Rainbow Care Solutions Limited

Rainbow Care Solutions (Warwick)

Inspection report

Unit 28 Athena Court
Athena Drive, Tachbrook Park
Leamington Spa
Warwickshire
CV34 6RT

Tel: 01527585700

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 January 2017. Rainbow Care Solutions provides domiciliary care to people living in their own homes. At the time of our inspection, 82 people were supported with personal care.

This service was registered in September 2015 and has not been previously inspected. This is the first rating inspection.

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.

People felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the registered manager, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were mostly identified and staff were aware of current risks and how they should be managed. The registered manager used an electronic system of care planning and monitoring. Work was in progress to ensure risk assessments and care needs were correctly identified, recorded and followed.

Some people were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records showed people's medicines were given in a timely way and as prescribed. Checks ensured medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The registered manager completed thorough pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their own homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. Some people's ability to make their own decisions fluctuated, but staff knew people's individual reactions that showed them if people wanted to be supported or not. The staff team and the registered manager had a good understanding of the Mental Capacity Act.

People and relatives told us staff treated them with dignity, kindness and respect. People's privacy was maintained and people felt comfortable when staff supported them with personal care needs. With the rare exception, people received care from staff of the gender they preferred.

People were supported to make regular choices and people said they were involved in making decisions that were suited to their needs. The registered manager sought regular feedback from people and made

improvements to ensure they were proactive in improving the service people received. For example, people were supported and encouraged to build relationships with other people to improve people's friendship with others and help reduce social isolation.

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Some care plans were updated with the most recent information and were detailed, however, some improvements were required in risk assessments and in some care plans. The registered manager was aware of this and was working on ensuring all care records were updated. People were involved in how their care and support was delivered, as were their relatives.

People and relatives felt able to raise concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager, office and care staff were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided, and the registered manager was seeking ways to continually improve the service.

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 needs were assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were mostly up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team who completed care calls at agreed times.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected their wishes. Where people's ability to make their own decisions fluctuated, staff knew how to manage this and supported people with decision-making appropriate to each person. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was

planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People knew how to raise complaints and these were dealt with in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well led.

People said the management and staff team were approachable and if they had concerns they were confident actions would be taken. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems to identify areas for improvement. The registered manager was transparent and open with people and relatives and sought ways to continuously improve the quality of service people received.

Rainbow Care Solutions (Warwick)

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 took place on 12 January 2017 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff and to seek permission from people who used the service, that they were happy to speak with us and share their experiences.

The office visit was conducted by two inspectors and two further inspectors spoke with people using the service and their relatives over the phone, before and after our office visit.

We reviewed the information we held about the service. Prior to this inspection we had received concerns about the quality of care planning and some issues regarding staff's understanding and communication skills. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Following the inspection visit, we spoke by telephone to nine people who received care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we

spoke with the owner, who was the registered manager, a duty manager, a deputy manager (visiting from the Redditch office), a care manager and an assessment co-ordinator. We spoke with four care staff who supported people in their own homes.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, call scheduling records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe and relaxed because they received support from a consistent staff team. One person said they felt safe and if they did not, "I wouldn't use them." They said, "I knew who they were because they wear badges," which meant they knew who the person was. A relative told us they were satisfied their relative was safe because staff were careful and patient, when moving their relative. The relative said, "They (staff) see [person] down the stairs each morning and his walking frame is at the bottom of the stairs. They see him use that safely and make sure he gets into the living room okay."

The provider protected people from the risk of harm and abuse. All staff spoken with understood their responsibility to keep people safe and deliver care as recorded in people's care plans. Care staff had completed training in safeguarding adults and knew how to recognise different signs of abuse. Staff said they would report to the registered manager or office staff if people told them anything concerning or if they observed anything of concern. One staff member told us, "I would record it and contact the office straightaway. [Registered manager] would look into this and refer it to social services." The registered manager understood what actions to take when potential safeguarding concerns were made. We discussed one incident when the registered manager spoke with the safeguarding team about a concern raised by another health care professional. While the local authority safeguarding team were satisfied there were no safety concerns, we reminded the registered manager about the importance and their legal responsibility, to inform us whenever they made a referral to the safeguarding team. The registered manager assured us any future safeguarding concerns would be sent to us.

