

People Matter I.W.

Personal Assistant Recruitment and Employment Service (PARES)

Inspection report

1-2 Bernard Way
Newport
Isle Of Wight
PO30 5YL

Tel: 01983241494
Website: www.peoplesmatteriw.org

Date of inspection visit:
15 June 2017
21 June 2017

Date of publication:
21 July 2017

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 15 and 21 June 2017 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Personal Assistants Recruitment and Employment Service (PARES) provides personal care and support to people in their own homes. At the time of this inspection they were providing a personal care service to 12 people with a variety of care needs living in on the Isle of Wight.

There was a registered manager at the service. 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.

The management team had a clear vision of how they wanted the service to be provided which focused on ensuring people were at the centre of the service and in direct control over the way they received care and support.

The registered manager and provider were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and through regular contact by the provider and registered manager with people, relatives and staff. People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

The service was flexible and responsive to people's changing needs and focused on providing person centred care. People told us the care they received was personalised and they were fully involved with planning their care and choosing their staff members. People's needs were reviewed regularly to ensure this remained appropriate for the person.

People felt safe and staff knew how to identify, prevent and report abuse. Staff were aware of consent and how this affected the care they provided. People said staff always obtained their consent before providing care. Staff offered people choices and respected their decisions. People were supported and encouraged to be as independent as possible and their dignity was promoted.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs and preferences. Reviews of care involving people were conducted regularly. People had access to healthcare services and medicines were managed safely. People received support to manage their dietary needs if required.

People and their relatives said they were very happy with the service and care they received. They said staff were kind and caring. Staff had built good relationships with the people they provided care for. People and their relatives told us care was provided to them with respect for their dignity by a consistent care staff team. There were enough staff to meet people's needs. The recruitment process helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work.

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 felt safe as there were systems in place to recognise and respond to abuse. Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks associated with the delivery of care were assessed and steps taken to minimise that risk.

There were enough suitably skilled and knowledgeable staff to support people when they required them. Recruitment procedures were followed to ensure staff were safe to work with people.

Is the service effective?

Good ●

The service was effective.

Staff were aware of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff received training to give them the knowledge and skills to support people and meet their needs. Staff received support and supervision with systems were in place to enable staff to speak with the managers regularly and whenever required.

People received support to manage their dietary needs if required. Staff knew people's needs and people received appropriate health and personal care.

Is the service caring?

Good ●

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Is the service responsive?

The service was responsive.

The service was flexible and responsive to people's changing needs and focused on providing person centred care. People told us the care they received was personalised and they were fully involved with planning their care and choosing their staff members. People's needs were reviewed regularly to ensure this remained appropriate for the person.

The service sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Good ●

Is the service well-led?

The service was well led

The management team had a clear vision of how they wanted the service to be provided which focused on ensuring people were at the centre of the service and in direct control over the way they received care and support.

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided with the managers being open and creative to ways to improve the service.

Good ●

Personal Assistant Recruitment and Employment Service (PARES)

Detailed findings

Background to this inspection

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

This inspection took place on the 15 and 21 June 2017 and was announced. Notice was given because we needed to make sure that the people we needed to speak with were available. The inspection was carried out by one inspector.

Before the inspection, we checked information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

We spoke with three people and eight relatives of people who were receiving a service and a social care professional who worked for the local authority. We spoke with the nominated individual, registered manager, one office based staff member, training manager and five care staff. We looked at five care plans and associated records for five people, staff recruitment and training files, policies and procedures and quality assurance records.

This was the first inspection of the service since it was registered at this location in September 2016.

Is the service safe?

Our findings

People told us they felt safe with staff because they knew them well. A person said, "I trust [name of care staff]. I choose them and they are very nice". A family member told us, "I have no concerns for [my relative's] safety. Knowing they're safe is really important and means I can relax". Another family member said, "We always have the same personal assistant. We have got to know them and feel [my relative] is always safe with them".

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Staff knew how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the managers would act on their concerns. One staff member told us "I know the manager would take action but if not I know how to contact social services if necessary". There were suitable policies in place to protect people which were written to reflect local safeguarding procedures. The registered manager was able to describe the action they would take should they have a safeguarding concern.

