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# Passion 4 Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 1 February 2017 and was announced. Passion 4 Care provides personal care to people in their own homes. At the time of our inspection 221 people were using the service.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the nominated individual for the service.

We last inspected this service in July 2016 and found that the provider was breaching five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that the provider had failed to ensure that actions were taken to safeguard people in line with the local safeguarding policy and procedures. There was no effective system in place for receiving and responding to all complaints received. Recruitment processes had not ensured that people were supported by staff who had been assessed as suitable. The inspection rating awarded previously was not conspicuously displayed on their website. We also found that the systems used to assess, monitor and improve the quality and safety of the services provided to people and the managements of risks to people was not effective.

At this inspection we found that improvements had been made to the provider's safeguarding, complaints and recruitment processes and they had taken effective action to display their latest ratings. However the registered provider had failed to make sufficient improvement to assess, monitor and improve the quality and safety of the service. The registered provider did not have a clear and concise staff rota system so they could monitor if people were receiving their calls as planned. They did not provide detailed guidance for staff about the risk associated with people's conditions. Systems in place did not always ensure the registered provider responded appropriately to requests for information from the commission.

People told us they felt the service kept them safe and felt confident in the abilities of the staff who supported them. The registered provider had taken action to ensure concerns about people being at risk of abuse would be raised with the appropriate authorities and in line with good practice.

People were supported by staff who involved other health professionals when their conditions changed so that people were supported by the most suitable health care professional to meet their needs.

Staff were knowledgeable about how to protect people from the risks associated with their specific conditions but this detail was not always reflected in people's care plans for use by staff who were less familiar with people's needs.

People told us they were happy with how staff supported them with medication; however records were not always sufficiently completed to demonstrate that people had received their medication as prescribed.

People were happy to use the service and felt supported by consistent staff who had the skills and knowledge to meet their individual care needs. The registered provider had taken action to ensure people were supported by staff who were suitable to do so.

People were supported to express how they wanted their care to be provided and were supported in line with the Mental Capacity Act 2005. Staff knew people's individual preferences and how to maintain their privacy and dignity when providing personal care.

People and staff told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. The registered provider had taken action to improve how people's complaints were handled.

People expressed confidence in how the service was run and leadership. Most people told us that the quality of the service was improving.

The registered provider had taken action to improve how they managed the service including employing a care manager and installing an electronic quality monitoring system. However further action was required to fully commission the system.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe.

Although staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions this detail was not always reflected in people's care plans for other staff to follow.

People told us they were supported by consistent staff but systems in place did not ensure the registered provider could check that there were enough staff to meet people's known needs.

The registered manager had taken action to improve how they protected people in response to information of concern.

Appropriate checks were undertaken to ensure people were supported by staff who were suitable.

### Is the service effective?

**Good** ●

The service was effective.

People gave us several examples of how the service had improved their conditions and well-being.

Staff received training to ensure they had the skills and experience required to meet people's specific needs.

Staff providing care were clear about how to support people in line with the Mental Capacity Act 2005.

### Is the service caring?

**Good** ●

The service was caring.

People had been able to developing caring and meaningful relationships with the staff who supported them.

Staff knew how to protect people's dignity and privacy.

### Is the service responsive?

Good 

The service was responsive.

People were supported by care staff who respected their wishes and preferences.

The registered provider had improved their complaints processes. People felt comfortable to raise concerns and that appropriate action would be taken.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The quality improvement systems had failed to ensure that the registered provider could identify if people were receiving support in line with their care needs.

A new care manager had recently been employed whose role was to oversee quality improvements at the service.

The registered provider was in the process of commissioning an electronic quality monitoring system to drive service improvements.

# Passion 4 Care

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 1 February 2017 and was announced. The inspection was to follow up concerns identified at our last inspection and in response to information we received which indicated potential concerns about the management of risks. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that there would be someone available to give access to care records for review had we required them. The inspection team consisted of two inspectors who visited the service's office. The inspection team also included an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed any additional information we held or had received about the service. We reviewed a plan of actions the registered provider had told us they intended to take in order to address our concerns from the last inspection. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the nominated individual for the service who was also the registered manager. We spoke with the deputy manager, a new care manager who was applying to become the new registered manager for the service, two care coordinators, one team leader, two members of care staff and two administrative staff. We looked at records including the care plans of eight people and medication

records of three people who used the service. We looked at six staff files and staff training and recruitment records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. We reviewed how the service was responding to concerns raised by two local authority's which had resulted in them suspending the commissioning of new care packages from the service.