We checked staff recruitment files. The provider's recruitment process was thorough and ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Prior to our inspection, we received concerns from people that some staff did not speak English as their first language and were not easily understood. The registered manager said they made sure staff whose first language was not English, completed a 'duo lingo' test which tested people's language skills, and formed part of their recruitment process. Regular monitoring, supervision and feedback from people using the service helped ensure people and staff communicated well and that staff understood what was required to meet people's needs.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Staff knew about risks associated with the people they visited and what to do to manage the risks. Staff confirmed there were risk assessments in people's homes for them to follow. For example some people needed equipment to move around, there was information for staff about the equipment to use, the number of care workers required and how to move the person safely.

Staff had completed moving and handling training so they could move people safely. They understood the importance of making sure equipment that people used was safe. Staff told us they made a visual check

before they used equipment to make sure it was working correctly, such as checking the sling to make sure the tapes were not frayed. Where people required assistance to move or sit for long periods of time, risks associated with skin tissue damage had been assessed. We asked care staff about monitoring people's skin to make sure it remained healthy. One staff member told us, "We check on each call to see if the person's skin is red. Any concerns we would complete a body map, record it and report it to the office who would phone the GP or district nurse." Staff also told us, and risk assessments confirmed, people at risk of skin damage had pressure relieving equipment such as pressure relieving mattresses and cushions on chairs if needed. Although we had no concerns about people's pressure areas not being managed, there was not always information in care plans to instruct staff to check people's pressure areas during care calls. The registered manager told us they would ensure this was added to care plans so people received consistent checks on their skin to reduce potential risks.

The provider had an out of hour's system when the office was closed. One staff member told us, "I have used the on call when I needed help or advice. It works well." Staff told us there was always someone available if they needed support.

People said there were enough staff to look after them and staff arrived when needed and stayed for the allocated time. A relative supported this by saying, "We have a half hour slot from 7.00am to 7.30am and (staff member) is normally spot on."

The co-ordinator and all staff spoken with said there were sufficient staff to cover the calls people required. Staff told us they were not asked to cover additional calls unless there was an unplanned absence, for example if a staff member was unwell. Call schedules showed calls were allocated to staff at regular times and staff recorded the times they arrived and left people's homes, to show they had stayed the length of time agreed. The service also used an electronic system for monitoring when staff arrived and left people's homes. The system alerted the office if staff hadn't arrived within the agreed time. Staff in the office could then contact the staff member to find out the reason why, and make arrangements to cover the call if the staff member was delayed.

Some people administered their own medicines while others received support from staff. Where support was received, people said they received their medicines regularly. One person said, "(Staff member) is very particular about my medicines. It's the first thing (staff member) does." Where staff supported people to manage their medicines it was recorded in their care plan. Staff told us, they had received training to administer medicines and had their competency regularly checked to ensure they did this safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned to the office monthly for auditing.

One person's medication plan recorded that a family member put their relative's medicines into a dosage system for staff to administer. The plan stated, 'My [family member] will put all my medication in the blue dossett box.' This is unsafe practice, as care staff cannot be certain that the medicines have been accurately dispensed into the container, and are the medicines that have been prescribed. Staff were not following the provider's policy and procedures. Information recorded on the medication care plan included 'risk and control measures' which stated, staff can only give medicines from original containers. We discussed this with the registered manager who took immediate action to stop this practice and to ensure how the person received their medicines was reviewed.

Good

Is the service effective?

Our findings

People told us staff who supported them were well trained and knew how to meet their needs. Comments included, "Oh yes I think they have (training), they are well trained" and "They (care staff) do a good job. They do it efficiently, they suit us very well and we are very pleased with everyone."

Staff told us they completed an induction when they started to work for the service which included shadowing more experienced care staff. They said this helped them to understand their role and how to support people. Newly recruited staff completed the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff working in a care environment. A staff member told us about their induction, "It was good. I enjoyed doing the Care Certificate I got a lot out of this. It refreshed all my previous knowledge and updated this." Staff told us following their induction, their training was updated to keep their skills up to date and said the training supported them to provide the care people required.

