Starcare Limited

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Inspection report

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Date of inspection visit:
30 August 2016
31 August 2016

Date of publication:
17 October 2016

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

We inspected this service on 30 and 31 August 2016 and we gave short notice to the registered provider prior to our visit. This was to ensure that key people were available during the inspection.

Starcare Limited is a domiciliary care agency that provides a range of care services to people in their own homes. The offices are based in the city of Chester. There is limited car parking to the side of the building. The service covers the geographical areas of Chester, Ellesmere Port, Neston, Frodsham, Crewe, Middlewich, Winsford, Northwich and the surrounding areas. There are currently 350 people who use this service and who are supported by 168 staff.

The previous inspection was undertaken on 6 January 2014 and the service met the regulations we assessed at that time.

There was a registered manager in place, who was also the managing director and owner of the service. For the purposes of this report they will be referred to as the registered manager. They had been registered for eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the staff were kind, caring and helpful. They said "The staff are trustworthy", "The attitude of the staff is very good", "The staff are nice", "I like all the staff who come to me" and "I have got some good carers".

People had mixed views about the punctuality of the staff and whether they were informed. We found that systems were in place to monitor this and that where issues occurred these were dealt with by the registered manager.

People said they were felt safe with the staff. Staff were aware of safeguarding policies and procedures and had undertaken safeguarding awareness training. The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and the implications of it on people who used the service. Staff had an awareness of the MCA through the induction process and safeguarding training.

Staff recruitment processes were in place which meant that people were protected from staff that were unsuitable to work with people who may be deemed vulnerable. Staff had undertaken an induction and had access to supervision sessions and training relevant to their job role.

Care plan documentation was person centred and gave good information about the individual needs of each person. A risk assessment was tailored to each person's particular requirements. Some people were supported with their medications and these were well managed by the staff. All documentation seen was up

to date.

Some people were supported with meal preparation and the purchase of food. A financial record was kept where food was purchased by staff and this was reviewed by senior staff during monitoring visits.

People had access to information about the service that included a service user's guide. However most people telephoned the service and spoke to the registered manager to obtain verbal information about Starcare. An initial home visit was undertaken by senior staff prior to the service starting.

A complaints policy was available and each person had a copy within the service user's guide which was within their care plan file. Processes were in place and complaints made had been dealt with in a timely manner.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained, reviews of people's care and an annual questionnaire for people who used the service. There were also a range of audits undertaken in relation to the service provided that monitored its safety and effectiveness.

A range of policies and procedures were in place. We found that throughout some of these reference was made to past legislation and a review was needed to ensure these reflected up to date guidance. The registered manager agreed to undertake this.

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.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

People's medicines were managed safely.

Safe recruitment practices and processes were in place. Recruitment policies and procedures were available to make sure that unsafe practice was identified and appropriately addressed.

Is the service effective?

Good

The service was effective.

Staff had access to relevant training and received regular supervision.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The registered manager and staff were aware of how to ensure that decisions were made in a person's best interests.

People were supported with the purchasing of food and meal preparation.

Is the service caring?

Good

The service was caring.

People who used the service said staff were kind, caring, helpful and friendly towards them.

Staff engaged with people and showed an interest in the people they supported.

Is the service responsive?

Good

The service was responsive.

A complaints process was in place and complaints were dealt with in a timely manner. People knew how to make a complaint if they were unhappy.

People were supported with their healthcare needs when needed and with the involvement of family members or representatives where appropriate.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in place who was the managing director and owner of the service.

The registered provider had a range of quality assurance systems in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Starcare 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.

We inspected the service on 30 and 31 August 2016. We gave short notice to the registered provider because we needed to be sure that they would be available during our inspection visit. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had in depth experience of caring for an older person who was a family member.

Before the inspection the registered 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 used this information to help inform our planning of the inspection.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public or external stakeholders. Before the inspection we looked at notifications the CQC had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

The expert by experience spoke to 21 people on the telephone prior to the inspection visit. On the days of our inspection we visited five people who used the service, spoke with two relatives, the registered manager and six staff members. Staff members included care and human resource managers, team leaders and support workers.

We looked at a selection of records. This included 11 people's care and support records, five staff

recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. They said "I do feel safe with my carers", "Yes 100%", "Yes, very much so", "Yes I feel safe, I have some very good carers" and "Yes, definitely, no question I feel safe". One relative commented "I know [relative] feels safe because they are happy and the staff are good with them".

