well as their emotional and physical capabilities, all of which were then used to develop the support plans.

Those people we spoke with and their relatives all confirmed that a thorough assessment had been carried out with them. One person who was new to the service said, "I was given an overview of the service" and "I feel fully informed about the process." This person was also aware that a recommended support plan was being devised and would be shared and agreed with them and their financial deputy.

We saw that people's identified case manager took responsibility for coordinating any specialist support such as speech and language therapy (SALT), occupational therapy (OT) and physiotherapists. They also co-ordinated and supported the staff team, liaised with solicitors, financial deputies and other advocates involved with people. The case manager would then act as the point of contact for the person and would be responsible for arranging any meetings to review the progress of people's care and rehabilitation programme. Other support included liaising with agencies about people's housing and environmental needs, such as adaptations or equipment required.

One professional who provided feedback through our feedback surveys, distributed prior to the inspection said, "They have the clients at the centre of their rehabilitation and involve them fully in the process. The documentation that is available to staff caring for service users are excellent, it's clean and comprehensive. I feel confident as a therapist that my rehabilitation programmes are followed and this is monitored by staff through comprehensive supervision."

A review of two people's records showed that where specialist services had been involved detailed therapeutic plans had been implemented. These provided clear information to direct staff in the safe delivery of care and support. These plans helped to support people in re-learning daily living skills as well as encouraging them to be as independent as possible. We saw that plans were initially reviewed on a monthly basis and then every three months as part of multi-disciplinary meetings. Comprehensive records were maintained of all communication or correspondence made with third parties on behalf of people. People we spoke with confirmed they received a co-ordinated package of care and were fully involved and consulted in planning their support.

In addition to supporting people to meet their health care needs the service explored people's social and emotional needs so that they were helped to live a lifestyle of their choosing. For example; arrangements

were made so that one person could join a family holiday. We saw plans explored the staff needed to support the person during the long journey and throughout the break. This gave the person the opportunity to spend quality time with their extended family enabling them to maintain relationships with people. Their relative told us this had gone "very well" and the person had "loved being away with their family."

We saw the package of support for another person was to enable them to take part in social activities as well as access the wider community. They told us this helped them to maintain their independence as well as reduce social isolation.

We saw information about how to make a complaint was included in the documents people were given when they started to receive a service from Complex case Management. People we spoke with told us they had received a copy of the procedure and felt confident in raising any concerns they might have with either their case manager or registered manager. People told us: "They listen to me", "There for any advice and support" and "Always at the end of the phone."

The registered manager told us that no formal complaints had been received. This was confirmed on review of the records held. Information showed that people had complimented the registered manager and staff on the service provided. Adding "Thank you for everything you have done for me over the past 10 months, I don't think I'd of made it this far without you" and "You are very much in my thoughts and you have my upmost respect for the excellent contribution you made to my life when it was most needed"

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). They were present during the inspection. The registered manager is also the named responsible individual and is the sole director for Complex Case Management Limited.

The registered manager is a qualified nurse and has significant experience working with people who have an acquired brain injury. The registered manager is a member of the British Association of Brain Injury Case Managers (BABICM) and Case Management Society UK (CMSUK). Both organisations help to promote best practice, encourage high standards of training and promote networking and communication amongst other professionals. The registered manager said they regularly met with another case management provider so that they would share good working practices as well as offering advice and support.

The registered manager was supported by a team of case managers, a case management assistant, administration staff as well as support staff. During the inspection we spoke with four staff. We were told the registered manager provided clear leadership and support. Staff were aware of the standards expected of them and felt supported in carrying out their work. Staff told us "They [registered manager] are very supportive and nothing is a problem. They are there when we need support", "The manager is very proactive", "Service is well organised and planned", "The manager acknowledges and appreciates staff" and "Brilliant, they know what they are doing."

Staff said they had the opportunity to discuss their work during the staff meetings. However a new member of the team said they had yet to meet with the team they worked with and felt an opportunity to do so would be beneficial in discussing their work.

We also spoke with people who used the service and their relatives to seek their views about their experiences and quality of support provided. People spoke positively about the registered manager and the team. We were told, "So far so good, very professional", "They deal with things properly" and "I can ring them [registered manager] at any time and they deals with things."

Group meetings with people and their relatives were not held. Due to the service supporting people across the North West this was not practical to co-ordinate. However we were told that regular meetings were held with people and their case manager. People we spoke with confirmed what we were told.

We asked health and legal professionals to comment on their experiences when using the service. We received feedback from a solicitor who worked with a number of people supported by the service. They described the service as; "Outstanding." Adding, "High calibre team", "Case management is first class" and "Very impressed by the manager."

We looked at how the registered manager monitored and reviewed the service provided. We saw information to show that checks were carried out to ensure people were kept safe. This included 'support intervention audits'. These were assessed weekly to check any intervention offered was in line with the

person's plan and if this had been successful. Weekly and monthly medication audits were also undertaken to ensure people had received their prescribed medicines. Clinical governance meetings were held monthly involving the registered manager and case management and administration team. Discussions included a review of any accidents or incidents, outcomes from the medication and care plan audits and a review of the training plan in place. All information was recorded along with any action required. This helped to demonstrate effective monitoring of the service ensuring people received safe and effective care and support.

In addition multi-disciplinary meetings were held involving relevant healthcare professionals and solicitors. This too helped to promote transparency and effective working relationships so that the interests of people who used the service were put first.

The registered manager had also introduced satisfaction surveys. These had been sent out in January 2017 to people who used the service, relatives and professionals involved in people's care. Questions focused on the five domains and asked people if they felt the service provided was safe, effective, caring, responsive and well-led. We saw comments from two professionals who said, "I find the team at Complex Case Management very professional and highly competent across all areas. The care staff they have in place are excellent. The environment created for service users is very supportive, very proactive and very respectful" and "I feel the communication is very good. I am happy to make a telephone call and the information is understood, documented and relayed accurately with no misunderstandings. Requests and queries are answered quickly, efficiently and effectively. I feel my professional input is respected and I have confidence in Complex Case Management to get the best job done."

As part of this inspection we too sent out feedback questionnaires to people who used the service, staff and professionals. We received 14 responses. Comments received from staff included; "Care Complex Management is a very dedicated and professional specialist service for clients with brain injury requiring care and holistic support", "I feel the agency works well with all professions involved and provides a very bespoke package to each individual client" and "Well led, well run service." A professional who responded also said, "I have been involved with Complex Case Management since the business opened. I have found them to be a well organised establishment following good practice guidelines. I feel confident in recommending Complex Case Management to other clients and feel that the quality of service being provided is of an extremely high standard."

We saw the service had policies and procedures in place, which were kept under review. All staff were provided with an employee's handbook, which included the aims of the service and code of conduct.

Before our inspection we checked the records we held about the service. We found there had been no notifications. Notifications of significant events such as accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager told us there had been no such events, but was aware of what issues should be notified to the CQC and how they would do this.