

Elmwood Nursing Home Ltd

# Pinewood Home Care

## Inspection report

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Date of inspection visit:  
26 February 2018

Date of publication:  
17 April 2018

## 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 comprehensive inspection took place on 26 February 2018. On the 1 and 2 March 2018 we contacted people and staff to ask their views about the service. This inspection was announced which meant that the staff and provider knew that we would be visiting.

Pinewood Home Care was previously registered with the Care Quality Commission (CQC) under the same registration as Pinewood Nursing Home as it is operated from the same location. This was their second inspection since registering separately with CQC in January 2015. At the time of the inspection they provided personal care and support to younger and older people living in their own homes in Budleigh Salterton, Exmouth and Exeter. They supported people living with dementia and a physical disability. The registered manager made us aware at the inspection that they were in the process of cancelling their service in Exeter.

At the time of our inspection there were 32 people receiving a service from the agency. Although the majority of people using the agency received a regulated activity, some received support visits only. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The time of visits people received from the service ranged from 30 minutes to five hours, with the frequency of visits from once a day to four times a day. There was one person who required two care workers at each visit to support them. There were 18 full and part-time staff employed.

At our last inspection in November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

### Why the service is rated Good

The service continued to provide safe care to people. One person commented: "I feel very safe with them and I know that if I have any problems I can always get hold of them."

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 registered manager had returned to work at the service in the summer of 2017 to retake up the role of manager. They had reapplied to CQC and had been re-registered as the registered manager in February 2018.

People received care which was personalised to their needs. Staff knew people well, understood them and cared for them as individuals. People were relaxed and comfortable with the staff who supported them and knew what mattered to them. Staff knew about people's lives, their families and what they liked to do.

People's care files were detailed and included information for staff to know how to support each person. New care plans had been put into place by the registered manager which included people's preferred routines. The care files were regularly updated and reviewed when needed. Health and social care professionals were included in people's care; staff worked closely with them to make sure they were providing the most appropriate care. People received the care which had been contracted to them by the commissioning service.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and on time. Accidents and incidents were carefully monitored, analysed and reported upon.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their findings.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Pinewood Home Care

## 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 inspection site visit took place on 26 February 2018 and was announced. We gave the agency three days' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office to see the registered manager and office staff; and to review care records and policies and procedures. Inspection site visit activity started on 26 February 2018 and the inspection ended on 2 March 2018.

This was a routine comprehensive inspection carried out by one adult social care 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 spoke by telephone with five people and a relative to gain their experiences of the agency. We visited two people in their own homes and spoke with them and a relative. We met and spoke with the registered manager, the provider, the care co-ordinator and two care staff. We also contacted staff to ask their views and received responses from three of them.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law. We reviewed the questionnaire responses which we received from people, relatives and staff sent by CQC prior to our inspection. We received eight responses from people receiving a service and two relatives. We also received four staff responses and one health and social care professional responded.

We reviewed information about people's care and how the service was managed. These included: three people's care files; three staff files which included recruitment records of the staff recruited since our last

inspection; staff induction, training and supervision records; quality monitoring systems such as audits, complaints; incident and accident reporting and minutes of meetings.

## Is the service safe?

### Our findings

People felt safe being cared for by staff of Pinewood Home Care. Comments included, "The carers are very good, I know them well and I feel very safe with them" and "I feel very safe with them and I know that if I have any problems I can always get hold of them." A relative said, "Yes I think he is safe with them."

Staff demonstrated an understanding of what might constitute abuse and what to look for. Staff had received training in safeguarding adults and knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). The registered manager demonstrated an understanding of their safeguarding role and responsibilities. The registered manager since returning to the service had raised several safeguarding concerns with the local authority, police and relevant health and social care professionals. These mainly related to domestic concerns for people using the service and an incident of an alleged theft. In each instance they had worked the professionals and followed their guidance.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, mobility, general safety awareness, aids for daily living, self-medication of medicines and the workplace environment. Staff also completed a home safety check. They had allocated tasks for each day of the week. For example on a Tuesday, fire alarms were tested, on a Wednesday people's pendants and on Friday a legionella check which involved staff running taps in unused water outlets in people's homes.

The registered manager worked in partnership with the local fire service. This was where the provider engaged with the fire service to identify vulnerable people and to ensure they receive a home safety visit. The fire officer recorded in a letter, "Our review meetings are always very positive... I see her role (registered manager) pivotal to the continued success in our working relationship and her dedication to ensuring that the vulnerable receive the information to keep them safe in their homes in reference to fire."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration for one person. Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff were confident supporting people with their medicines and prescribed creams. The management team checked medicine records to ensure staff were administering them correctly.