Where people may incur costs related to activities or travel they were aware of these. Relatives told us they agreed any expenditure prior to this occurring and invoices detailed services they had received. Expenses claim forms were signed by the person or relative to confirm accuracy prior to the staff member being paid. There was a policy in connection with accepting gifts and any specific additional charges, such as refreshments, which people may be expected to pay for if on outings with care staff. This protected people from the risk of financial abuse. Copies of car insurance and MOT's were held if staff were to use their own cars for transporting people. This ensured people should be safe when enjoying outings and activities in the community.

People or their relatives were involved in identifying and managing risks associated with care needs. When people were referred to the service, the registered manager and care co-ordinator carried out visits to the person in their home. They identified the care required with the person and potential risks to the person or staff that could occur during the delivery of care. These included any risks due to the health and care needs of the person such as for moving and handling, community access and activities, nutrition, medicines and where the person may behave in a way which placed themselves at risk. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. Environmental risks were also assessed which included access and security to the home and any pets. Risk assessments were written based on the needs within the care plan and were designed to ensure the safety of the person and staff whilst carrying out the activity.

Systems were in place to support people to receive their medicines safely. Assessments included information about medicines people were prescribed which were administered by the person's relatives. The registered manager described the process, and we saw the recording forms which would be used, should a person require medicines to be administered by care staff. Where the usual recording forms were found to be inadequate for one person who was supported to self-inject insulin the service had developed a more suitable recording tool. Medicines training was included in induction training and staff confirmed they

had completed medicines training. Where specific medicines training was required for individual staff this was provided. The medicines policy covered all aspects of medicines administration including the application of topical creams, as required medicines and people's rights to refuse medicines. Staff had completed Medication Administration Records (MARs) when they had administered medicines. These were returned to the agency office each month where they were reviewed. Where gaps or other concerns were identified the relevant staff member was contacted and an explanation sought. We were told that if necessary additional training or supervision would be provided.

There were enough staff to meet people's needs at all times. The agency's purpose was to provide individual staff (personal assistants) to meet people's specific needs. People were fully involved in the selection process of their allocated staff member. People and relatives said discussions had been held about their wishes if their staff member was unavailable. All said they had told the agency they did not want substitute workers and relatives would provide the care should, for example, their staff member be unwell or on planned leave.

Recruitment and selection processes ensured that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. Records showed the process used to recruit staff was safe and ensured staff were suitable for their role. The provider carried out the relevant checks to make sure staff were of suitable character with the necessary skills and experience needed to support people safely. A full employment history, references and a criminal record check with the disclosure and barring service (DBS) were requested. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. The registered manager said staff did not commence working until these pre-employment checks were received which established that staff were suitable to work in care. These checks were repeated if there was a significant gap between staff being accepted by the agency and matched with a person requiring support. People and relatives were fully included in the interview process for their personal assistants and their decision was final. Staff, people and their relatives confirmed this process was followed. Staff members confirmed that these procedures had been undertaken and they had not commenced work until all pre-employment tasks and checks had been completed. The registered manager had access to legal advice to cover employment issues where this may be required.

Care files included emergency medical information included details about the person's GP and any known allergies or medical conditions. Staff completed first aid training during their induction which provided them with the necessary knowledge and skills to manage emergency health situations. Care plans also contained a section detailing contingency plans to record what would happen if circumstances arose when the person's planned formal or informal support was unavailable. This meant the service would know who to contact and what action should be taken in an emergency.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would first call for medical assistance if required and then contact the on call manager or office staff who would arrange for assistance. An on call service was available where staff and people could contact a senior member of staff out of office hours for support or guidance.

Is the service effective?

Our findings

People said they were always asked for their consent before care was provided. One person said, "They ask before doing anything and check that it's okay". Staff said they gained people's consent before providing care. One staff member said, "I always ask and tell them what I am doing, if they say no I wouldn't continue and let [name office staff] know". They added they tried to encourage people to accept planned care but respected people's decisions.

People and relatives all told us they had been involved in discussions about care planning and were included in reviews of their care plans. We saw people had signed their care plans agreeing to the care the agency intended to provide. Care plans included information about people's ability to make decisions and support they may need to do this. For example, one care plan reminded staff that a person could make decisions about activities and what they did when out with their staff member.

The 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. Staff were aware of consent and of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

People's health and personal care needs were met. People's health needs were identified as part of the assessment process and care plans contained information about people's health and personal care needs including any action that was required to meet these. These also identified health care professionals who were involved in providing care and treatment for the person. Clear guidance and instructions were in place for staff to follow should people require support with their specific health needs. Where necessary specific health professionals were involved in providing direct training for staff to meet identified health and care needs.

