

Tehy Care Group Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Tehy Care Group Limited is a domiciliary care agency. It provides a range of services, including personal care and medication support to people living in their own homes.

Not everyone using Tehy Care Group Limited received a regulated activity; 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 consider any wider social care provided. At the time of the inspection, 10 people using the service received the regulated activity of personal care.

People's experience of using this service and what we found

Staff had not completed up to date practical manual handling training. Risk assessments had been reviewed but did not provide adequate guidance for staff to support people and mitigate the risk of harm. Although we found no evidence people had been harmed, systems were not robust enough to demonstrate safety was effectively managed. This meant people were not protected from the risk of harm.

Staff had completed medication training and competencies were reviewed through spot checks. Whilst we found no evidence to suggest medicines were not administered safely, medication audits were not robust, and the medication policy needed to be updated.

Accidents and incidents were recorded. However, there was no evidence of lessons learned or action taken to reduce the risk of reoccurrence.

Staff had not completed training to provide them with the skills and knowledge to care for people and move them safely. There was no formal induction programme in place and staff did not have access to annual appraisals or formal supervision sessions.

Although people reported they felt safe with the staff who supported them, they did not always receive visits on time and were not informed when staff were running late or had been replaced.

People told us staff were caring and they were treated with dignity and respect. However, the wording used in some of the care plans did not always reflect this.

The provider did not have processes in place to effectively monitor the quality of the service and drive improvements. Suitable measures had not been considered and put in place to mitigate the risk or potential risk of harm for people using the service. This meant the registered manager had not identified the shortfalls we found during this inspection.

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

this practice. However, the recording of mental capacity assessments was not detailed and required reviewing.

Staff were recruited safely and underwent all the necessary checks.

People, their relatives and staff were all complimentary about support provided by the registered manager and staff who supported them. However, we found an overall lack of governance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 March 2019).

At the previous inspection we found the domain of well-led to be inadequate and there were multiple breaches of regulations. The provider completed an action plan to show what they would do and by when to improve; safe care and treatment; good governance; fit and proper persons employed and staffing.

At this inspection, a system was in place to ensure staff were suitable to work with adults and children and the service was no longer in breach of regulation 19 relating to fit and proper persons employed. However, we identified continued shortfalls in other areas and the provider was still in breach of regulations relating to safe care and treatment, staffing and leadership. We also made two recommendations; for the service to follow current legislation to maintain people's information confidentially in relation to Accessible Information Standard (AIS) and for the service to record information about people's preferences for end of life care.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tehy Care Limited on our website at www.cqc.org.uk.

Enforcement

At this inspection we have identified breaches in relation to the safe care and treatment of people, the training, support and professional development of staff and the leadership and quality monitoring of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Tehy Care Group Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an assistant inspector.

We visited the office location on 29 July 2019 to meet with the registered managers and review care records and policies and procedures. We made telephone calls to gather feedback about the service from staff, people using the service and their relatives on 30 and 31 July 2019.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with two people who used the service and four of their relatives. We spoke with four staff members, the registered manager, care manager and office administrator. We reviewed a range of records. This included records relating to six people's care, five staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks to people had not always been properly assessed and management plans were not effective in mitigating potential risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Staff had not completed practical manual handling training. This placed people at risk of harm because staff had not been provided with the knowledge and skills to support people safely in accordance with current best practice.
- The lack of training was identified during the previous inspection, but no action had been taken by the provider to address the problem. We were informed of an occasion when staff had used unsafe manual handling practices when transferring a person from their wheelchair, placing both themselves and the person at risk of harm.
- Following the inspection, the registered manager provided confirmation of a date for all staff to attend a manual handling session. However, the provider needed to establish a system to ensure this training was on-going.
- Risk assessments had been reviewed but lacked detail. They did not provide guidance for staff about how to reduce the risk of harm. For example, one person required a hoist for transfers. Their manual handling risk assessment stated, 'wheelchair and hoist'. There was no guidance about which sling size to use, how to attach the sling to the hoist, how many staff were required or how to support the person whilst they were hoisted. Another care plan stated, 'carers to assist with mobility'. There was no information about the persons level of mobility or how to provide this assistance. This placed people at risk of harm.
- Staff did not use the risk assessments as guidance. Comments from staff included, "I don't know what [a risk assessment] is. Not sure I've seen them." Another said, "[Risk assessments] are all available in people's homes. The first time you go in you read them but then you become accustomed to people, so you don't read them every time." And, "The information is there but it's difficult to pick out. You're time limited and it takes a while. I heard them say in the office about doing an easy to read care plan. If I'm going to someone new, I go into the office first to read the care plan."
- One person with a diagnosis of Parkinson's disease had been assessed as being at risk of choking by the speech and language therapy team. Their nutritional risk assessment had no guidance for staff about how

