

Homecare Finder Limited

Home Care Finder Limited

Inspection report

Rank Lodge, Sutton Manor
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Tel: 01962761461

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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 18 May 2017 and was announced. The provider was given 48 hours' because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Home Care Finder Limited provides personal care and support to people in their own homes. At the time of this inspection, they were providing personal care services to 44 people with a variety of care needs, including people living with physical frailty or memory loss. The service is managed from an office based in Sutton Scotney.

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 registered manager was a good role model for their staff. They took a hands on approach to the day to day running of the service and were knowledgeable about people and their needs. The registered manager was committed to making continuous improvements and was developing quality assurance tools, which would help enable them to monitor the safety and quality of the service.

People told us that the registered manager was friendly and approachable and was very accommodating to making changes in response to suggestions, feedback or concerns about the service. The registered manager sought people's feedback through a range of sources including visits, formal reviews and questionnaires.

Staff had received effective training and supervision which was suitable for their role. The service had made efforts to support staff to further their skills and knowledge by dedicating resources and time to support staff's learning and development. Staff were dedicated in their role and understood the needs of the people they supported and how to follow legislation to protect their rights.

The registered manager followed safe recruitment processes, which helped to ensure that suitable candidates worked with people. There were sufficient numbers of staff available. People told us that the service provided consistent staff teams to carry out their care visits. New staff received an induction in their new role, which helped the registered manager monitor their skills and behaviours.

People were treated with dignity and respect and told us they were happy with the care they received from staff. The registered manager had received many positive testimonials from relatives of people who had received end of life care from the service. Staff had received additional training in this area of support and the service had a consistent history of providing compassionate care.

Staff had received training in safeguarding and understood how they could help keep people safe. Risks to individuals were assessed and monitored. The service was quick to respond to changes in people's health or wellbeing by making referrals to appropriate healthcare professionals and adjusting care arrangements to meet their changing needs. Where people had incidents or accidents, the registered manager looked for potential causes and investigated ways to reduce the likelihood of reoccurrence.

The service had systems and processes in place to support the running of the service outside of office hours and in emergencies, such as severe weather. People's needs had been assessed and prioritised and the registered manager had arranged for contingencies to be put in place to help ensure people received a visit in line with their needs.

People's care plans were detailed and included information about how they would like to be supported around their personal care routines. Where people required support with their medicines or eating and drinking, the level of support required was clearly identified for staff to follow. People told us they were involved in developing and reviewing their care plans and felt staff were confident in following them.

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

Risks to individual's health were assessed and safely managed.

The service had plans in place to ensure the running of service outside of office hours and in the event of an emergency.

There were sufficient staff that were safely recruited to meet people's needs. The registered manager had systems in place to ensure suitably skilled staff worked with people.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training and ongoing support to be effective in their roles.

The service worked in partnership with healthcare service to help meet people's health needs.

People were supported with meals and drinks in line with their preferences.

The registered manager understood how to follow legislation in order to protect people's legal rights.

Is the service caring?

Good ●

The service was caring.

People told us they were involved in making decisions about their care.

Staff were kind and compassionate in their approach to working with people, treating them with dignity and respect.

The service provided compassionate end of life to people.

Is the service responsive?

Good 

The service was responsive.

The service was flexible in adapting to people's changing needs.

People's were involved in reviewing their care plans, which detailed their preferences around their personal care routines.

The registered manager used feedback about the service through visits, questionnaires and learning from complaints to make improvements to the service.

Is the service well-led?

Good 

The service was well led

The registered manager was a good role model, who took an active role in monitoring the quality of the service.

Incidents were analysed to identify ways to reduce the likelihood of reoccurrence.

Staff felt valued in their role and told us the registered manager was supportive and dedicated in their role.

Home Care Finder Limited

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 which took place on 18 May 2017 and was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with 12 people who used the service or their relatives. We spoke to the registered manager, a care coordinator, and four staff members. Following the inspection, we spoke with two social care professionals and two social workers who had regular contact with the service, to obtain their views about the care provided. We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, three staff recruitment files, records of complaints, accidents and incidents, and quality assurance records.

The service was last inspected in July 2014, when we did not identify any concerns and the service received an overall rating of good.

Is the service safe?

Our findings

People felt safe receiving care from Home Care Finder Limited. One person told us, "Reliable and trustworthy company." Another person said, "Very organised and professional service."