Staff knew people's needs and described how they met them effectively. Staff recorded the care and support they provided and a sample of the care records viewed demonstrated that care was delivered in line with the care plan. In most cases one staff member provided all the support for each person. This ensured people had consistent care and meant staff were aware of people's individual needs and how these should be met. One staff member told us they had a communication sheet which was kept with other care records in the person's house. They explained that this was used to pass information and messages to the other staff member who supported the person. This meant both staff were kept up to date with any information or changes affecting the person.

People received support with eating and drinking according to their assessed needs which were detailed in their care plans. Other people told us staff always asked them what they wanted and made sure they had

access to drinks at all times. A relative said, "They always ask [name of relative] what they would like and look in the freezer and cupboards together to help her choose". A Staff told us, "We always ask the person what they want to eat or drink." Another staff member said, "I always check with the person and offer choices when available." Where staff had provided food or drink they recorded this within the daily notes made at the end of their visit.

Systems were in place to ensure staff received regular structured supervision. Structured supervision provides an opportunity for individual staff members to discuss their work, training needs and any concerns with the registered manager. Staff and the registered manager confirmed they had opportunities to formally meet and discuss their work or training needs which was confirmed by records viewed in staff files. Staff said they felt supported by the managers and other office staff and that they could telephone or visit the agency office at any time if they had concerns or needed support.

People were cared for by staff who had received appropriate training. People and relatives were confident that staff had the skills to care for them effectively. One person said, "Everything is wonderful. I get all the help I need". Another person said, "They do everything very well". A relative made similar comments and said, "They know what they are doing and how to do it, no worries at all about that". The service had a training manager who told us how they were able to organise training to meet individual staff needs and those of the people they were caring for. Where necessary external training providers were also purchased. Staff said they had received a lot of training. One staff member said, "The training is really good, especially when we learn about specific aspects of conditions people may have". Another care staff member told us, "We get lots of training". The subjects covered included safeguarding, general moving and handling, medicine administration, food hygiene and infection control.

New staff completed an induction which covered a range of training including the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Most care staff had obtained or were undertaking a care qualification. The training manager monitored staff training and had systems in place to identify when staff were due for refresher training which was then booked.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said, "They are wonderful, I could not manage without them". Another person confirmed that the staff who supported them were nice and they liked them. A relative said, "[name of relative] is very happy with them". People and relatives said they had good relationships with the staff caring for them.

Staff had built up positive relationships with people and they had the opportunity to get to know each other, which helped build trusting relationships. A relative described how this had helped a person accept the care and support they required with their personal care. We were told how one person had requested their staff member to attend their awards ceremony at the local college. The staff member had attended this in their own time as they felt it was important to support the person who had never previously requested anyone other than their parents to attend such events. People had the opportunity to meet and approve potential personal assistants. This helped to enable people to form positive trusting relationships with staff caring for them.

Care and management staff supported people to access other services where appropriate. For example, one person was assisted to access advocacy services to support them with difficulties they had with expressing their views and raising concerns with an outside organisation. They felt confident to contact their care staff member directly to say they were unable to manage and required help. A member of the services management team visited them the same day and additional support was organised.

Care staff said they always kept dignity in mind when providing care to people. One staff member told us how they ensured the person's dignity by making sure they were always well presented when out and serviettes were used following meals. A person told us staff always remember privacy when personal care was provided. We saw in care records the issue of accessing toilets and providing personal care when on community activities had been considered.

People said staff consulted them about their care and how it was provided. Care plans showed people were involved in the planning and reviews of their care. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Care staff respected people's choices as to how they received care and their rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the agency managers. The registered manager told us that if a person requested not to have a particular staff member again this wish would be respected. This was confirmed by a relative who told us they had found one staff member unsuitable and the registered manager had taken immediate action to change the staff member. This showed people's opinions were respected. Staff understood the communication needs of people. Information as to how people communicated and made decisions and choices was included within care plans. This would help ensure people were able to express their choices.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Is the service responsive?

Our findings

People received individualised care that was responsive to their needs. Everyone we spoke with was very satisfied with their care and the way it was planned and delivered. One person said, "My needs are met, I'm very happy". A relative said, "They [office staff and care staff] are really helpful and when things change will arrange to change times of visits". Where a person had requested a change to their planned care relatives confirmed this had been done, "without questions being asked".

