

Transform Housing & Support

Transform Homecare East Surrey

Inspection report

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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

The inspection took place on 8 June 2017 and was announced.

Transform Homecare East Surrey is a domiciliary care service providing personal care for people with a variety of needs including older persons, people with learning disabilities and people with mental health support needs. The service supported 35 people at the time of our inspection, 10 of whom were receiving personal care.

A registered manager was in post and supported us 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Risks to people's safety and well-being had been assessed and control measures implemented to keep them safe. Where accidents and incidents occurred the registered manager took steps to minimise the risk of them happening again. People were protected from the risk of potential abuse as staff were knowledgeable about safeguarding procedures and how concerns should be reported.

People told us and records confirmed that staff arrived to provide their care on time and stayed for the duration of their planned time. There was an on-call service available to people over a seven day period to provide support in an emergency and to ensure all care calls were covered. The service had a contingency plan in place so people would continue to receive their care in the event of an emergency.

Robust recruitment procedures were in place to ensure that staff were suitable to work in the service. New staff were supported through an induction process to ensure they knew people's needs well and understood their role. On-going training was provided to staff and one to one supervisions were completed to monitor performance. Staff told us they felt supported by the organisation.

People received support with their medicines where required and staff had received training in this area of their role. People's healthcare needs were monitored. Advice was sought from healthcare professionals when appropriate and this was followed by staff. Where people required support with meal preparation this was done in line with their dietary needs and preferences. Consent was gained from people prior to care being provided and the principles of the Mental Capacity Act 2005 were followed to ensure people's legal rights were respected.

People told us that staff treated them with kindness and encouraged them to maintain their independence. Staff developed positive relationships with people and respected their dignity and privacy. People's needs were assessed prior to their service starting to ensure that their needs could be met. The service took steps to match staff with similar interest, the right skills and approach with people receiving support. Care plans were person centred and reflected people's individual preferences and life histories. The service was

responsive to changes in people's care needs and completed regular reviews of people's packages of care. People's personal information and care records were stored securely.

Quality assurance systems were in place to monitor the service and drive continuous improvement. There was a complaints policy in place and people and their relatives told us they felt any concerns raised would be acted upon. The values of the service were clear and embedded into staff practice. The registered manager and all staff spoke with enthusiasm about the service and were passionate about the quality of support provided. People and their relatives were given the opportunity to give feedback regarding the service they received.

This was the first inspection of the service since a change in legal entity.

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 people's safety and well-being were assessed and control measures implemented to keep people safe.

People were protected from potential abuse as staff understood their safeguarding responsibilities.

Robust recruitment processes were in place to ensure staff were suitable to work in the service.

There were sufficient staff available to cover all care calls. People told us staff arrived promptly and stayed for the allocated time.

There was a contingency plan in place to ensure people's care would not be compromised in the event of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supported to carry out their roles effectively.

People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed.

People were supported to access healthcare support when required.

Where people required support with food preparation this was done in line with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well.

People's dignity and privacy was respected.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received an assessment prior to being supported by the service to ensure their needs could be met.

Care plans were completed in detail and regular reviews were completed to assess if changes in people's support was required.

People's needs were known and responded to by the staff who supported them.

There was a complaints policy in place and people told us they would know how to complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance processes were in place to monitor the service people received.

Staff were supported well by the registered manager and senior staff members.

There was an open culture and staff were clear of the values of the service.

Records were well maintained and stored securely.

Transform Homecare East Surrey

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. The inspection was carried out by two inspectors and an expert-by-experience who spoke to people and their relatives 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 care service.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. 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 it does well and improvements they plan to make

During the inspection we spoke with five staff members, the registered manager and the compliance support officer. We also spoke with 2 people, 3 relatives and visited 2 people in their homes to gain their views on the service they received.

We looked at the care records of four people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and contingency plans.

Is the service safe?

Our findings

People and relatives told us they felt safe when supported by staff. One person told us, "Yes it's safe, because they just really know the job." Another person said, "I feel safe, they help me to shower." One relative told us, "I feel Mum is safe with the carers. We have confidence in them."

Risks to people's safety had been identified and plans were in place to minimise these risks. Each person's care file viewed contained detailed care plans and accompanying risk assessments to guide staff in the care they required. Risk assessments were completed regarding people's mobility, skin integrity and risk of falls. One person's risk assessment highlighted they were at risk of falls when using the shower. Guidance was available for staff in how to support the person in the shower to ensure they were in a safe position. Another person's care records highlighted that they were at risk of low moods due to isolation. The control measures in place stated that staff should always spend time chatting with the person and encourage them to make friends with people within their local community. The person told us that staff were always chatty and spent time with them. The person said that staff had encouraged them to speak to their neighbours and they were making friends. Each person had a risk assessment in place regarding the action staff should take to ensure they remained safe in the event of a heatwave. This included advice on adequate hydration and ventilation and how to keep the room cool.