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "We are told about safeguarding and how to report incidents or concerns to the office." Another member of staff said, "If there was something that was not right, then I would call it into the office immediately."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were knowledgeable about people's individual needs and the steps required to keep people safe. People had risk assessments in place in relation to: medicines, moving and handling, diabetes, fluid and nutrition and home safety. One person had a risk assessment in place around their diabetes. A specific care call time had been arranged as they required help to make breakfast before taking their morning medicines. Records of care calls showed that the service had provided call times consistently in line with the risk assessment.

The service had a 'non entry policy'. This detailed the action staff needed to take if they were unable to make contact or enter a person's property at the agreed care visit time. The registered manager told us, "Staff are not to leave anybody unaccounted for. If anybody is missing then we call people's families, hospital and if necessary, the police." A member of staff told us, "If for any reason we can't get into somebodies house, we contact the office service immediately." This helped to ensure that people were safely accounted for at the time of their scheduled care visits.

The service's computer system had the facility to enable the registered manager to ensure suitable staff were working with people. For example, if people required staff who had received training in a specialist aspect of care, the registered manager was able to put checks in place on the computer system which meant that only staff with the required skills were allocated to these visits. This helped to ensure that the service managed the risk of providing staff who did not possess the require skills to work with people.

People were kept safe from risks associated with emergencies such as adverse weather. The service had prioritised people's needs to ensure the most vulnerable would receive care. The registered manager told us that they had mapped out which staff lived closest to people; staff would then visit people by foot if car journeys were not possible. The service had an 'On Call' system where a senior member of staff was available on the phone in times where the office was closed. This enabled people and staff to call for advice or support. The On Call service would also call people if staff were running late for their calls. Senior staff were also able to log onto the providers computer system from their homes. This meant that they had access to essential information to the running of the service from home in the event that the office was inaccessible. The registered manager also had arranged for two all-weather vehicles to transport staff to visit people if roads were difficult to access in extreme weather. They told us, "We have lists of people, their needs and plans of how to reach people in bad weather. Our attitude is that everyone should still get a visit,

whatever the conditions." This helped to ensure that people received their care services in spite of severe weather.

People told us there were sufficient staff to meet their needs. One person said, "I have the same few carers every week, it is very consistent." Another person commented, "The only changes we get are when people are on holiday." A third person remarked, "I guess you have to take into account the transient nature of care workers, so with that in mind, I believe they [Home Care Finder Limited] have done well to retain their staff." The registered manager told us they tried to schedule staff to regular visits in order to create consistent staff teams for people. They also sent rotas of upcoming scheduled care visits to people a week in advance. This gave people the chance to contact the service if they required any changes. One person told us, "The rota comes every week. We take a look at it and can contact the office if we have any issues." The registered manager told us, "We are a rural based service and are very honest with people at interview that there will be travelling involved in their role. I think this honesty helps us to identify suitable staff, who will stay with us."

Most people told us staff were reliable and usually arrived on time. One person said, "They always come at the agreed time. If they are late, then they will usually call." Another person said, "No issues with timings at all." The registered manager told us they had calculated adequate travel time for staff between care calls using a computer based mapping service. This helped to ensure that people received their care visits as scheduled.

The registered manager followed safe recruitment practices when employing new staff to work with people. Checks were made to ensure staff were of good character and suitable for their role. The registered manager conducted interviews themselves to help ensure the right staff were employed to work with people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were safe medication administration systems in place and people received their medicines when required. The service had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. Most people who used the service independently managed their own medicines.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled in meeting their needs. One person said, "Staff understand my needs very well. I think a couple of them used to be nurses. They are very observant." Another person commented, "They [staff] all know what they are doing and they do it well." A social care professional told us, "The staff are very professional in their approach, have a sound knowledgeable of people and relate to them in a personal, kindly, but professional manner."

Staff received effective training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to effectively support their health and wellbeing. New staff received an effective induction and training that was in line with the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Existing staff attended periodic training updates in key areas such as moving and handling, safeguarding and first aid. This helped to ensure staff's skills and knowledge followed current best practice.

Staff increased their skills and knowledge through additional training and qualifications relevant to their role. Some staff had completed training in care involving percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. This helped people receive effective care and support in managing their PEG's. Some staff were pursuing additional qualifications in health and social care. The registered manager had established links with an accredited training provider to facilitate these courses.