The service was flexible and responsive to people's needs and provided additional support when required to meet additional or changing needs. The registered manager explained how they had provided extra staff at a weekend when a person's relative had not been available to undertake the care and there had been concerns about the person's welfare raised by a health care professional. The nominated individual and a care staff member attended the person and remained with them until an ambulance arrived to take the person to hospital. On another occasion a care staff member undertook additional visits to ensure a person was warm enough when the weather was cold and they were waiting for central heating to be repaired.

Staff responded appropriately to support people whose needs may change due to a health need. For example, one care staff member had identified a person may have a new health need and supported the person to attend their GP where they were diagnosed with a condition which required prompt treatment. A relative told us how a staff member had purchased sun protection cream when out as they had become concerned the person may be at risk of exposure to the sun whilst undertaking their chosen activity for the day. This had ensured the person's safety and that they could do their chosen activity.

Care staff were willing to provide additional support when necessary. For example, one person had a pet which required surgery. The vet was concerned the person would be unable to provide the necessary post-operative care and support for the dog. Therefore the staff member had cared for the dog at their own home until she was well enough to return to her owner. This was especially important as the person relied on the dog for community access.

People were fully involved in identifying their own care and support needs and how they would like these to be met. The process included them identifying what characteristics they would like in their allocated staff member and they were given the opportunity to interview and select their staff member. This meant people had full control over who provided their care service. Care plans reflected people's individual needs and were not task focussed. For example, one care plan viewed contained a contingency plan stating that other family members would provide care in an emergency or if the regular staff member was not available. Another care plan detailed what was important to the person including, them gaining more independence and confidence. Information about social goals were also included such as how people liked to spend their leisure time. People and relatives confirmed copies of care plans were kept in their homes meaning they could or staff could check any information if required.

There was a system that care plans could be reviewed and updated as needs changed or on a regular basis every six months. The registered manager told us they consulted with staff who provided care prior to

reviewing care plans and the person whose plan they were reviewing. Care staff were included in reviews and these were scheduled at times when care staff could attend. For example, one was arranged for early evening as a care staff member was also employed in a second role and would have been unable to attend at other times. People and relatives said they were involved in the planning of their care and that this was reviewed regularly. Records confirmed this and people or their relatives had signed their care plans.

A record of care provided was kept for each person. These were returned to the services office monthly where they were reviewed to ensure people had received the care and support as planned. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the registered manager or office staff know and were confident they would make any necessary arrangements. For example, a care staff member supported a person to discuss their increasing needs with the nominated individual who arranged for a review which resulted in an increase in the person's support hours.

The registered manager was clear about the level of support the service were able to provide and told us about occasions when they had supported people to move to other service provision when their needs had increased beyond those they were able to meet. This showed the service was responsive to people's changing needs and took action to ensure these could continue to be met even where this meant an alternative care provider. Staff provided support to meet the diverse needs of people using the service. Information for people was available in various formats including an 'easy read' format for people with a learning disability. There were plans also to produce this information in a braille format and the registered manager was aware of how to arrange language translators should people require this.

The service sought feedback from people or their families during the regular reviews of care plans where an office staff member visited people to discuss how the service was meeting their needs. People or their relatives were specifically asked about what was going well and what was not going well. This provided a prompt to people or relatives to raise areas for improvement. The registered manager told us that they would contact people, or where appropriate relatives, when they started providing a service to check they were happy with the way the staff member was provided care. The nominated individual undertook some supervision sessions when staff were working with people. They identified this helped them ensure staff were working appropriately but also gave people opportunities to raise any issues with them.

People or their relatives were aware of how to make a complaint or raise a concern about the service they received. Details on how to complain was included in information about the service provided to each person and kept in the file held in the person's home. People and relatives were all able to name office staff including the nominated individual and registered manager and stated they would feel comfortable raising any issues or concerns with them. They were also confident that the managers took their concerns seriously and would take appropriate action in response. A person told us, "I haven't had reason to complain", but confirmed they knew how to if the need arose. A relative said, "If I had a complaint I would ring up the office but have no need – not at all." Should complaints be received there were appropriate procedures in place to respond to these including providing a written response to the complainant. The registered manager stated they had received one formal complaints. They stated that when a complaint was received it was recorded with a full record of the investigation and outcomes documented. A written response was provided to the person making the complaint.

