

# Bideaway Homes (2) Limited

# Southview Lodge

# Residential Care Home

## Inspection report

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21 November 2016

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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

The inspection visit at Southview Lodge Residential Care Home took place on 16 and 21 November 2016 and was unannounced.

Southview Lodge Residential Care Home is a large detached residence, situated in a semi-rural location close to Hesketh Village. The home provides 24 hour personal care and accommodation for up to 30 older people. All bedrooms and communal areas are accessible on the ground floor. There is a large garden to the front and rear of the property, with outdoor seating areas and ample car parking. At the time of our visit, 27 people lived at the home.

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.

At the last inspection on 25 February 2015, we found the provider was not meeting the requirements of the regulations in respect of person-centred care, safe care and treatment, premises and equipment, need for consent, staffing, good governance and the notification of incidents.

During this inspection, we found the provider had made improvements in all these areas and was meeting the requirements of the regulations.

We looked at the recruitment of four staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We found the registered manager had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager completed individual risk assessments for people who lived at the home. This helped to ensure risks were identified and measures put in place to reduce risks to people's safety and wellbeing. Written plans of care provided a good level of guidance for staff with regard to supporting people safely.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people

who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. The provider had undertaken work to refurbish communal areas, as well as toilets and bathrooms. The 'secret garden' to the rear of the home had been landscaped and provided a pleasant outdoor area for people to make use of in good weather.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. The provider had increased staffing levels in the evening in response to feedback from people who lived at the home and staff.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups. The provider had made links with local community groups and schools for them to be involved in activities and events at the home, which people told us they enjoyed.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicines were administered and stored in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

### Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and compassion in their day-to-day care. Relatives spoke positively about the care at Southview Lodge.

Staff had developed positive caring relationships with people who lived at the home and knew them well.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider offered activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint. People felt confident the management team would deal with any issues raised.

### Is the service well-led?

Good ●

The service was well led.

The registered manager had a visible presence throughout the home. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

People, their relatives and staff were involved in making decisions about how the service was delivered.

# Southview Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

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

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Southview Lodge. They included six people who lived at the home and two relatives. We spoke with the registered manager, two members of the management team and seven staff.

We looked around the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked six care documents and medicines records in relation to people who lived at Southview Lodge. We looked at four staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, team meeting minutes and findings from monthly audits.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe with the staff and registered manager at the home. Relatives we spoke with also told us they felt their relatives were safe living at the home. One person told us, "I feel safe. There are a lot of staff and they check on me." Another person said, "Yes, I feel safe living here. I can press the buzzer and they [staff] come right away." One relative commented, "[Relative] is safe here, the staff are all great."

At our last inspection in February 2015, we found concerns with regard to assessments of people's needs, risk management and infection control, which may have affected people's safety. Following our inspection, the provider told us how they planned to make improvements for people who lived at the home. During this inspection, we found the provider had made improvements in each of these areas, to help make sure people received safe care and support whilst living at the home.

We asked about staffing levels during our inspection and received mainly positive feedback, although two people told us staff were sometimes 'pushed' during the evenings. Staff we spoke with told us they felt there were always enough staff on duty to ensure people's needs were met safely. We looked at staffing rotas for six weeks leading up to the date of our inspection, which showed a consistent level of staff were deployed. When we discussed staffing with the registered manager, they told us they had recently introduced a new shift between 17:00 and 22:00 each day. This was in response to feedback from people, their relatives and staff in a recent questionnaire, that staff were very busy during this period.

We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. What people told us and what we observed showed the provider had ensured a sufficient number of staff were deployed to ensure people's needs were met safely.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in staff training records. Staff we spoke with explained how they would deal with safeguarding concerns and told us they had complete confidence in the registered manager to deal appropriately with any issues.

We looked at each area of the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchen and communal areas. We found these areas were clean, tidy, and well maintained. Toilets and bathrooms had recently been refurbished which helped to make them easy to clean and disinfect thoroughly. We observed personal protective equipment was available around the home and staff made use of it appropriately, for example, wearing gloves and aprons when necessary. We looked at records which confirmed regular testing and certification of utilities systems were carried out, in line with legal requirements.