Staff told us they had regular one to one meetings with their line manager where they discussed personal development and training. Staff told us they had unannounced 'observation checks' on their practice to check if they put their training into practice. The registered manager told us this was important because it gave them confidence people received care from trained and effective staff. They said if concerns in staff practice were found, they would provide additional support to encourage improvement. Records showed regular one to one meetings and 'spot checks' on staff were made to ensure they remained competent and effective in their role. People told us spot checks were undertaken. One person said, "The supervisors come and check the care staff. Sometimes the supervisor does relief calls, I am quite satisfied with the care."

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 interests and legally authorised under the MCA.

Staff completed training in the MCA and knew they could only provide care and support to people who had given their consent. We asked staff if they knew what the MCA meant for their practice. They told us, "It's about people's choices and decisions." Another said, "People I visit have capacity to make decisions, even though I go there every day I still ask for their consent before I do anything." All the staff we spoke with said people they visited had capacity to consent to their care and could make every day decisions in regard to how they wanted their care provided. Staff knew how people unable to communicate verbally made decisions. For example two staff told us about one person who used different head movements to indicate yes and no.

Some people required staff to prepare their meals and drinks. Staff understood how people required their food to be prepared and told us they had time to assist people to eat and drink at each meal time without

having to rush. Staff understood how to support people who required their food and drink provided in a specific way. For example care staff we spoke with told us how one person was supported to have a pureed diet to reduce the risk of choking and others had their food and drink through a tube directly into the stomach. Staff had been trained and knew how to support people that required this.

Staff linked with other healthcare professionals and said they would contact a GP and, or district nurse, if they needed to, but they usually phoned the office to do this or informed the person's family. During our visit we found this did happen. A member of staff told us about a person they had visited that morning who had declined to get up and had declined breakfast, because they said they had ear ache and felt unwell. The member of staff had reported this to office staff who agreed to contact the family. We followed this up with the office staff during our visit and found the family had been informed and the GP had been contacted and requested to visit.

We found information in one person's care records did not include information about a health condition they were receiving medicines to control. Although the condition was well controlled, it would be important for staff to know about this condition and what to do in an emergency. The registered manager said this would be added to the person's care plan. Care records confirmed health and social care professionals, such as GPs, district nurses, mental health team, occupational therapists and social workers were involved when needed.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and in some cases, people and relatives said staff went 'over and above'. One person gave us an example, "I have one girl who is absolutely wonderful. She really cares, treats me as if I was a relative. She goes way beyond duty." This person said, "They (staff member) take me out for a walk around when the weather is good and it is safe underfoot." This person told us they enjoyed this. Another person said they felt cared and valued by staff. This person said, "I even got Christmas cards from some of them."

Staff told us they were encouraged by the registered manager to support people in a compassionate and caring way. We spoke with staff about what made a caring service for them. They told us continuity, listening and supporting people made up a caring service and they cared about the people they looked after. Comments from staff included, "We have time to chat and get to know people. Another told us, "I treat people as I would want to be treated." Another said, I really enjoy helping older people, I love my job." Some people told us staff completed additional tasks which made their lives easier. For example, people and relatives said staff, "Talk about other things which is nice", "Will do extra things if she (staff member) has time like clean the kitchen floor or unload the dishwasher for her." One relative told us, "One of the staff, if she has got spare time, will do [Name's] hair which means a lot to them. There are two or three carers who will do a bit extra if there is time."

People told us staff supported them to live independent lives and to do as much for themselves as possible, to maintain their independence. Staff understood the importance of supporting people to be as independent as possible, and the impact this could have on their well-being. Care staff told us they had enough time allocated for calls to encourage people to do things for themselves. For example, one staff member said, "Some people are able to do things so I get them involved. There is one person I visit where I say, 'I will make your breakfast do you want to put the kettle on and make a cup of tea', and they do."

Staff recognised the importance of being respectful and maintaining people's privacy and dignity. Staff explained how they upheld people's privacy and treated people with respect, Comments from staff included, "I try to put people at ease by having a laugh and joke. I make sure their bottom half or top half is covered while I'm washing them, and, make sure curtains or doors are closed when people use the bathroom." Another said, "I will ask them if they want to wash their (lower half) themselves, if they are able to and will wait outside till they have finished."