to manage this risk. There was no information about safe food and fluid consistency or guidance for staff about what action to take if the person choked. Another person's risk assessment stated they were at risk of choking, again there was no guidance for staff about how to manage or mitigate this risk.

- One person had epilepsy. The section of their care plan entitled 'Medical risks and control measures' was not completed. This meant there was no guidance for staff about the type or frequency of seizures, potential trigger factors or what action to take if the person were to have a seizure. This meant staff would not be able to react to and provide the appropriate support to the person if they were to have a seizure whilst in their care.

Learning lessons when things go wrong

- Incidents and accidents were recorded but there was no evidence of lessons learned or action taken to mitigate future risk. For example, an incident was recorded during which a staff member had hurt their back whilst supporting a person. There was no evidence of a supervision session with staff to address the problem or what action had been taken to mitigate future risk.

Using medicines safely

- During the previous inspection we found that the provider's medication policy was not aligned to the service provided. For example, the policy stated, 'All people who attend our services will have a learning disability' but this was not the case. Following our inspection, the registered provider's representative informed us they would be reviewing their medicines policy. This had not happened. The wording remained the same which meant the policy continued to be invalid.
- Medication audits were not robust. There was no system in place to provide oversight of the service. This posed a risk to people because the registered manager would not be able to pick up on potential medicines errors.
- Care plans did not provide staff with guidance about how to support people with their medication. Therefore, we could not ascertain if people were receiving their medication as prescribed.
- Staff had completed on-line medication training and there was evidence their competencies were assessed through spot checks. No-one we spoke with raised any concerns how staff supported them with their medication.

Following the previous inspection, we made a recommendation to the registered provider to update their policy and practice in relation to medicines management to incorporate current best practice. This had not happened. The failure to implement policies and procedures about managing medication and the lack of systems to effectively monitor the risks relating to the health, safety and welfare of people using the service demonstrated a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Pre-employment checks were completed to ensure staff were safe to work with people using the service.
- One person using the service and three relatives told us staff were often running late and there were times when calls had been missed.
- Feedback included, "I have two girls that come on a Saturday morning at 7:30am, that's perfect. The others don't notify us, and the office doesn't let us know. They promised me a rota 3 months ago, but I still don't have one." And, "It's not that often that they don't turn up but it's fairly regularly they don't turn up on time."

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training. They knew how to recognise signs of abuse and what action to

take if concerns arose. One staff member said, "If something happened to someone, something done by a carer, I would tell the manager."

- There was no evidence of any formal systems to review and learn from safeguarding incidents.

Preventing and controlling infection

- Staff had completed training in infection control and understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- Staff had access to personal protective equipment to safeguard themselves and people from the risk of infection. One staff member said, "We always have plenty of gloves and aprons. We never run out. If we need more, we can just let them know."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we found the registered provider had failed to ensure staff received appropriate training and supervision to enable them to carry out their duties safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service. Where risks had been identified, measures had not been introduced to remove the risk within a timescale that reflected the level of risk or the impact on people using the service.
- New staff did not have access to a formal induction programme. One staff file contained a signed induction workbook, otherwise there was no documented evidence to show what the contents of the induction programme consisted of, or confirmation staff had fully completed it.
- We asked the registered manager for evidence of a formal induction programme. They confirmed staff completed shadow shifts and training sessions but were unable to provide evidence of a formal induction programme or how staff were introduced to the policies and procedures of the service.
- The registered manager told us they were in the process of introducing an induction programme, but it was not yet complete. A staff member who was supporting them with it said, "I'm planning to do an induction booklet that they can go through and keep as a resource. I've done the first page, shadowing, I've given [registered manager] that today."
- New staff completed shadow shifts when they started at the service. However, these were under the supervision of staff who had not completed up to date manual handling training. Therefore, we could not be assured the techniques they were sharing were safe and complying with current best practice.
- The provider did not ensure all staff had the skills, knowledge and experience to meet the needs and promote the safety and wellbeing of the people they supported. No staff member had been enrolled onto the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff supported people with Parkinson's disease and dementia but had not completed training in these