# Is the service safe?

## Our findings

At our last inspection we found that a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to take action to protect people from the risk of abuse in line with the procedures agreed by the local authority safeguarding board. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

Staff we spoke with demonstrated that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. One member of staff told us, "If I saw any abuse, I would report it to the office." Another member of staff told us, "If shopping I document what money people gave me, they sign [to confirm], I return with receipts and record it." The registered manager and senior staff had undergone safeguarding refresher training from a local authority in order to be aware of local procedures for reporting concerns to the local authority and current good practice.

The registered manager and new care manager had reviewed processes for reporting when people were believed to be at risk of abuse. We reviewed the provider's complaints and incident records and found that the registered manager had notified the local safeguarding authorities appropriately and in line with local authority practices. We saw the registered manager had cooperated with safeguarding investigations to ensure a speedy and effective resolution to reduce or remove any risks of harm to people. We saw the new care manager had introduced a safeguarding log to ensure alerts were responded to in a timely manner and reviewed for any common themes or trends. This helped to protect people from the risk of repeated concerns. We noted however that the registered manager had not always notified the commission promptly when they had submitted an alert to the local safeguarding authorities. They gave us assurance that they would inform the commission promptly in the future. A week after our visit we received two notifications within an appropriate time frame.

At our last inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment at that time had failed to ensure that people were supported by staff who had been assessed as having good character, with the necessary skills and competence to meet the needs of people using the service. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

All the people we spoke with said that they were safe when the care staff were assisting them. They said they had not experienced any abuse or neglect and felt comfortable when staff were present in their homes. A person who used the service said, "I feel safe and at ease with them." The relative of one person told us, "We can trust [Staff] and mum is safe and at ease with her." Another relative told us, "It's two staff each visit and they use a hoist. It's always done safely with no accidents."

We found that the registered manager had improved the systems for recording and demonstrating that staff had the necessary competencies to meet peoples' care needs. The provider's training records were available and showed that people were supported by staff who had the necessary skills to manage the risks



associated with their specific conditions.

The provider had improved their recruitment practices to ensure people were supported by staff who were suitable. They had introduced assessment criteria to ensure numeracy and literature tests undertaken by new staff would be evaluated consistently. Character checks including obtaining references and a Disclosing and Baring Service check (DBS) to identify if people had a criminal conviction were more robust. We looked at the personnel files of six new members of staff and saw that appropriate references had been sought. We noted however that there was no evidence that further information was sought when one new member of staff disclosed information of concern. The human resources manager told us that although this information had been discussed with the member of staff no record was made. After our visit we received information which demonstrated this had been addressed and how any other disclosures would be recorded. This ensured people would be supported by staff who were appropriate.

At our last inspection we were concerned that records did not contain detailed assessments of the risks associated with each person's condition and how staff were to protect them from harm. We saw this had improved but further action was required. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific physical conditions and what to do in emergency situations. Staff told us they would notify the office if they felt people's conditions changed.

We saw detailed risk assessments of some people's specific conditions such as when they required support to receive nutrition or moving and handling transfers. The registered manager showed us detailed guidance about individual conditions and their associated risks which would be available to all staff when a new electronic records system was fully operational. They told us this information was already available in people's own homes for staff to refer to and records in the office would be updated in the future. The lack of updated records meant there was still a risk that staff would not have access to details of the actions they were required to take in order to minimise risks associated with people's specific conditions. The registered manager had assessed and recorded the risks relating to the environment which may have posed a risk to staff or people using the service.

At our last inspection we found that the provider did not have robust systems to monitor if there were enough staff employed to support people in line with their care plans. The staff rotas and daily records did not always identify people's planned call times and their required length of call. At that time prior to our visit we had received information that some people who used the service had experienced missed and late calls.

At this inspection all the people we spoke with told us that historically they had experienced missed and late calls but this had improved and was no longer a concern. Comments included; "[Time keeping] has improved tremendously, they are now reliable and on time. Not a problem;" "Now they stay the full time," and, "Some of their volume of work used to make their calls less reliable, not as settled as it is now." Staff told us that they were able to attend their calls on time and stay for the required length.