The registered manager had dedicated resources to help support staff's learning and skills development. The service had designated a room in their offices as a 'study clinic' for staff. The room was free for staff to use to complete their training booklets or to discuss issues in relation to their working practice. There was various guidance and documentation available for staff to access, such as guidance around The Mental Capacity Act (2005), safeguarding and caring for people living with dementia. The registered manager told us that they held formal drop in sessions weekly, where senior staff were available to support staff by answering questions or giving people advice. This helped to create an environment where staff's learning and development was supported and encouraged.

New staff were supported to complete an induction programme before working on their own. This consisted of working alongside more experienced staff to familiarise themselves with people. New staff also had a set of work based observations by senior staff. These included observations around medicines, moving and handling and communication with people. This helped the registered manager assess the skills and behaviours of new staff.

The registered manager supported staff in their role through supervision and appraisal. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I have regular supervisions where I can raise any issues if I want to."

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to consent to their care plan. Where necessary, the provider consulted the person's power of attorney for their health to make decisions in people's best interests. An appointed power of attorney is somebody with legal authority to make decisions on a person's behalf, if either that person is unable to in the future or you no longer wishes to make decisions for themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2005. One member of staff told us, "Some people we work with can be forgetful. When you ask them if they would like a wash, they will say they have already had one, even if they have not. I get on and do other bits and pieces around the home for them. Often, I will go back and ask again a bit later and people will usually feel ready to receive their care then."

Most people's meals were prepared independently or by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a diet in line with their needs and their preferences. One person told us, "Staff help me with a meal every day. Most are good cooks." Staff had received additional training in nutrition and following a balanced diet. Nutritional guidance and information was also displayed in the services office. This information acted as a reminder or frame of reference for staff when supporting people with their nutritional needs. Where people required additional support to maintain healthy fluid intake, their care plan identified the support staff needed to provide in this area. For one person who was reluctant to drink, their care plan identified particular drinks they liked and how best to encourage them with their fluids. This helped to ensure that this person had regular access to drinks during care visits.

People's health care needs were monitored and any changes in their health or wellbeing prompted a referral to their GP or other health care professionals. The registered manager had also visited local doctors and district nurses to improve communication between the professional bodies. They told us, "I try to take at least 1 day per week out of the office. Sometimes this is visiting doctor's surgeries or meeting up with district nurses. I think this helps when people are having issues, because you have established this working relationship." One of the senior staff had attended additional training in moving and handling. They showed us examples of where they had liaised with occupational therapists to ensure that people had appropriate equipment such as beds and hoists to meet their needs.

Is the service caring?

Our findings

People told us they were happy with the care they received and the staff who supported them. One person told us, "They are all very good carers." Another person said, "They are always terribly kind and frightfully helpful." One person's relative commented, "All the girls are lovely really, kind and well mannered." A social care professional fed back that, "Feedback from my residents has always been positive and complimentary. I have found staff professional and approachable."

People and their relatives told us they were able to express their views and were involved in making decisions. One person told us, "I told the staff that I wanted to have my hair washed in the sink. They changed how they did it and now it is as I want." Another person commented, "Whenever I have asked for adjustments or changes, in all fairness the company has been very accommodating and has been able to change things quickly."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. One person told us, "It's very nice to have somebody come to visit me. We always have a chat before they go, they never rush, and it's really nice." Another person said, "The staff see me every day and can see if there is a change in me. Sometimes they have called the doctor on my behalf if I am not feeling well."

Staff respected people's privacy and dignity. One person told us, "All the girls [staff] are courteous and respectful of my home." Another person said, "They always knock the door before coming in, that's nice." People were consulted about who Home Care Finder could share their information with. People were asked to sign a 'permission to share document', which gave them a choice about which professional bodies such as doctors or social workers the service could consult with about the person's needs. This helped to promote people's privacy and confidentiality.

The service had a 'dignity champion'. Their role was to help ensure that the service promoted the principles of providing dignity in care. The dignity champion had contacted people using the service to gain feedback about how the service could improve and they also acted as a contact if people had concerns. The registered manager told us they also acted as a support for staff to help ensure that their current working practice was dignified and respectful. This included participating in team meetings and training sessions to promote best practice.

The service provided compassionate care that respected people's wishes at the end of their life. The service had received many letters of thanks from relatives of people who had received end of life care from staff. Testimonials included, 'The good natured patience and love made all the difference to [my relative]', 'The standard of care provided was exemplary', and, 'The whole team worked so hard to ensure [my relative was as comfortable as possible.' The registered manager had been invited to a local event to represent a person who had used the service. The registered manager told us, "We have been asked to attend the summer fete in honour of [person] who passed away. It is an incredible gesture and one which we will fulfil willingly." Where people had made advanced decisions about their care, the service documented these in people's

care plans and made this information clearly accessible for emergency services should they need to attend to people.