Staff said they felt at ease with people they cared for because the registered manager ensured people received support from a consistent group of dedicated staff, even if regular staff were off. Staff said they visited the same people regularly so they got to know people well. They said this also helped avoid embarrassment while supporting people with personal care as they knew the person and were familiar with how they liked their care provided. A relative supported this, saying staff were respectful of people's routines. This relative said, "They (staff) have been extremely good." They told us staff supported their family member to make choices and respected the choices they made. For example, their relative would sometimes refuse to get out of bed. The relative told us, "They gently suggest she might like to get up, but it

is up to her whether she gets up or not." The relative went on to say that sometimes at night her relation liked to get undressed downstairs and sometimes they liked to get undressed upstairs, and this was respected. With the odd exception because of staff availability, people told us they received care from the gender of staff they preferred, which made them feel comfortable and showed their wishes were respected.

Good

Is the service responsive?

Our findings

People said the service they received was responsive and flexible to suit their individual needs. One person told us when their care package commenced they were not entirely satisfied and discussed this with the office staff. They said, "Half an hour isn't quite long enough for me now. I told the staff I needed longer. I phoned (the office) last night to ask if I could have a longer (morning) call now. They used to come at 10:00am, but I asked if they could come earlier. They come at 7:30am now and it's better. Any problems, I phone and they deal with it."

People told us they received their calls when needed. One person said, "Apart from one incident, we haven't been let down at all." People who requested a copy of the call rota, were given a copy so they knew who was providing their care calls on a given date and time. We looked at the call schedules for three people whose care plans we looked at and the call schedules for staff who visited them. The records showed people were allocated regular staff where possible. Staff said they supported the same people regularly, knew people's likes and preferences and were allocated sufficient time to carry out their calls without having to rush. Call schedules showed staff were allocated travel time between calls so that they arrived around the time expected. Although staff explained how this was calculated, there was not always enough time that allowed for traffic delays.

Staff had good understanding of people's care and support needs. Staff said, "We have time to read care plans and to talk with people so you get to know what they need and how they like this done." Staff told us they had 'work phones' and their work rotas and peoples care needs were sent to them electronically via the phones. One staff member said, "The information sent to our phones tells you what to do on each call and any risks so you know this before you visit the person." Another said, "They [office staff] will text to let you know about any changes and to remind you to do things like, 'make sure [person] has a shower today'." Staff said there was information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the managers so plans could be updated. Care staff told us plans were up to date and reviewed regularly so they continued to have the required information to meet people's needs.

People told us they were involved in their care decisions and people and relatives said a copy of the care plan was kept in their home, so they and staff could refer to it. People said if they needed any changes, they only had to ask. We looked at the care records for four people. Care plans provided staff with information about the support people needed on each call, and their preferences about how they wanted to receive their care. For example if they preferred a wash or a shower. Care plans had been reviewed and updated when needed and had been signed by people or their relative which showed they had been involved in planning their care. We found information in care plans about pressure area management could be more consistent to make sure care staff were instructed to check pressure areas during visits. The registered manager told us this would be implemented.

During our telephone calls with people and relatives, one person confirmed their name to us, then fumbled with the phone for a period of time and did not respond when we kept saying, "Hello." The line went dead, so we were concerned the person may not be well. We telephoned the registered manager to inform them

and without delay, they responded quickly by sending a staff member to check on them. The person told the staff member they had backache and a cold, which had affected their speech and they had taken pain relieving medicines to help ease the symptoms. Following this visit, the registered manager told us they continued to make checks on this person whose condition had improved.

People and relatives were pleased with the service and had not raised complaints with the provider. Not everyone had seen the complaints procedure, however everyone was clear that if they had concerns, they would contact the office staff. Where some people had raised minor issues, these were quickly resolved to their satisfaction, for rearranging call times. Care staff knew there was complaints information in the folders in people's homes that told them what to do if they had any complaints. Staff said they would refer any concerns people raised to the managers. The registered manager received 13 complaints in 2016. All complaints had been investigated and responded to and any lessons learnt had been communicated to staff. In all cases, the registered manager said their priority was to prevent further, similar complaints being received. Some complaints were discussed at staff meetings, such as late calls and the actions necessary to prevent further complaints being made.

Good

Is the service well-led?