Care staff, people and their relatives said there were always enough staff to meet people's needs. This included moving and handling and repositioning needs with the support of two staff members. People

received rotas' weekly, which showed their visit time and the name of staff who would carry out each visit. The provider operated a check in/check out system using people's telephones with their permission which validated staff arrival and departure time. The registered manager said they would receive a notification alert if a staff member did not turn up for a visit. They also said they tried to keep consistent care staff supporting people for continuity. This was confirmed by people.

People and their families said staff arrived on time, stayed for the correct amount of time and never missed a visit. If staff were running late due to traffic issues they contacted people to let them know and give them an estimate of how long they would be.

Learning from incidents and investigations took place and appropriate changes were implemented. The registered manager had an overview of accidents and incidents within the service and looked at trends and patterns. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which impacted on people's safety.

The provider had an infection control policy which reflected best practice guidance. Staff had completed infection control training, washed their hands regularly and used protective equipment, such as gloves and aprons to reduce cross infection risks. Care staff said they had plentiful supplies of gloves and aprons available. People confirmed staff wore aprons and gloves when supporting them. The provider provided bags for staff to carry; these had hand gel, care worker on call signs, torches, first aid kits, gloves, paper towels, aprons and additional forms and pens. This demonstrated that the provider ensured staff had the equipment they required at all visits.

## Is the service effective?

### Our findings

People felt the help they received was tailored to their specific needs and the staff were well trained, kind and compassionate. One person said, "They do involve me and do things the way I want them done. Yes I feel in charge of what is happening and how they help me. On one occasion they got me into hospital because I had a heart attack. I think they are very good, very knowledgeable and I trust their judgement."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One person said, "My mobility isn't good and I have several aids in the bathroom and bedroom to help me sit and stand. They are always careful to make sure everything is in the right place for me and that they are helping move safely. They emphasise that things have got to be safe for me and we don't want any accidents. They absolutely know what they are doing, no question in my mind."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. One newly recruited staff member said, "I did a whole week of shadow shifts with (experienced staff member), very good very competent." Newly employed staff undertook the Care Certificate (a set of standards that social care and health staff adhere to in their daily working life).

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training in all aspects of health and safety. Staff also received training in topics specific to people's individual needs. For example, where a person had required a specialist rescue medicine staff who supported this person had received training about how to use the medicine. The registered manager had undertaken train the trainer courses and delivered equality and diversity, medicines, dementia, person centred care training to staff. They were in the process of renewing their manual handling training and worked alongside staff to monitor their practice and guide them.

Staff received on-going supervisions in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager and senior staff. The registered manager said staff received a full supervision every three months and in between they had two spot checks and observations. They also said they had scheduled appraisals to review staff performances for the previous year. This showed that the organisation recognised the

importance of staff receiving regular support to carry out their roles safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were. Care staff received mandatory training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. Staff were required to record they had gained people's consent on each visit. Where people lacked the capacity a best interest decision had been completed to decide about information which could be used in their care plans.

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. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People were supported to maintain a balanced diet. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Care staff reheated the meals and made sure they were within reach. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. Where people were supported with their nutrition care, staff recorded and monitored their food and fluid intake. Where staff cooked or heated up food the provider issued a temperature probe for staff to record the temperature of food when heated and antibacterial wipes. They had guided staff that food needed to be heated above 72 degree centigrade and that they recorded the reading. This was to ensure food was heated to the required temperature to minimise the risk of food poisoning. People were happy with the support they had to eat and drink. One person said, "Breakfast is always my choice . . . if I'm not feeling like it they will make suggestions about what I could have and then make it for me. Yes I think they do provide me with effective support."

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

## Is the service caring?

### Our findings

People described the staff as sympathetic, understanding, helpful and kind. They said they felt treated with respect by the staff and that staff were genuinely interested in them not just as people they supported but as individuals. Comments included: "I'm really pleased with the help they give me; they are patient, gentle kind and caring. They are more like friends than carers. Always interested in me and what I've done in my life. They ask about the family and if I'm feeling a bit low they don't just brush me aside, they'll sit and chat to me or listen to me. It makes me feel I still matter" and "They always come in with a smile and chat and know just the right way to do things for me, particularly the ... ladies who are more experienced. I have confidence in them." A relative said, "Yes the staff are very kind to him, to both of us in fact. They always manage to make him laugh and there's lots of banter between them. I know he looks forward to them coming. They're really helpful. It's not easy having to help a man with intimate things but they manage to make it all go smoothly and there's no embarrassment. They always make time to talk to me and check on me as well, they know it's not easy for me either."