Staff told us how they would keep people safe and from harm. They shared examples of types of abuse such as physical, emotional and financial. They also explained indicators that they would look for if they suspected abuse. One staff member said "I would look for unexplained bruising, someone flinching away or someone who is crying a lot." Staff told us they would report any concerns they had to the registered manager. Staff were aware of the safeguarding policies and procedures and had undertaken training in safeguarding. The registered manager had copies of the local authorities safeguarding policies and procedures alongside their own safeguarding policies. Records and certificates seen on staff files confirmed that staff had received training in safeguarding of vulnerable adults. The registered manager completed monthly low level returns to the local safeguarding team alongside a summary of the incident and any actions or outcomes taken as a result. Low level concerns are ones that fall below the local authority safeguarding threshold. This demonstrated that the registered provider was proactive in reporting all appropriate concerns to the safeguarding team.

Some people told us they were supported by staff to take their medication. People said "They just put cream on my legs", "[Staff] help me with my medicine which I do get on time" and "They put cream on my feet and toes". One relative told us "They [staff] help her with her medicine because she has some dementia and she forgets. She gets it on time and they always record it in the book".

We found that people were supported where necessary to manage their medications and received them safely. We saw that the Medication Administration Record (MAR) sheets were detailed and correctly completed. This meant that people were receiving their medication as prescribed and that staff were completing records as required. Staff told us they had received training in medication and had received an annual refresher. Medication observations were completed and copies of these were seen on staff files. These observations covered all aspects of medication administration and identified if further training was needed. The assessor confirmed if the staff member was competent to safely administer medication. We saw that the registered provider had a medication policy in place and staff confirmed they were aware of this.

People had mixed views about the punctuality of the staff and whether they were informed. Five people told us that when staff were running late they were not telephoned to make them aware of this. Comments included "My carer should have arrived at 8 but they turned up at 10 but they didn't ring to let me know", "They [staff] are late sometimes and they don't always ring to let me know" and "Timing, sometimes they are late which I don't like". Other people told us if staff were late there was usually a good reason why, for example, staff had needed to stay longer at a previous call, or the traffic was bad. People said "My carers always turn up and do what I need", "They were a bit late today but it doesn't happen often. They didn't ring

me but they always arrive", "They have been late once or twice but they always let me know either the office or the Carer will ring me" and "They [staff] are on time they are very good". We found that staff never missed a call, however, on rare occasions staff were late. However, people always received a visit and although the call might be later than expected this did not appear to have a significant detrimental effect on people who used the service.

We examined the staff rotas and saw there was sufficient staff to cover the calls. The registered manager explained that staff had a company mobile phone and were encouraged to contact people if they were delayed. Also the system alerted the office staff if a staff member did not arrive at a person's home within 15 minutes of the due time and the 15 minute leeway was to accommodate slight delays that might occur and was detailed in the person's contract with the service. This meant that usually staff had sufficient time to get to each call within the allocated time frame.

The registered provider had a recruitment policy and procedure in place. Recruitment files were well presented and information was easy to find. Files contained an application form which included the person's employment history and details of references; job description; person specification; and copies of the interview questions and answers. Two references and a Disclosure and Barring Service (DBS) check had been undertaken. A DBS is a check that employers undertake to ensure that the person is not barred from working with people who may be deemed vulnerable. We noted that two people's references were undertaken via phone calls and these had not been confirmed by written references. This was discussed with the registered manager who explained that sometimes it was difficult to obtain written references. However, they said in future they would attempt to obtain them where possible.

Risk assessments were seen within people's care plans. These were known as choice, empowerment and risk assessments. We saw these were undertaken for the environment, medication, skin integrity, nutrition and moving and handling. These gave staff clear instructions on how to support people within their own homes. However we found that two people did not have up to date risk assessments on moving and handling issues. For example one person needed the support of a ceiling track to move from their bed to the chair and another needed the use of equipment to move around the home and neither had moving and handling risk assessments in place. This meant that staff did not have up to date information about the people they supported. We saw that within the risk assessments a note was made of the "escape route" that would be used in the event of the need to leave the home. However, details were very brief and did not consider the full needs of the person. This was discussed with the registered manager who agreed to review this and develop a more detailed plan.

The registered provider had a business continuity plan which showed what they would do in the event of a fire, damage to the premises, illness of key staff, or an IT system failure. Any one of these situations could severely affect the delivery of the service provided. The plan showed how these and other situations would be dealt with and a log of all incidents would be maintained and lessons learnt would be documented and changes made where appropriate.

Good

Is the service effective?