areas and there was no additional information in care plans to guide staff. This meant we could not be assured staff had the knowledge and skills to support people effectively.

- Staff used verbal prompts to support one person with Parkinson's disease with their medication. This medication is time specific but there was no information for staff about the timing of the medication or why the timing was important. If people with Parkinson's do not get their medication on time it can seriously impact their health. They may not be able to move, get out of bed or walk.
- Not all staff had access to regular supervision sessions or had annual appraisals. The registered manager had a list of 16 staff names, only three supervision sessions were recorded. Staff did not have access to regular supervision sessions or annual appraisals. We looked at five staff files, none contained evidence of supervision sessions. One had an appraisal however, it contained no objectives for the year ahead and simply stated the staff member had met their previous objectives. There was no record of what these objectives had been, and the appraisal had not been signed or dated by the manager completing it.

The lack of regular supervision sessions, annual appraisals and an induction programme that effectively prepared staff for their roles meant the provider was not meeting the training, learning and development needs of staff. This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Where people were able they had signed to consent to their care plans.
- Care plans did not include information based on good practice and evidence-based guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information about what people liked to eat and drink.
- People and their relatives told us they were happy with the supported provided at meal times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was no evidence in care plans of people being supported to attend appointments or of referrals to healthcare professionals.
- None of the people we spoke with or their relatives gave an example of how the service supported them to access healthcare services.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and understood the importance of choice and gaining people's consent before supporting them with care. One staff member said, "I support someone who isn't able to verbalise decisions, [they] lack capacity. [Name] doesn't want to drink water. I try to respect that decision but keep trying." Another said, "It's fascinating. I have endless conversations with carers when I'm going out with them, asking staff, making people think."
- MCA's were generic and not decision specific. The registered manager told us staff did not complete capacity assessments they said, "If a person's capacity changes or staff have concerns, we contact the GP for a capacity assessment." This is not in line with best practice and we saw no evidence of capacity assessments from GP's in care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Questionnaires were used to gain people's feedback about the service and the care they received. The feedback received varied. Comments included, "I find you very helpful and very friendly." And, "I feel well supported." However, another person had commented, "Be more consistent in staff provision so that rapport, skills, knowledge and experience can be improved".
- There was no evidence of a formal analysis of the response received or of what action was taken in response to the feedback to improve care.
- As mentioned previously, people told us visit times were often moved without their knowledge and they were not always supported by regular staff. Feedback included, "I wanted the morning call at 8am. It's usually between 9am -10am, sometimes 10am -10:30am and last week it was 11am." And, "It's different carers every weekend." And, "We have different ones, but that's fine. We don't know who is coming in advance or sometimes you're told one person and it's someone completely different. It would just be easier if a phone call was made. I'm very frustrated." This meant people were not always involved in making important decisions about their care or supported by staff who knew them well.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring and they were treated with dignity and respect. However, the wording used in some of the care plans did not always reflect this.
- Feedback from people and their relatives was generally positive. Comments included, "They're alright. We've had a couple of muddles where they come too early, but they are a nice bunch and they look after him well." And, "The carers are fine, I don't have any problem with them." However, one person told us, "Most of them are really good, but you get the odd one that's rude."
- Care plans included information about people's hobbies, interests, likes and dislikes and people who were important to them.
- Staff had completed equality and diversity training.
- The staff we spoke with knew understood their role in maintaining people's privacy. One staff member said, "I have three clients. One is bedridden. Whenever I go to that client and support with personal care, I will cover them with a towel and request others leave the room."
- Staff supported people to remain as independent as possible within their homes. One staff member said, "We have a person with arthritis who uses a wheelchair. He will still try to do things on his own and we will support him with that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who had been referred to the service via the local authority had referral support forms in place but there was no formal pre-assessment information in people's care records. Pre-assessments are important to provide staff with the guidance they need and so the service can ensure they have suitable numbers of staff with the right skills and knowledge to meet people's needs.
- Staff we spoke with demonstrated an understanding of how people liked to be supported. However, care plans were not always person centred and did not contain guidance about how to best to support people to meet their needs and ensure their safety.
- For example, one person's care plan clearly detailed how staff should support them when receiving personal care. However, another person's care plan had a list of tasks the person required help with including bathing, showering, dressing and skin. The guidance for staff about how to provide this support read 'as directed.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans did not provide guidance about how to communicate with people who had a sensory deficit or were unable to communicate verbally.