People told us they were treated with kindness and respect when receiving care and support. Staff encouraged and included relatives in the care of their family members. One person said, "It takes a little time for the person helping you to become familiar with what you want and how you want it done but they all have such a nice way of talking to you and they are always willing to listen and they take note of what you say. It's nice, respectful. They're friendly and nothing seems to be a problem to them. They are always willing and I never feel, Oh I shouldn't ask this or awkward in any way. I need lots of assistance to be moved from place to place ... The staff are very good at supporting me and helping me at my pace. Things are done my way; it is after all my home."

Staff told us how they maintained people's privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. One commented, "I always pull the curtains when helping someone have a wash."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: "I'm never made to feel like an invalid. I think they help and encourage me to be as independent as I can be." One staff member said, "We are a family run business which can be flexible so if more care is needed then we can. Also the staff are very good we all go to the extra mile to make things work well."

People said staff offered them choices each day and asked for their consent before carrying out personal care tasks. One person said, "The care plan is there and it's laid down what should be done but they are flexible and if I don't want something done one day then that's my choice, they don't press me just because it's written down. I think they probably write it in the book that I've asked for something to not be done."

Staff relationships with people were strong, caring and supportive. One person said "The staff are very kind to me; in fact I couldn't be treated better. They are really polite and caring and we've built up a good

relationship over the months that they've been coming. This isn't the life I thought I'd have, I'm resigned to it but the fact that they are so kind makes things easier." Another person said, "The staff are incredibly kind. They will sometimes pop in outside of a normal visit just to check on me. They really do go over and above." A relative said, "There's always lots of laughter when they're helping him but they are very patient with him. Their help takes a lot of pressure off me."

## Is the service responsive?

### Our findings

People received personalised care and support specific to their needs and preferences. People said staff were responsive to their needs. They said they felt in charge of how their care was delivered and that their care plan accurately reflected their needs and they received a good quality service. Comments included, "Yes the staff are very responsive ... At the moment the care plan is enough for my needs."

At the first face to face meeting an 'initial meeting assessment' was carried out. This included information about the person, their family, their support details, their work and assessment of needs which included daily living, likes and dislikes general health and personal hygiene. Following the initial assessment, a care plan was then developed which identified people's health and support needs and any risks to the individual person. Care records showed all the relevant people had been involved in planning each person's support where appropriate, such as family and care professionals. People and relatives confirmed they had been involved, comments included, "My care plan was talked through with myself and my family member when it was first set up. I stipulated that I did not want a male carer because I have help with personal care as I would find that embarrassing and difficult. They've always respected that. I am not able to get out into the community but the staff bring the community to me in a way with their chat about what is happening", "The care plan was talked through with me and it has been reviewed and changed over time. I can't remember how often they review it but I think it might be a couple of times a year" and "The care plan was talked through with both of us to make sure it was giving us all the support we needed. So far it's all working very well and we are very pleased with it. The staff say this is the best company they've ever worked for. That's always a good sign when the staff are happy."

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People and relatives felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. Comments included, "Before they started coming we went through everything with the manager and his care is very tailored to what he needs" and "They assessed what kind of help he would need and how it would be carried out safely. I wouldn't have them in the house if I wasn't confident of that." Field care supervisors completed monthly reviews with people they were responsible for. They spoke with people to ask their views about the support they received to help with the review of their care plan.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. This was reflected on the provider's website where it stated, "Staff will be highly trained to deliver excellent person centred care following a thorough assessment of the service user's needs. This can, at the Service User's request, involve relatives, advocates or other care professionals who are involved in meeting the service user's requirements."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. The registered manager had made significant changes to the care plans since returning to the service. Staff said they found the care plans

helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. We looked at a care records with one person and they agreed the care plans were accurate and reflected the support they received.

The service were working to implement the Accessible Information Standard (AIS). They met people's individual information and communications needs in ways to achieve independence. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given.