Is the service well-led?

Our findings

All the people and relatives we spoke with were on first name terms with the registered manager and nominated individual. They expressed great satisfaction with the way the service was run. People, their relatives and a professional told us the service was managed extremely well. One relative said, "It's the best care company I have ever had, by a long way". Another person commented, "Well managed? Yes definitely; extremely well managed, yes". They said the managers were accessible, knowledgeable and friendly. One person commented, "They are very good; they will sort out any problems and also take time to talk to us." A relative said, "I can contact [name of managers] if there are any problems or we need to make any changes. I know they will sort things out".

The registered manager and nominated individual were in day to day charge of the running of the service and shared the responsibility for the out of hours on call arrangements. Discussions showed they understood the needs of people the service was supporting and were involved in the assessment, care planning, reviews, recruitment and support of staff. We were told of occasions when the managers had visited people out of hours to provide additional assistance and support some of which have been detailed in the responsive section of this report. They were open to other services and were involved in a range of projects with the local authority to promote people's voice. For example, they had been involved in the audit of the local safeguarding board contacting people to ascertain how they had felt during safeguarding investigations. This meant the safeguarding board and any changes to safeguarding procedures would include consideration of how people involved in the process had felt and how this could be improved for them. They were very clear about the level of service that they could provide and supported people to access more suitable services when required.

The management team had a clear vision of how they wanted the service to be provided which focused on ensuring people were at the centre of the service and in direct control over the way they received care and support. People and staff told us the provider's goals were based on the principal of enabling people to live the lifestyle of their choice. The services provided were designed to be personalised, empowering and enabling for people. The registered manager stated the agencies core values were independence, dignity, privacy, and choice. All the staff including the registered manager told us people came first and it was apparent from our conversations with people, their relatives and staff that this philosophy governed the day to day delivery of care. There was a duty of candour policy in place which required staff to act in an open way when people came to harm and we saw this was followed appropriately.

The management team were constantly looking at ways to improve the service. For example, they were planning to renew the website to enable staff to access a portal which would enable them to see policies or other information relevant to them. This would help ensure staff were kept up to date with any changes and had access to information they may require. A staff member told us how they had identified that when the weather was inclement it could be a problem identifying community activities which did not cost much money for the person to do. As a result the managers had made available a room within the agency office which could be available for ad hoc craft activities.

There was a clear management structure in place. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt well supported within their roles and described the management as approachable. Staff said the managers were supportive and they felt valued by them. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[Names of managers] listens and is always available". Another staff member said of the managers, "They are so lovely, always there when we need them". Whilst a third said, "They [managers] are brilliant, I can't fault them". Social events such as Christmas meal for staff were held which helped to develop team building and show that the management team valued staff. Staff spoke positively about their work and about the people they supported warmly. One staff member told us, "I love working for PARES. I've not done care work before but I really enjoy it." They added that they liked knowing they had made a difference to people's lives. Other comments from staff included, "I enjoy this job". Staff were able to tell us about the people they were supporting and were aware of what was important to them.

There were procedures in place to monitor the quality of the service people received. Records of care provided and medicines administration records were reviewed when these were returned to the office monthly. This was to ensure they were appropriately completed and that people had received the care they required. With people's permission the nominated individual told us they attended some care visits to observe staff and how they provided care. They said this enabled them to fully monitor the way staff worked and reassess competencies such as for medicines administration. Specific audits had been undertaken such as for medicines management which we saw a comprehensive audit tool had been completed for each person. Where this had identified improvements were needed we saw that action had been taken. Systems were also in place to ensure other areas of the service were well managed. For example, systems were now also in place to ensure office staff could easily track training completed and required and that staff documentation such as car insurance and MOT's were in date. The provider contracted with an external audit company who undertook an annual assessment of the provider's systems to ensure the quality of all aspects of the services provided were maintained.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. Although there had not been any since the previous inspection (when the service was based at an alternative location) the registered manager was aware that the procedures they would use which would help ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Staff told us that the office was open and supportive; fostering a culture of teamwork where issues were addressed honestly, with the service taking a collective responsibility when things went wrong. Staff were confident in raising concerns to the registered manager and were knowledgeable about the provider's whistleblowing policy.