We found call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. We checked the call system in two bedrooms and a bathroom to see whether it worked. We noted staff responded to the call bell in a timely manner. We observed staff responded to the call bell and to people's verbal requests for support throughout the day. People we spoke with confirmed staff attended if they pressed their call bell.

We looked at care records for four people who lived at the home. We did this to check how risks to people were identified and managed. We found individualised risk assessments were carried out appropriate to people's needs. Care documentation contained instruction for staff to ensure risks were minimised. During our observations, we noted people were supported as described within their care plan. Staff we spoke with and the registered manager confirmed, assessments of people's needs and individual risk assessments were completed. They were reviewed and updated regularly, in line with changes in people's needs. This was also evident when we looked at documented assessments.

We checked how accidents and incidents had been recorded and responded to. Any accidents or incidents were recorded as soon as possible after the incident. We saw the recording form had the description of the incident and any action taken by staff. The registered manager explained they analysed accidents and incidents to identify any trends or themes, in order to take action to reduce the risk of it happening again.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files which contained the required information. This included a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruiting decisions. We saw references from previous employers had also been sought. These checks helped to minimise the risks to people of the recruitment of potentially unsuitable candidates. Staff personnel files also contained records of interviews and checks on candidates identity. This showed the provider followed a robust and safe process when recruiting new staff.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for four people. We also observed the administration of medicines by trained staff. We observed consent was gained from each person before having their medicine administered. The MAR was then signed immediately. We did this to see if documentation was correctly completed and best practice procedures were followed.

Medicine audit forms were seen and checked as correct. Records looked at showed trained staff received competency observations to ensure their skills and knowledge were maintained. Medicines were stored clearly and safely within the trolley. When not in use we observed the medicine trolley was locked and tethered to prevent its removal from the home.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

# Is the service effective?

## Our findings

People we spoke with and visiting relatives gave us positive feedback about how effective care was at Southview Lodge. They felt staff were skilled to meet the needs of people and provide effective care. One person told us, "The staff are very good. They all know what they're doing." A relative told us, "I think the staff are great. They look after [Relative] very well."

When we last inspected the service in February 2015, we found concerns related to the need for consent, the premises and the support staff received. Following our inspection, the provider told us how they planned to make improvements. During this inspection, we checked and found the provider had made improvements in these areas, in order to improve the quality of care people received.

We looked at how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. One member of staff told us, "The induction was really good. They showed me how to use all the equipment and how to help people move safely as well as everything else. I shadowed [Staff member] who showed me how to do things properly." This helped to ensure staff were confident and competent to undertake their role effectively.

New staff were required to complete a E-Learning courses during their induction which were backed up by face to face training. E-Learning is a method of learning whereby computers or other electronic devices are used to give staff information on topics and to check their understanding. The provider had developed a training system which staff could access from computers and their mobile phones. The provider had incorporated the care certificate into the induction for new staff. The care certificate is a set of standards that health care and social workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers.

The registered provider had developed a training matrix to ensure all staff training needs were met and refreshed on a regular basis. The training matrix showed when staff needed to retrain on individual subjects.

Training was separated into a mandatory section all staff had to complete and additional training. Mandatory training included safeguarding, dignity, moving and handling and infection control. Additional training included challenging behaviour and end of life care. We saw training from one of the UKs leading specialists in end of life care had been booked for shortly after our inspection. The provider told us they felt this was a great opportunity for staff to increase their knowledge and improve their skills to ensure they could provide a high quality of care and support to people and their relatives at such an important time. Staff spoke positively about the training provided and told us they felt they had all the necessary knowledge and skills to carry out their role effectively. This showed the provider had a framework to ensure staff had the knowledge and skills to deliver effective support to meet people's needs.