People were supported to live in a safe environment. A risk assessment of the environment was completed for each person prior to them receiving a service. This covered areas such as fire, gas, electricity, trip hazards, access and egress from the property and security. One person told us that as a result of the assessment staff had supported them to have grab rails fitted in their shower which had helped them to stay safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Records demonstrated that information was acted upon to keep people safe. One person's care records showed they had reported someone knocking at their door, asking about medicines and details of their finances. Due to inconsistencies in the information the person was reporting, staff had arranged for the person to see their GP who diagnosed the person was suffering from an infection. However, as a precaution the service also alerted the police to the person's concerns and ensured they had stickers on their door stating they did not want to receive any 'cold calls'. One staff member told us, "If I am worried about anything I can call the office and they always respond immediately. It makes the job easier, you never feel as though you're on your own." We observed that although records of accidents and incidents were maintained, a central log was not kept to identify any trends in reporting. The compliance manager assured us this information would be collated going forward. Following the inspection information as to how this would be monitored was forwarded to us.

People were protected against the risks of potential abuse. All staff had received training in safeguarding adults and children. Staff were also required to complete a safeguarding 'quiz' periodically to test their learning and understanding. Staff we spoke with were able to describe the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were clear on how they would report any concerns both within the organisation and to the local authority. One staff member told us, "If I

had any concerns I would reassure the person and record my observations. I would always report anything to my manager and would call 999 if I thought there was an imminent threat to someone. I've been given a card with the details of the safeguarding authority if I need to contact them." A senior staff member had recently attended a Safeguarding provider forum to share information regarding the management of safeguarding concerns. As a result they had ensured that safeguarding had been added as a standard agenda item at all supervisions and team meetings.

People who required support to take medicines received their medicines on time and as prescribed. Records showed that all staff responsible for the administration of medicines received training and had undergone a competency assessment with a senior staff member. Each person had a medicines administration record (MAR) in place which recorded how they took their medicines, any known allergies and GP details. Staff confirmed that senior staff observed the administration of medicines when completing spot checks on care delivery. MAR charts were returned to the office on a monthly basis where they were audited to ensure people had received their medicines as prescribed and that correct recording procedures were followed. We checked records for four people and found no gaps in recording. Where people were prescribed topical creams body maps were in place to identify where the creams should be applied and staff signed to say this had been completed. One person told us, "They do my creams and record it. They know what their orders are." Records showed that staff identified and reported any medicines concerns. Staff had identified that one person was refusing their medicines at a certain time of day. The person's GP was contacted to ask if the timings could be adjusted and the person was now accepting their medicines.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed the provider obtained two references from previous employers, proof of identity, information and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Each staff member was required to complete an application form and undergo a face to face interview to ensure they had the skills required for their role.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us they received support from regular staff members who arrived on time and stayed for the duration of the call. One person told us, "If there is a problem they ring and let me know they will be late but they normally arrive sharp." One relative told us, "The carers write in a book and I can see that they stay the amount of time they should because they enter the times of arrival and when they leave." The service operated an electronic monitoring system which required staff to log in and out of all care calls. This enabled the service to monitor the care hours provided and ensure that staff were staying for the correct amount of time. The system was monitored throughout the day to ensure that no calls were missed and any late calls could be investigated. In their PIR, the provider told us that they, 'Only accept new referrals when we have staff available, with the right skills, who can meet the new client's needs and preferences.' Staff we spoke to confirmed this was the case. One staff member told us, "We look at availability when taking on new clients. (Senior staff) always talk about the person's needs and we wouldn't consider it if we can't meet their needs and the times they want."

The management team provided a 24 hour on-call service to ensure any concerns could be addressed immediately. The registered manager told us there had been recent changes to the on-call service which meant that staff were now office based seven days a week. They told us, "We are now divided into different areas so we are covering on-call for people who we know well. Having office cover seven days a week means that we can monitor the care calls and provide cover in an emergency. We can also be flexible with staff who can't come in for meetings and training during the week. Overall it means there is less pressure on everyone,

clients know whose answering the phone and they get better customer service."