Staff received training and support to provide end of life care. The registered manager told us that staff received additional training in relation to the principles of providing empathetic end of life care. They told us, "We have developed our training and knowledge in end of life care; we have to ensure we provide sensitive care in a dignified manner."

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. People told us that a senior staff member came out to make an assessment to agree a care plan prior to care starting. People were asked about their life histories, care needs and preferences for how their care is delivered. They told us that senior staff came out to visit them in the first week of receiving the service, and they receive regular phone calls and visits from senior staff to check they are happy with the service. One person told us, "The initial assessment was very detailed and comprehensive. They followed this up with phone calls and visits to check how things were going." Another person said, "I was impressed when the manager came out to the assessment. They asked me lots of questions about what I wanted and when I wanted it." The registered manager explained, "When we receive an initial enquiry, we will always go out for a meet and greet visit. This gives people the opportunity to tell us about what they require, so we know whether we can meet their needs."

People's needs were reviewed as required and where necessary health and social care professionals were involved. The registered manager told us that the service had a policy where they would not agree to take on care packages that did not meet people's needs. They said, "We felt it was really difficult to achieve good outcomes with 15 minute calls and so set our minimum 30 minute call in place. I believe that this really enables us to do a thorough job that is not rushed and provides a good service" The registered manager also worked with people to reduce down the time of calls if they were consistently not requiring the full duration of the visit. They told us, "Where people have had hour long calls but do not really need them, we have worked with them and commissioners to reduce these calls. In some cases we have asked the allocated time to be used more effectively at different times of the day." In one example of this, one person's care call time was changed to earlier in the day so staff could help them make a meal. They were originally commissioned a bed time visit, which they told the registered manager they did not require.

Social care professionals told us the service was flexible and responsive in meeting people's changing needs. One social care professional said, "We have contacted Home Care Finder Limited on behalf of two of our residents, one of whom has increasing care needs which have been fully assessed and altered according to changing needs. All this is communicated to both the resident and our team of wardens. We receive a full weekly timetable of when the carers are coming and who in particular is coming." A social worker reflected, "They (Home Care Finder Limited) report concerns very quickly and have been adaptable in their approach. They return my calls and email me if there are any issues." Another social care professional fed back, "Our feedback from our two residents who contacted Home Care Finder Limited directly has been excellent: the assessment was achieved soon after the enquiry, the carers turn up on time and are very good and the two-way communication between resident/family and the agency is extremely good." A second social worker commented, "Home Care Finder Limited have never refused to help and have provided temporary cover without complaint until they could arrange a more permanent solution." In one example, the service was able to carry out an assessment within 45 minutes of receiving an urgent care referral. Senior staff carried out the assessment and were able to deliver the first care visit directly after the assessment was completed. A social worker reflected on how responsive the service was in meeting the changing needs of people, they said, "We are very impressed with the service."

The registered manager sought feedback about the service through a range of sources, including reviews and surveys. The registered manager held formal reviews with people every six months. These reviews asked for people's feedback about their overall satisfaction with the service. Examples where changes had been made in response to feedback included, the service changing care call times as requested by people and adjustments to people's staff team in response to positive and negative feedback. The registered manager sent out a yearly questionnaire to people. This asked them to feedback about aspects of quality about the care provided. Results from the last questionnaire sent in summer 2016, which received 25 responses showed a very positive response from people in the areas of, reliability from staff, communication with the office and confidence in raising a complaint. In response to feedback from that that questionnaire, the registered manager had contacted people with information of how to use the service's 'out of hour's service', as some people had commented that they did not know what the procedure was.

Care plans were detailed about people's health, wellbeing and life history. They included information for staff to monitor people's wellbeing and meet their needs. People's preferences of how they receive care were followed with details of how staff could help them to maintain their independence. Staff told us that they supported people to be as independent as possible by encouraging them do as much as they could for themselves. Care plans gave information about how people would like to be supported when bathing or showering including practical steps for staff to follow to ensure preferred routines were followed.

People told us that when they had concerns or made complaints, the provider would quickly respond. Each person had a guide from the provider about how to make a complaint. One person told us, "I called the office because the times changed when my regular carer went on holiday. The manager sent a letter explaining that there had been a lot of sickness and to say sorry. I was happy with that."

Is the service well-led?