Our findings

People and family members told us that the attitude of the staff was good and that they felt they were trustworthy. Comments included "The staff are superb", "I usually get the same team of staff", "The staff are helpful", "Staff always offer me a choice of how I want things doing" and "They [staff] do ask me when they do things".

Some people were supported with the purchasing of food and preparation of meals. People said "At lunchtime I choose whether I have a sandwich or main meal", "Staff make me a cup of tea whenever I want one" and "I have microwave meals but they do cook for me and make me a bacon butty which I like". Each care plan was detailed where appropriate with how to support people with nutrition and hydration. Examples included "I like to have two Weetabix for breakfast and fresh water", "Please make sure I have a cup of tea with milk and no sugar", "Please offer me a choice from the fridge of what to eat". A couple of people said "Sometimes they [staff] forget to fill the kettle and finish off the pots" and "Carers sometimes left dirty dishes in the sink and didn't wash up after the meal". Details of meals prepared and food eaten were recorded in the daily notes or if required on food monitoring charts. People's favourite or preferred meals, likes and dislikes were included in the care plan documentation. Staff told us they were aware of people's preferences and that information was noted in the care plan folder.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005, Best Interests and Lasting Power of Attorney (LPA). A LPA is where someone is appointed by the Court of Protection to make decisions on the person's behalf within specific areas of their life. The registered manager explained that no one was currently being deprived of their liberty. Staff said that they had received some training on MCA 2005 through the induction and safeguarding training. They told us "It's about people's mental health. For example someone may have dementia and be unable to make a decision and I would try and help them to make the decision in their best interests". They went onto explain that a person's capacity to make a decision must be explored first. We saw that how to support people to make decisions was reflected within the care plan.

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However family members told us "When [name] hasn't been well they have been very good with them", "They [staff] call a doctor and call me if I'm needed" and "When [name] came out of hospital

they got things back to normal for them very quickly. They can't do enough for [them]". The registered manager explained that when a care package is reviewed, if they consider another professional needed to be involved they would speak to the person agree who would ask for the referral. They also said that they were in regular contact with people's social workers and family members as appropriate.

Staff told us that the support from the management team was good and that they had regular supervision sessions usually every three months. They also said that spot checks were undertaken regularly whilst they were working and that they had an annual medication observation. Records on staff files confirmed this. Following an observation the assessor went through the information with the staff member and gave them an opportunity to comment on the experience. Any further training needs were noted at this time. The registered manager explained that full staff meetings were not undertaken as they had 168 staff, however, she was proposing to employ managers for each location area that they cover. She planned in the future for the group of staff in a specific area to meet as a team.

The induction process included a two tier system dependant on the experience of the staff member. For a staff member who was experienced they would undertake a three-day general induction process and two days shadowing an experienced staff member. They would then undertake the care certificate core self-assessment tool. If the staff member had little or no experience then they would have a four day induction with four days shadowing an experienced staff member. They would then complete the care certificate full 15 core standards. The care certificate is a nationally recognised certificate for people working in the care sector. Staff told us that the induction process was good and that they had sufficient information to undertake their role.

Staff said that the training was good and that annual refresher training was provided. They said that they training was thorough and delivered by good trainers. We saw the training matrix and copies of certificates on staff recruitment files. Training included moving and handling, medication, safeguarding, equality and diversity, infection control, end of life care and dementia awareness. This meant that staff had access to a range of training to help ensure they had the knowledge and skills to undertake their role.

Good

Is the service caring?

Our findings

People and family members told us that staff were kind, caring and helpful. They said "They [staff] are very good I have got to know them and they are very kind, sociable and pleasant", "They [staff] are very good marvellous I would trust the staff with my own life", "They [staff] are very caring it's smashing things are very good", "Some [staff] are very friendly and some are capable and some are not" and "They [staff] are good, friendly and I can have a laugh and a joke with them they are like part of the family".

People told us that their dignity and privacy was respected by the staff. Comments included "They [staff] do respect my privacy", "They [staff] ask me if I want anything else doing and they do respect my privacy and dignity", "As regards privacy I have no complaints on that point", "I am not embarrassed anymore about privacy I've been in and out and hospital there is nothing new to me but I am treated with respect" and "They [staff] are a long term part of my life and they treat me with dignity and respect".

Staff explained about how they would support people and ensure their privacy and dignity was maintained. They said they would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity.

People told us about one of the ways that they exercised their right to a choice. At the initial planning meeting they were asked if they had any preference for a male or female carer. Most people said they didn't mind, however, where a preference was expressed this was acknowledged by the service and adhered to. One person said "I wouldn't like a male carer, so they send only ladies, some young some older, all do a good job". This meant that people had a choice of carer offered to them and their right to choose was acknowledged.