Our findings

People told us the registered manager, office staff and care staff were effective in their roles and were approachable. Speaking about how the service was run, one person told us, "It appears to be well managed because somebody turns up every week within the hour agreed." One relative told us about their positive experiences and said they would recommend Rainbow Care Services (Warwick). They told us, "This is the third agency [relative] has used. "I'm pleased with them, it is the best agency so far and I'm very happy with them." Another person said, "We are blessed. They are really good. I couldn't ask for more."

Staff understood their individual roles and responsibilities and what was expected of them, and others. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Staff were confident about reporting any concerns or poor practice to the managers. One staff member told us, "If I had any concerns I would contact the office and let them know, there is always someone available by phone."

Staff received regular one to one supervision meetings to make sure they understood their role and were 'observed' by senior staff to make sure they put this into practice safely. We were told, "We have regular checks you never know when they are coming. Sometimes when you work a double up with one of the office staff they will watch how you do things and give you feedback about your practice."

Staff were able to access support and advice from the registered manager or staff in the office at all times as the service operated an out of office hours 'on call' telephone system. Staff told us the 'on call' system worked well. Staff said they enjoyed working for the agency and that it was managed well. None of the staff we spoke with could think of anything that could be improved. They said communication from the office worked well and that they were kept up to date about changes in people's care and changes in policies. A typical comment was, "Everything seems to work well." When we asked staff what the service did well, they told us, "Keeping us up to date about people we visit", and "The office staff are very approachable and you can go to them with any problems. Another staff member said "There is a good level of training."

The registered manager was proactive in improving their own learning and knowledge about the Health and Social Care Regulations and what the ratings inspection process involved and what it meant for people and the service they provided. The registered manager told us they took their position seriously because, "We are here to care." They told us when the service opened 15 months ago they had some initial teething problems, but now they were focussed on driving improvements. They said they had commissioned and developed an electronic call scheduling system which helped them arrange, record, manage and oversee what support people received. The registered manager told us they checked the system daily so they could check staff were on time and undertaking the specific tasks people required. They said if anything was missed, they could inform the staff member completing the next call to ensure it was done, or send another staff member if something was time critical. They also used this system to identify if a staff member would be late, so they could make alternative arrangements to limit late or missed calls.

The registered manager invited and sought people's feedback about the service. For example, office staff

contacted people to check everything was okay. One person said, "I am happy with the service. Someone (from the office) phoned me once to check I was happy with everything. They've got it pretty well organised." The registered manager organised surveys to be sent to people and relatives. They analysed the results and found although people were pleased, some people said they were lonely and felt isolated. The registered manager told us they asked people if they wanted a coffee morning and organised for those who wanted to, to come into the office. Following this, further activities and 'Rainbow Days Out' have been arranged based on people's feedback to help reduce the fear of isolation.

The registered manager issued bi monthly newsletter to people using the service to keep them informed and involved. The January 2017 newsletter was about to be issued and topics included recent successes (office move), a New Year message, days out and recognition of staff achievements.

The registered manager supported and promoted staff excellence and achievements by way of an awards evening, celebrated by staff and their families. Recommendations were from people and staff who had made a positive contribution and 'going the extra mile'. Other awards were made for the best record keeper, most flexible care staff member and employee of the year. The registered manager said she was proud of the team and said it was important to recognise and celebrate the commitment staff had to supporting people.

The registered manager worked in partnership with other organisations to seek to continually improve their service. For example, they attended a conference run by United Kingdom Homecare Association which they told us they found informative regarding meeting regulations and good standards of care and practice. The registered manager told us they had met with the local authority when discussing contracts for new care packages. They told us this helped them with forward planning, such as looking at recruitment for certain geographical areas and to ensure they had the right staff, with the right skills, in the right locations.

The registered manager had an effective audit system. This included a series of regular audits such as care plans, care records, daily records, recruitment checks and medicines checks. Although people received their medicines as prescribed we found the system for checking and auditing medication records was not always robust. One completed record we viewed had a gap which had not been identified when it was returned to the office for auditing.

Regular staff supervision, observed spot checks and competency checks gave the registered manager confidence staff were effective and any poor practice was monitored. The registered manager had held disciplinary meetings when necessary and took appropriate action to ensure people received a safe, effective and responsive service.

The registered manager understood their legal responsibility for submitting statutory notifications to us. Where safeguarding concerns were raised, these had been reported to the local authority, but had not been referred to us. The registered manager said this was an oversight and would ensure future concerns were referred to us without delay.