The registered manager said that the provider had arranged that people could attend a Christmas party where people were picked up and enjoyed a pub lunch with father Christmas making an appearance. One person said, "They are a lovely company. Once a month they pick me up and take me to Pinewood for lunch and then bring me home again. It gives me the chance to meet people. We've never had to complain about anything."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff, senior staff and the registered manager. People said that they had never needed to complain. Comments included, "I've never felt I needed to complain about anything or anyone. The girls are nice, kind, willing and helpful, what's to complain about", "We've not had to complain about anything" and "If there were any problems I would speak to the manager but so far there hasn't been any and we've never had to complain." The registered manager had dealt with three complaints since our last inspection. These had been thoroughly investigated and been dealt with in line with the provider's complaints procedure.

The agency supported people at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs were met in a timely way. A GP told us about a person who had been supported by the service at the end of their life. They had no relatives and wanted to stay at home. They said "Pinewood offered to accommodate in the home, and when he preferred to die at home they provided carers including night sitters at short notice. He died peacefully in the place of his choice."

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the service and how the management team worked well with them. They said they would be happy to recommend the service to others. Comments included, "From the manager to the office staff to the carers, they are all excellent", "I think it is an excellent company, very well run, they do everything well. The staff are great, friendly and chatty. I would recommend them to anyone needing help" and "From what we've seen so far it seems a very well-run company. The staff who have worked for other company's tell me that this is the best one they've ever worked for. I think its good overall in every way. I would recommend it."

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 registered manager had returned to work at the service in the summer of 2017 to retake up the role of manager. They had reapplied to CQC and had been reregistered as the registered manager in February 2018.

People and their relatives were positive about the registered manager and how they worked with them. Comments included, "The staff are very well trained but then they have a very good example in their manager who is a carer as well and often covers some of the care visits. She has been wonderful, sometimes when I've not been well she has come and sat with me until I'm feeling better", "Since this manager took over things have really got better and improved, I've seen it and I think the staff have too. I would recommend them without hesitation" and "The manager is very good, a very nice woman. If I had any problems I would speak to her but she seems to be on top of everything. The staff all like her and I think that makes for a more relaxed feeling. So far I think they are excellent, a well-run company that I would recommend to anyone."

The registered manager demonstrated how they personally supported staff and people using the service, when an unforeseen incident had occurred the week of our visit involving a staff member. The registered manager had taken the lead to reassure staff and people. With the providers support they had offered a counselling service for staff and people if they required. The registered manager had visited each person involved to discuss with them what had happened and how they would be supporting the person.

The provider worked on the same site as the Pinewood Homecare office. They spoke daily with the registered manager and was aware of any concerns. The registered manager said "When I came back things were not very good. (The provider) has been very good and heavily involved. The registered manager was supported by a newly appointed care co-ordinator and field supervisors (senior care staff) who undertook roles delegated to them. This included undertaking reviews, audits and spot checks.

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "Pinewood expects a high standard of care and support to be given by the carers to the service users and at the same time appreciates delivering

the care has its challenges. That is why I give feedback to (registered manager) every week or if urgent on the day. All concerns are acted on immediately and advice given as to what to do", "The registered manager is very professional, the paperwork is more professional and she actually cares for the service users. I feel I am working for a professional organisation, I can come to (registered manager) and she will sort it out, very approachable" and "I would like to say also that (the registered manager) is a really good manager she is always available if any problems arise and is very supportive." The registered manager recognised the importance of staffs work life balance. Where a staff member wanted to attend a weekly church service the rota had been arranged so they could go.

Staff were actively involved in developing the service. The registered manager worked alongside staff and had an open door policy for staff to speak to them if needed. Staff confirmed they had attended staff meetings and felt their views were taken into account. The service also provided staff with regular memos to keep them up to date on organisational changes, the training available, policies and procedures and professionalism.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to communicating information. Comments included: "They send me a feedback form, once a month I think. My son fills it in and sends it back as he is my main carer... We've never had to alter the times for visits since we started having help but they are so helpful I'm sure they would do their best to accommodate it if that was necessary." The registered manager said they sent information to people to keep them informed with their weekly rotas.

The service worked with other health and social care professionals in line with people's specific needs. The registered manager said communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs, occupational therapist and district nurses.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, additional staff training and risk assessments amended. Where staff were then found not to be performing as required, actions had been taken in line with the service's policies and procedures. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Quality assurance checks were completed on a regular basis. For example, the management team reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up.

Checks were completed on a regular basis by the registered manager and field supervisors. Monthly review checklist were used which included checking accidents and incidents reports, quality assurance and infection control. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. On the first day of each month staff were required to bring people's paperwork to the office so it could be audited and archived as needed.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the Care Quality Commission (CQC) as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating on the provider's website.