Whilst we found that issues of missed and late calls had been addressed, clarity about how long each call was to take and time that the call was expected by some people were still unclear. We found that most staff rotas still did not contain enough information to clearly identify people's planned call times and duration of call. In one instance we saw a daily rota for one member of staff which did not identify any specific call times or how long they had to attend each call. This did not ensure people would get their calls at their planned times. The registered manager told us they were still reliant on people who used the service and staff to inform them when calls were not delivered as planned.

During our inspection the registered manager was unable to clarify the exact number of missed and

early/late calls people may have experienced. This did not enable the registered manager to check that there were sufficient staff available to support all people at their agreed times. There was no evidence of any checks being undertaken to identify if calls had been carried out in accordance with people's specific care plans.

People who required support to take their medication said they were happy with how staff assisted them. The relative of one person told us, "They do her tablets and make a note. No mishaps." Staff we spoke with were knowledgeable about how to support people to take their medication safely and confirmed they had received medication administration training and observations of their practices by senior staff. One member of staff said, "We administer meds. We have training. Managers check our competencies and give us feedback." Staff confirmed and records showed that staff received regular updates in order to maintain their knowledge of people's medicines.

There was guidance and information for staff in people's care plans about their medication. Since our last inspection the registered manager had introduced clear guidance for when staff were required to apply creams. Records had not always been completed by staff to indicate that people had taken their medication as prescribed and some entries were not completed in accordance with the specified guidance.

## Is the service effective?

### Our findings

All the people we spoke with said they were happy with the care they received. Comments received from relatives included; "He has the best he could be getting. He has come on leaps and bounds." Responses to a recent questionnaire for people using the service contained several positive examples of how the service had improved the quality of people's lives. A relative of one person had responded, "She feels they have supported her recovery since leaving the hospital."

People were supported by consistent staff who had learnt about people's specific care needs. One person told us "I wanted just the one worker and I have that now. This lady is lovely." One member of staff told us, "I get to meet my clients when they first join so I get to know them." Staff told us, and records confirmed that staff had received induction training when they first started to work at the service. Staff we spoke with told us they had received additional training when required to meet people's specific needs such as dementia. Staff told us that all members of the senior management team were approachable for advice and guidance when necessary.

A review of records of staff who had recently started working at the service showed they had shadowed more experienced staff as part of their induction. This introduced them to the people they were to support and gave them an opportunity to learn how people wanted and needed to be supported. We saw evidence that senior staff conducted regular observations of practice and supervisions to ensure staff remained competent in the skills they needed to meet people's care needs. Since our last inspection action had been taken to improve training records and ensure that the provider could monitor and ensure that people were supported by staff who had the appropriate skills and knowledge to meet their care needs.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People we spoke with told us they were supported in line with their wishes and staff would regularly seek their views. All the staff we spoke with demonstrated they were knowledgeable about the MCA and confirmed they received regular training and updates. One member of staff told us, "It supports people to make their own decisions. I ask people for consent before I give personal care." Another member of staff told us, "It's about decision making. Assume every client can make their own decisions. Involving them in their own care." The registered manager had conducted mental capacity assessments for some people but records did not always contain enough information to enable staff to support people in line with their wishes. For example one assessment we saw identified that a person lacked the mental capacity to make decisions about some aspects of their lives but did not inform staff which ones. Records showed that the registered manager had however taken action when they felt a person lacked mental capacity to make decisions about proposed clinical treatment and

had involved other people and health professionals who were close to the person to make decisions in their best interests.

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. We checked whether the service was working within the principles of the MCA. No one who used the service was subject to an authorisation to deprive them of their liberty.

Since our last inspection the registered manager had taken action to reduce the risks associated with people's specific diets. One member of staff told us, "We know what people like, make sure meals are nutritional and make sure food is in date." Staff knew how some people's specific conditions such as diabetes could be managed through the appropriate nutrition. This guidance was available on the new electronic monitoring system and staff told us it was now present in people's homes.

Most of the people who used the service were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. The relative of one person told us, "Meals are nicely done and she eats them." Staff we spoke with were knowledgeable about how to support people to eat and drink the things they enjoyed. One member of staff told us, "I give choice and ask how they want their food prepared." Another member of staff said, "[Person's name] likes chapattis and curries, so that's what we make." Records contained details of people's preferred foods and how staff had supported people to enjoy them.