We recommend the provider seek advice and guidance from a reputable source, about the current legislation to maintain people's information confidentially in relation to AIS.

Improving care quality in response to complaints or concerns

- On the day of the inspection the complaints file could not be located.
- People told us they knew how to make complaints and raise concerns. However, some relatives felt their concerns were not always addressed satisfactorily. One relative said, "On Saturday I emailed the care coordinator because the carers turned up at 11am. That's too late for a morning call. I got no response. I sent another email today to ask them what constitutes a morning call."

End of life care and support

- Care plans did not contain information about people's preferences for care at the end of their life.

We recommend the provider seek advice and guidance from a reputable source, about gathering and recording people's preferences for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the failure to ensure systems were in place to assess, monitor and mitigate risks demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were systemic failings at the service and we continued to find multiple breaches. Concerns raised during the previous inspection had not been effectively addressed.
- The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service. Where risks had been identified, measures had not been introduced to remove the risk within a timescale that reflected the level of risk or the impact on people using the service.
- As detailed previously in the report, records relating to people's care and support, were not always sufficiently detailed to identify risks and support staff to meet people's needs. Whilst we did not identify any direct impact this had the potential to put people's health, safety and well-being at risk.
- There was some evidence in records to show spot checks were completed to review staff's competence.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The systems the provider had in place to monitor the quality and safety of the service continued to be ineffective in identifying shortfalls and providing oversight of the service. For example, incidents and accidents were recorded but there was no evidence of lessons learned or action taken to mitigate future risk, staff had not completed training to ensure safe care and support.
- Audits failed to provide oversight of the service or identify areas of concern and drive improvement. This meant the provider had failed to monitor the progress of the service or improve the quality of care.
- Following the inspection, we asked the registered manager to send a copy of any policy and procedures

they used to assess, monitor and drive improvement for the quality of the service. No policy was received.

- People using the service and their relatives reported late and missed calls. We looked at rotas and saw there were several occasions where staff were allocated to be at different people's homes at the same time or with very limited time allocated for them to travel between visits.
- The care manager had looked at individual care plans to review missed calls, but this information had not been collated and therefore did not provide them with an overview of the service. We saw no evidence of action taken to address concerns raised about late calls. The lack of recording of missed calls meant it was not possible for the provider to monitor whether there were enough staff deployed to provide adequate care.
- Following the previous inspection, the provider had submitted action plan identifying how they intended to address the concerns found. However, many of the concerns had not been resolved and the plan had not been reviewed or updated.
- Since coming into post the registered manager had one supervision session with the provider. We saw no evidence of how the provider was supporting the registered manager to implement an action plan to develop the service and drive improvement in care.

The failure of the provider to implement effective systems and processes that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the shortfalls we identified at this inspection and the areas for development needed with the registered manager. The registered manager told us that they were committed to improving the service. Following the inspection, they have sent us evidence of improvements made in training and the induction programme.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were positive about the support they received since the registered manager and care manager had been appointed. Comments included, "Very, very supportive. Very good. They've done well since they've been there."
- Staff were supported by the registered manager through regular staff meetings.