We saw that the registered provider had a wide range of cards and letters thanking the staff and registered manager for the support they had been given. Comments included "Thank you for looking after mum so well", "Thank you to the caring and helpful staff. [Name] really looked forward to the visits", "Thanks for all the kindness shown. I don't think I would have been able to manage without your help and support", "Your service is excellent. The staff in the office are always helpful and the carers are superb" and "They cared for mum with dignity and a great deal of humour!"

A copy of the service user's guide was seen in the care plan documentation that was kept in people's homes. People confirmed that they were aware of the document although some people said they had not read it. The registered manager said that most people tended to use the service user's guide or telephone the service for information to be given verbally. They also said that people used the services website and CQC for information. The service user's guide included information about the service and the care and support services provided, confidentiality, standards to expect and quality of service. Also information about how to make a complaint was included. We saw some of the information was not up to date and this included use of previous legislation being referred to and details of the previous body for checking if staff are suitable to work with vulnerable adults. We discussed this with the registered manager who said they would update the document and ensure that the up to date version was available to all people who used the service.

Good

Is the service responsive?

Our findings

People and family members told us that the staff were responsive to their needs. They said that staff listen to what they say and that the staff are respectful towards them. Comments included "They [staff] ask me if I want anything else doing. If there is a new carer they will ask me what to do or look in the care plan. The regulars know what to do and get on with it and that's fine", "Some staff are wonderful and know what to do", "Most of them [staff] are caring", "Yes they [staff] know what they are doing and if there is a new girl a regular girl will be there to show the new one what to do", "When they [staff] first come they will ask me what I want but the more they come they know what to do and just get on with it I'm happy with it" and "Oh aye yes they [staff] know what they are doing I have regulars and I am happy with them because they know what to do".

However some people said that staff did not know what they were doing or had read their care plans. We found that this happened on rare occasions and did not significantly impact on the care and support people received.

Staff told us that they look in the care plan each visit to ensure that no changes had taken place since their last visit. Staff said "All the information I need is in the care plan", "If I was not sure I would contact the office or the senior on duty" and "I know the people I visit very well because I have been going to them for a long time".

People told us that they were visited by a staff member from the service prior to the service starting. We saw that an introduction form was used and that a senior staff member visited the person to discuss their needs. They obtained information about the person, their needs and support required which included personal details, their likes and dislikes and how they wished to be supported, medical history and current medication, and information regarding moving and handling. Staff told us that this form was used to ensure that they could meet the person's needs and to start to develop the care plan.

We reviewed 11 care plans and saw that detailed information was available regarding each call that was made to the person. Information was person-centred and showed a holistic approach had been used to complete the care and support plans. This meant that staff had detailed information about the people they support. The care plans were divided into the different call times for example morning, lunch, tea and evening. Each one gave detailed information about where the person would be; what support they needed; how to carry out that support and other relevant information regarding that visit. Examples included "When you arrive in the morning, please turn on the radio as I like to listen as I get ready", "Please support me to brush my teeth before I go into the lounge", "Please ensure I have everything I require before leaving" and "Please support me with my medication and creams and sign the sheet". Also included in the care plans was "What is important to [name]" and included information such as family members; what they preferred to be called; and brief information about the person. All plans were up to date and reflected people's needs and support required. One person said "The care coordinator comes and checks the care plan and to see that everything is okay" and a family member said "They [staff] are really good and they do consult me over the care plan". This meant that staff had up to date information about the people they supported and that

information was regularly reviewed.

Daily notes were seen in the care plan documentation kept in people's homes. We saw that good information was recorded about the tasks that had been undertaken and also about changes where appropriate in people's wellbeing. The notes were clear and well written. Additional information was also stored on the computer system about issues that may have arisen. For example one person had several falls and documentation regarding this was recorded so that the senior staff could alert relevant other people to the changes in the person. The person's family, social worker and GP had also been contacted.

People and family members told us that they didn't have any concerns about the service and if they did they would contact one of the senior staff or the registered manager. Comments included "I've never complained but I would just go to the Head Office", "I do ring the office sometimes about them being late and they always act upon my concerns", "The service is very good I can't complain I am quite happy", "I have no complaints and I am not frightened to ring the office if there is a problem" and "If I complain I send an email to the manager and mostly I do get a response depending on the complaint".