People told us they were happy with how staff managed people's nutritional needs when they received nutrition directly into their stomachs via a tube (PEG). One person told us, "It's being done okay and they know what they need to do. They have followed the instructions and there have been no problems." Records showed that staff had received suitable training and the registered manager sent us evidence after our inspection to demonstrate that staff practices were regularly observed to ensure they remained competent to manage this process. Staff monitored the amount of nutrition and fluids people received when PEG feeding to ensure they received sufficient amounts to stay well.

Staff told us and records confirmed that they supported people to access healthcare providers when necessary. One person's relative told us, "[staff] will alert me if the doctor is needed. They spotted an early sore and it got sorted because of that." One member of staff told us, "If anyone is unwell; losing weight, pressure area, I report to the district nurse or GP with the service user's agreement." A review of weekly reports showed staff regularly contacted healthcare professionals when they felt a person required additional or specialist intervention. This ensured people were supported promptly to access the appropriate care for their needs.

## Is the service caring?

### Our findings

People who used the service told us that the registered manager and staff were caring. People consistently referred to the way that staff respected their home and family life. The relative of one person told us, "They make sure she is safe and chat and have a laugh. It bucks her day up." Another person said, "[Care staff are] Nice and chatty. Like friends." Comments from a recent satisfaction survey were generally very positive from people about the staff who supported them. One person had said, "Their carer was very helpful." Another person had said they enjoyed, "A good understanding with the carer."

People told us they were supported by regular staff which had enabled them to develop positive relationships with them. One person said, "She [Care staff] is both considerate and is better than a friend. She really helped me when I was off my feet." Another person's relative told us, "In the early days they had too many different faces and now that's been solved." Staff we spoke with were knowledgeable about people's preferences and gave us several examples about how they endeavoured to support people to enjoy things they knew they liked. One member of staff told us about the war time experiences of a person they supported and what they liked to eat and drink. The registered manager had taken effective action after our last inspection to ensure people's care records had been updated with details of people's life histories and preferences. This provided guidance for staff to support people in line with their preferences.

People were approached for their views about the service they received. We saw that people could feed back their views at regular phone calls from senior staff and in surveys. Senior staff met with people in their homes to review their current care plans. We saw that the registered manager took action when people had raised concerns or requested changes to how their care was provided. One record sampled showed that the registered manager had approached a person to check that they were happy with recent changes they had requested. There was guidance for staff about people's specific communication styles and other people who could help them comment on their care. Notes in one person care records stated, "Use clear words and sentences, so he can make informed decisions." This helped people feel listened to and involved in how their care was provided.

People we spoke with said staff respected their privacy and dignity. A person's relative told us, "Personal care is done with dignity and safely and they are thorough. She looks nice and clean and nicely dressed." Members of staff we spoke with gave us example of how they would keep people covered as much as possible when providing personal care. A member of staff told us, "I put myself into their shoes [when identifying how to respect their dignity]." Staff told us it was important to promote people's independence in order to promote their self-worth and dignity. A member of staff said, "[I] promote individuality by offering choice." Another member of staff told us, "I support [Person's name] to make his own drinks. That's important to him." There were dignity and privacy policies available in the provider's offices for staff and we saw these topics were also discussed as part of the staff induction programme.

## Is the service responsive?

### Our findings

At our last inspection we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that there was an effective system in place for handling and responding to all complaints. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

People told us they felt comfortable to complain if something was not right. A person's comments in a recent survey stated, "Time keeping a problem, but after a complaint to you this seems to be resolved." We saw that the registered manager had approached the person later to see if they were still satisfied with the service. Another person told us, "I speak up if things need to [improve] but I've had no serious complaints. I feel safe and at ease now. They are more like friends."

Staff understood the provider's complaints process and said the registered manager would listen and take action when they received information of concern. One member of staff told us the registered manager, "Listens and attends to our needs," and "She acts on concerns raised." Another member of staff said, "If a service user wants to make a complaint I would help them to ring the office."

Since our last inspection the new care manager had reviewed and updated the provider's complaints process. Records sampled showed that concerns had been handled in accordance with the revised policy and in line with recognised good practice. They had introduced a process to review complaints and identify how similar events may be prevented from happening to other people. In response to one incident the care manager had taken action to remind all staff that they were required to conduct themselves in line with a specific policy.