We looked at how the registered manager supported staff. Staff told us they received supervision from the registered manager or senior staff. Records we looked at confirmed staff received regular supervision and an

annual appraisal to support them to carry out their duties effectively. The provider told us they monitored this carefully to ensure staff received a good level of support. Supervision was a one-to-one support meeting between individual staff and the registered manager or senior staff, to review their role and responsibilities. The process consisted of a two-way discussion around people who lived at the home, personal development and training needs, as well as any other topic staff wished to discuss. All staff members we spoke with told us they felt they could speak with the registered manager or provider at any time, should they want additional support or guidance. They told us they had confidence in the management team and any issues were quickly resolved.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found, since our last inspection, the provider had introduced routine assessments of people's capacity. This meant staff acted lawfully when supporting people to make decisions. Additionally, the provider had introduced recording of people's consent to receiving care and support, which we saw in care documentation.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with told us they had received training on the MCA and DoLS. They were aware of the need to consider people's capacity and what to do when someone lacked capacity. One staff member told us, "We try to give people as much choice and control as possible." We observed staff consistently offered choice to people and checked for their agreement before taking any action. The registered manager was aware of the need to support people within the principles of the MCA and had liaised with people and their relatives when submitting applications under DoLS. Where people did not have family or friends to support them, the provider would involve independent advocates to ensure decisions were taken in people's best interests.

We observed mealtimes throughout the day and asked people about their experiences of the food and drinks offered. People were able to choose where they received their meals, in their bedrooms, in the dining area or other communal areas. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal. We saw snacks and drinks were offered between meals. About the food one person told us, "The food is very good, very nice." Another person told us, "I've no complaints, none at all. You can order mostly anything."

We spoke with the chef who had knowledge of people's likes and preferences. They knew who required special diets and who required food to be served at a prescribed consistency. We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The home had achieved a food safety rating of four. Services are given their rating when a food safety officer inspects the premises. The rating of four meant the home was found to have good food safety standards.

People's healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as district nurses. Care plans had sections for general medical conditions and specific conditions such as mental health. The registered manager told us the GP visited weekly to attend to new and ongoing issues. The home had recently engaged a new chiropodist who would carry out visits to the home. We saw a visiting optician carrying out eye examinations during our inspection. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

We looked at each area of the home to check whether the premises were maintained. Since our last inspection, work had been carried out to improve communal areas of the home and work was underway in a staged approach to refurbish bedrooms. The dining room and large lounge had been refurbished and redecorated which provided a pleasant and attractive space for people and their relatives to enjoy. The provider had created a large 'secret garden' at the rear of the property which was secure and had been landscaped attractively. People told us they made use of the garden in good weather and told us about events that took place there, such as parties and barbeques. Any maintenance work that was required was recorded by staff who passed the information in to the provider. We saw from records maintenance issues were addressed promptly.

## Is the service caring?

### Our findings

People we observed appeared happy and relaxed. People we spoke with told us they were pleased to be living at the home and staff were pleasant, helpful and caring. We observed staff treated people with kindness and compassion. The atmosphere within the home was calm throughout our inspection. One person told us, "All the staff are so nice. [Registered manager] is really good to me." A visiting relative commented, "They are all really caring with [Relative]. I appreciate that." Staff we spoke with told us they had received training around providing care and support to people in a way that was dignified and respectful. We saw staff put this into practice during our inspection. We observed many positive and caring interactions between staff and people who lived at the home.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There was a rapport which people appeared to enjoy and which showed familiarity.

Relatives we spoke with said they were made to feel welcome. They told us they could visit any time without restriction. People we spoke with confirmed this. We saw people went out with visitors during our inspection and families had been invited to join people who lived at the home for a 'movie and chippy' evening on the first day of our inspection. This showed the provider had developed strong caring relationships with relatives of people they supported.

The provider had undertaken a significant amount of work to capture important information about people, which included their life history, preferences about their care and support, likes and dislikes. The provider was in the process of adding more of this information into people's written plans of care in order to make the care and support people received even more person centred.

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. One person told us, "The staff are great, I'm well looked after and they know me very well." One relative told us, "The staff and management a wonderful. They've taken the time to get to know [Relative] and me."

When we last inspected the service in February 2015, we found concerns relating to person- centred care planning and activities. We found plans of care did not meet people's needs and preferences and the activities provided were not in line with people's preferences. Following our inspection, the provider told us how they planned to make improvements for people who lived at the home. During this inspection, we checked and found improvements had been made in these areas.

To ensure the care and support provided to people was able to meet their needs, the registered manager completed an assessment of people's needs before they moved into the home. The registered manager explained if they were not able to meet people's needs they did not offer a place at the home.