We saw that a copy of the complaints procedure was included in the service user's guide and the registered provider had a compliments, comments and complaints policy and procedure. This described how the complaint would be dealt with and by when. It also detailed what to do if a person was not satisfied with the outcome of the investigation. We saw the complaints file and noted that six complaints had been received by the registered provider over the last two years. Concerns raised had been appropriately documented, investigated and a response sent to the complainant with the outcome of the investigation. This meant that the registered provider had systems in place to ensure complaints were investigated and dealt with in a timely manner.

Good

Is the service well-led?

Our findings

A registered manager was in post and had been registered with the Care Quality Commission (CQC) for eight years. The registered manager was also the owner and director of the service. They had 18 years' experience of providing domiciliary care services in people's own homes.

People and family members told us that the service was well led and that they were on the whole satisfied with the care and support they received. Some people had concerns about the timings of their calls and that carers were sometimes late, however visits were never missed. We found that where concerns had been raised about timings of calls that these had been addressed. The registered manager said that at the initial planning meeting the times slots available were discussed with the person and agreed that these were acceptable. On occasion people accepted the times available and then asked for a change in time. The registered manager told us that often people wanted a specific time slot which may not be currently available. If this was due to a health or medication issue then they would try and accommodate it. However, if it was a "preferred" time then when this became available they would be offered it.

The majority of people we spoke with said that they were happy with the service provided and thought the service was good. Comments included "The service as a whole is very good the girls work long hours and they are very good with me I can't complain. I am satisfied with the service", "I think the management is pretty good I am the first call so I'm not too bad and the girls that come are good and they don't rush", "I am quite happy with what they [staff] do and I like to do a little bit myself when I can", "I am very grateful to them without their help and my children I couldn't live here on my own and I like my independence", "The service is very good I have no complaints I feel safe and the ladies [staff] are very nice", "I like the service because they treat me decently", "I cannot fault the management and the service is very good" and "Overall no doubt about it I am very happy with the service".

The registered provider had a range of quality assurance audit systems in place to ensure the service provided is monitored, evaluated and that a quality service is maintained. Care plans are reviewed regularly to ensure that the most up to date information was available to the staff team. During this time staff discussed with people about the care and support they received and whether they were satisfied with the service provided. Records showed that all areas of the care plan were reviewed and when actions were needed these were documented and a record made when they were completed.

There was a real time monitoring system in place which showed where staff were during the day and if they arrived late for a call. The system produced an analysis which was sent to social services to show that they people received the support within the allocated timeframe. This showed how many staff arrived on time; numbers of late starts of visits; continuity of care to people; aborted call and missed calls. Where a call had been aborted an explanation was included. For example the person was in hospital and didn't need the call. No calls had been missed. The registered manager said any issues that were found were discussed with the senior staff team to analyse the issue and discuss the action to been taken to reduce any issues in the future.

Some people were being supported with shopping and a record of the financial transactions was

undertaken. These were analysed on a regular basis by the team leaders during their monitoring visits. Any discrepancies would be discussed with the registered manager and appropriate action taken.

Staff observations were undertaken on a regular basis by senior staff to ensure that staff worked to the standards set by the registered provider. All areas of the visit were observed and any further follow up needed was recorded. An annual medication observation was undertaken to ensure staff remained competent to administer medication to people who used the service. This meant that systems were in place to ensure that the quality of the service is monitored and evaluated to ensure a good quality service was maintained.

The registered provider had undertaken a medication audit in June and July 2016. This was to ensure that staff had the knowledge and skills to complete medication administration and support them in identifying medication errors and health changes to people who used the service. The outcome of the audit showed that staff were working as trained and that they followed best practice which helped to ensure that people received their medication safely and at appropriate times.

An annual customer quality questionnaire was sent to all people who used the service. The purpose was to seek people's views and to evaluate what the service does well and areas where improvement could be made. An analysis of the last survey was seen and showed that overall 87.27% of people were satisfied with the service. From the results of the survey the registered provider noted some areas for improvement. These included that the office staff need to be more aware of the importance of good communication with service users and the building of relationships and that the team leaders required more support. The action plan from this survey stated that a weekly meeting with management for the team leaders had started and this had proved to be a positive move in improved performance of team leaders. Also the management team will train and support senior members of their team to support and guide staff to encourage improved performance.

We saw the registered provider had a wide range of policies and procedures in place. These included the security of a person's home; confidentiality; record keeping; risk assessments; quality assurance, young workers; health and safety, and networking sites. However, we found that throughout the policies reference was made to past rather than current legislation and a review of all policies was needed to ensure these reflected up to date guidance. This was discussed with the registered manager who said this would be undertaken.

The registered manager was open and transparent. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.