People we spoke with said they felt listened to and involved in the service. People told us that they were often approached for their opinions and staff took their views into account when providing care. A person who used the service said, "Nothing is too much trouble." The relative of two people who use the service told us, "The call times and calls were all agreed. It was three times a day and now it's four times. They are very flexible to do extras."

Staff we spoke with were knowledgeable about how people preferred their care to be provided. One member of staff told us, "I support two women from [a specific faith]. I'm from the same faith, it really helps." The relative of another person told us, "At the beginning they were not good but now they have got their act together. They needed to get her people who she could relate to. Some of the cultures and ages [of care staff] were all wrong for mum. She has now got a main carer who is the right age and right [cultural background]." Staff spoken with knew what support people needed to stay well and would respond promptly when people's needs changed. The relative of one person told us, "They've reviewed [The care plan] with us a couple of times and now he is on this own they have 'upped' the care and they've checked it with us." A prompt response when people's care needs changed helped ensure they received the most appropriate support to meet their latest care needs.

At our last inspection we were concerned that people were not always receiving their calls in line with their wishes and care needs. Although people told us this had improved the provider's systems were not robust enough to identify that people were receiving their calls in accordance with their preferences. However people's care records had been updated since our last inspection with more detail about peoples' preferences including how they liked to be addressed, preferred activities and the staff they liked to be supported by. We noted these had been regularly reviewed in order to provide advice and guidance for staff about people's latest care needs and wishes. One member of staff told us, "Everyone is an individual and has different needs."

## Is the service well-led?

### Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that the systems used to assess, monitor and improve the quality and safety of the services provided were effective. After the inspection the provider had submitted an action plan setting out action that they intended to take and improve the service for people. At this inspection we found that although improvements had been made and the registered provider was no longer breaching this regulation further action was still required.

Although the registered provider has taken action to improve how they monitored the quality of the care people received, the established system in use was not always effective. The interim arrangements in place whilst a new electronic system was being introduced was not wholly effective at monitoring and checking that people were receiving calls in line with their care plans. Whilst people had advised that they had not recently experienced any missed calls the system was reliant on people letting the provider know that a care call had been missed.

Although improved monitoring systems were being introduced, existing systems had failed to identify that care plans still lacked detailed information about how staff were to protect people from the specific risks associated with their conditions. Although they had taken action to produce some guidance for staff this was generic and not reflective of people's individual care needs. Systems to monitor that staff were suitable to support the people who used the service had improved.

As part of planning the inspection we approached the registered provider to complete a Provider Information Return (PIR) however this was not returned. They told us they had received a request to submit a PIR and had difficulties trying to submit the requested information. Although they initially informed us of this issue the provider had not taken prompt action to resolve these difficulties. Systems in place had not ensured statutory notifications the registered provider was required to submit to the commission were sent promptly.

At our last inspection we found a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to display the ratings of their latest ratings. At this inspection we found that effective action had been taken to address this and the rating was displayed on the provider's website and in their offices. The registered provider was no longer in breach of this regulation.

All the people we spoke with said the service was either good, very good or excellent. Nearly half the people we spoke with said that they had experienced problems when they first started to use the service, but these had diminished once they began to be supported by regular staff. Everyone told us they would recommend the service based on its current performance. Comments included; "It's very good and could be excellent if they keep it up," "Calls were less reliable [in the past]. Not as settled as it is now," "It was once stressful but now it's done well," and "They do seem to have their passion for care. They're very good."



People who used the service and staff told us and records confirmed that they were regularly approached for their views of the quality of the service and felt that the registered manager would take the appropriate action to address their concerns. One person told us, "I can speak to [staff] in the office at any time and the office will get back to me and they have now gone the extra mile for us." A member of staff told us, "If we make mistakes, happy to tell her [registered manager]. She listens, supports us." This meant that people and staff were involvement in how the service developed.

A new care manager had recently been employed whose role was to oversee quality improvements at the service. They were able to demonstrate their experience and knowledge of working in governance and service improvement. They showed us an action plan they had developed to address concerns raised by ourselves and other agencies. These were being monitored and updated so the registered provider could identify the impact of any actions and if they were completed as planned. They showed us systems they had introduced to monitor that complaints and incidences were managed in line with the registered provider's policies and in line with good practice.

The registered provider was in the process of commissioning an electronic monitoring system. We saw this system was already in use to record details about people's specific conditions and any changes to how people wanted to be supported. Systems in place however had not been effective at ensuring this information was present in the care plans we sampled.