To make sure the support remained responsive to people's needs, the management team carried out regular reviews of people's needs and their written plans of care. We saw written plans were updated in line with changes in people's needs. For example, we saw one person who's mobility needs had changed. This was reflected in their care plan which explained they now needed additional support from staff to move around the home. This showed the registered manager had a framework that ensured the care delivered was able to respond to people and their care needs.

During our inspection, we looked at four care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. The provider had gathered information about people's preferences about how their care was delivered, which was added into written plans of care. We saw information related to capacity, behaviour, memory, mental health, emotional needs and communication. There was further information on daily life, social activities, personal care, dietary needs, safety and well-being.

We asked about activities that took place at Southview Lodge. We saw there was a weekly timetable of activities available for people to participate in, if they wished to do so. People we spoke with confirmed a range of activities took place at the home including crafts, movie nights, board games, manicures and hand massage. People told us staff had asked them what sort of activities they would like to do and what they had enjoyed doing in the past. The registered manager told us they were going to use this information to plan future activities so people could take part in activities that were meaningful to them.

The provider had purchased a green house and incorporated flower beds into the 'secret garden' which people told us they used during spring and summer to grow flowers and vegetables. The management team had arranged a variety of events leading up to Christmas, culminating in a party. A wide range of local groups, such as schools, air cadets and martial arts groups were involved. People, along with children from

the local primary school, had crafted felt poppies and spent time reminiscing about past times in the lead up to Remembrance Day. People who lived at the home had also recently taken part in the Remembrance Day service held in the village.

People we spoke with told us they enjoyed the activities provided and they could go out into the village or spend time in their own company if they chose to do so. The provider took time to explain to us about how they had contacted local community groups to try to engage more with them for future activities. This showed the provider had improved the activities on offer at the home and was working to make further improvements.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager. We saw no formal complaints had been received by the service in the last 12 months. We talked through the management of complaints with the registered manager who had a good understanding of the process. People we spoke with, visiting relatives and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint.

## Is the service well-led?

### Our findings

People we spoke with, visiting relatives and staff all gave us very positive feedback about the management team at Southview Lodge. One person told us, "I see plenty of [Registered manager] she's lovely." Another person told us, "[Registered manager], she's a good 'un! You can go to her for anything and she'll get it. She'll sort anything out." A relative said about the registered manager, "She's a grand lass. She's really good with [Relative] and keeps me informed about everything." Staff members we spoke with told us they received a very good level of support from the registered manager and the management team. They told us the provider had a 'no nonsense' attitude when it came to resolving any issues no matter how big or small.

When we last inspected the home in February 2015, we found concerns relating to the governance of the service. We found systems used to assess, monitor and improve the service were not operated effectively. We also found the registered manager had not notified CQC about significant events at the home, which were required by law. Following that inspection, the provider told us how they planned to make improvements. During this inspection we checked and found improvements had been made in both these areas.

Since our last inspection, the provider and registered manager had reviewed the systems they used to check on the quality of the service provided. We saw a range of checks and audits were in use which covered areas such as care planning, the environment, infection control, medicines and staff training. We looked at completed checks which showed they were undertaken on a regular basis.

We saw the provider gathered feedback from people who used the service relatives and staff members by way of a survey questionnaire. The questions on the survey were designed to cover a range of topics and gave people the chance to feedback their thoughts about how the service was delivered.

We saw minutes from resident's and relative's meetings, as well as staff and senior staff meetings. The meetings were used to share information about events at the home and any planned changes. We also noted from the minutes that any issues or areas for improvement that had been identified during checks or through the surveys were discussed at each meeting. This gave people, their relatives, staff and management the opportunity to discuss and to come up with a solution together. For example, the surveys had highlighted that some people were not always happy with the choice of food or the portion size. We saw from minutes of each meeting this was discussed. It was decided collectively to hold food tasting evenings for people to choose foods they would like to see on the menu and to offer people larger portions if they wished.

This showed the provider had made improvements to the way they assessed and monitored the quality of the service provided, in order to improve the experience of people who lived at the home.

The atmosphere throughout the home was calm and relaxed during the whole inspection. People, relatives and staff told us the management team were visible within the home. They were knowledgeable about the care and support needs of all the people living at the home. Everyone we spoke with told us they could



speak to the registered manager or another member of management whenever they needed to.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We saw from our records that we had received notifications, as required. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.