Our findings

People had confidence in the registered manager telling us they were approachable and competent in their role. One person told us, "I have met the registered manager on a few occasions and they have always seemed professional and friendly." Another person said, "I have confidence that the registered manager will sort anything out if I ask them." A third person remarked, "It's the people who make the company, I think they [the registered manager] has cracked it and have some good people." A social care professional commented, "I have had contact with the registered manager and office staff who are very professional and efficient."

The registered manager promoted a clear vision of the service's values. They told us, "We definitely want to work towards making the service outstanding, we are all working really hard to continuously learn and improve. We put the people at the centre of what we do and try to give them the best service possible." Staff understood these values and shared the registered manager's motivation in driving continuous improvement. One member of staff told us, "We are committed to giving the best service we can. A big part of this comes from learning as much as you can." Another member of staff said, "It's a really great company, it's defiantly about the people before the finance and I think that shines through."

There was a clear management structure in place, which included the registered manager and care co-ordinators, who supervised care staff. The registered manager told us they also received support from the provider, which included sharing training resources with the provider's other services.

The registered manager was committed to their role and kept themselves updated with current guidance and legislation through a combination of local providers groups, updates from professional bodies, internal support and training from the provider. The registered manager was also involved in a local dementia action group, which helped to promote services suitable for people living with dementia. The registered manager had volunteered time, resources and staff to a local 'memory café'. The aims of this project were to create a support network for people and family members affected by memory loss. The 'memory café' was available for people using the service to access.

The registered manager took an active role in the day to day running of the service and understood people's needs. One member of staff told us, "The registered manager is very helpful and offers a lot of support. They come out to assess you at work, it can be nerve racking, but it's important to get feedback about how we are doing, it's how you learn." Another member of staff said, "The registered manager puts their heart and soul into their job, if you report something, they will always come out to see for themselves, it's a great support."

There was an open and transparent culture within the service. Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. The service had also displayed previous inspection rating on its website and conspicuously in their office. People and staff had confidence the registered manager would

listen to their concerns and they would be received openly and dealt with appropriately. The provider had a whistleblowing policy, which detailed organisations staff could contact if they had concerns. One member of staff told us, "I know that the registered manager would act on anything I said or raised as a concern. There are other people like the (local authorities) safeguarding team who you can call too."

There was a positive culture within the service, staff told us they felt supported and valued in their role. One member of staff said, "It's a very good company to work for. No issues, very friendly and helpful." Another member of staff reflected, "The atmosphere is so different (since the registered manager took over), it's so much better, anything you ask for, anything you want to be trained in, you can." The registered manager had organised regular team building days for staff. Recent events held included a barbecue and a 'mini Olympics', which staff participated in. This helped to create an environment where staff told us they felt valued and promoted commitment to their role as they felt part of a team and shared common working values

Team meetings were regularly held where staff were asked for feedback and ideas to improve the service, updates around policies and procedures introduced, improvement plan actions discussed and health updates for people appropriately shared. As part of these meetings the team ethos was also discussed so staff were secure in the provider's values. From the team meetings actions were identified to improve the service further. For example, staff had raised in a recent meeting that they would like additional support around end of life care. In response to this the registered manager arranged training to meet this need. The provider had a social media page which staff could access. This forum allowed the provider to share updates from meetings or events and topical news associated with the care sector. This helped to ensure that staff who did not attend the team meetings were kept informed of changes.

Quality assurance systems were in place to monitor the quality of service. The registered manager reviewed daily log and medicines administration records periodically. These logs were checked in order to pick up any recording errors, missing entries, visits that came outside specified time and trends in staff performance and engagement with people. The registered manager and senior staff also regularly observed staff whilst at work to monitor their skills and behaviours. The registered manager was in the process of developing a quality assurance tool which measured the service in relation to how; safe, effective, caring, responsive and well led it was. They told us they would use this tool regularly to monitor the safety and quality of the service.

Incidents were used as an opportunity to learn and improve the service. Incidents were analysed by the registered manager, who took appropriate steps to identify triggers or root causes, putting measures in place to reduce likelihood of reoccurrence. Some incidents related to people's health and wellbeing and the registered manager had contacted relevant professional or medical bodies to get additional resources, advice or training. In all cases, the provider had acted quickly to identify any issues to ensure that the problems did not escalate. In one example a person began to suffer unexplained falls. The registered manager analysed the incidents and worked with the person to identify that they were becoming faint due to not eating regular meals. The registered manager arranged for an additional care visit to support the person to make their meals. Since this change, the person had not suffered any falls as their food intake had increased to a healthier level.