There was a contingency plan in place to ensure that people would continue to receive care in an emergency such as adverse weather conditions or IT failure. The contingency plan contained details of individual responsibilities of staff within the organisation and gave a comprehensive overview of the action required. Individual care records contained details of the support people of those most at risk to ensure their care would be prioritised in the event of an emergency.

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's legal rights were protected as staff were knowledgeable about their responsibilities relating to the MCA and the need to gain people's consent. People's ability to make decisions regarding their care was assessed during their initial assessment and recorded within their care file. At the time of the inspection all people receiving care were able to give their consent and no restrictions regarding their care were in place. People's right to make decisions was respected. Staff became aware that one person was choosing to sleep in their chair rather than going to bed as they were finding it difficult to get up in the night. With the person's permission, a review was held with their care manager to look at what alternative equipment could be sourced to support them. The person took the decision that they preferred to remain sleeping in their chair and staff respected this. The provider had an MCA policy and systems in place to ensure appropriate support would be provided should this be required. Staff had all received training regarding the MCA and carried prompt cards for them to refer to if required. One staff member told us, "The MCA is there to protect people who can't make decisions for themselves. It gives a framework to make sure people's rights are protected. We can't just make decisions for people."

People were supported by staff who had undergone an induction in line with the Care Certificate and received training in their role. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. When starting at the service staff completed a set induction programme and had the opportunity to shadow a more experienced staff member before working alone. One staff member told us, "The induction was very, very helpful. I met with my manager, was given a booklet to refer to regarding my role and shadowed another member of staff. It meant I met the people I support and understood their needs." The registered manager maintained a training matrix which evidenced that staff completed training including safeguarding, lone working, moving and handling, health and safety, record keeping and first aid. Staff told us that training was a mixture of eLearning and classroom based courses which gave them flexibility. One staff member said, "I like the eLearning training. It means I can take responsibility for it and if you're unsure about anything you can look back at it at any time. When we have supervision we always talk about training and if we need anything. I asked about dementia training and this was provided." Another staff member told us, "They are very good when it comes to training. We have all recently done the dementia training. It gave me more of an insight into how I should approach people and practical things like checking the colour of plates and cups so people can see there's a drink in them."

Staff received one to one supervision to support them in their role in line with the provider's policy. Supervision records showed that discussions involved speaking about the people staff supported and any concerns or changes in their needs, workload, training needs, the values of the service and overall

performance. Staff told us they felt supported by the management team. One staff member told us, "I have supervision every two months and any queries I have are covered. There is support available all the time though, if I'm in any doubt about anything I only have to phone the office. They give me good support; it makes me feel that I want to help even more." In addition spot checks were completed to monitor the way in which staff provided support. Records of spot checks were maintained and showed that observations included the way in which staff maintained people's dignity, that they stayed the allocated time, how people were supported with their medicines and personal care and how the core values of the service were demonstrated. Staff told us they felt these checks were useful in monitoring how they provided support. One staff member said, "It makes you feel good when you're told you're doing a good job. There's always something to learn though and I carry that on with other people I go to."

People's healthcare needs were monitored and support was provided to attend medical appointments where required. People's care records contained details of professionals involved in their care and the support they required. One person's care records stated that they received support from the district nurse to change their dressings. Guidance was provided to staff on how to support the person in this area and when they should contact the district nurse. The person told us that staff followed this guidance, "They keep an eye on my dressings and contact them if they need to come." Each person's file contained a health care passport designed to give an overview of their needs should they need to be admitted into hospital.

People who received support with meal preparation told us they were happy with this aspect of their care. One person showed us that staff had provided them with a poster of an 'Eat Well plate' which described the main food groups that together provide a healthy, balanced diet. The person told us, "We go through what's good and bad for me to eat." Another person's care records showed that they had begun to lose weight. Staff had supported the person to cook a meal each day and ensured that they had snacks available which had led to the person's weight increasing. One relative told us, "I'm happy with the food preparation. Mum needs a hot meal preparing for her now and they make what she likes."

Is the service caring?

Our findings

People and relatives told us that staff treated people with care and kindness. One person told us, "They are lovely. It is very nice, (staff member) has many hidden talents. They make conversation and know how to have a little joke." Another person said, "They are very caring people. I've known them a long time. They take me for tea and cake." A relative told us, "We feel the care is very good and Mum seems happy and settled."

People were supported by staff who knew them well. Staff we spoke to were animated and enthusiastic when talking about the people they supported. Each person's care file contained a detailed description of their life history, hobbies, interests and preferences. Staff were able to share information about the support that people required, their personalities and their past histories in good detail. We observed positive interaction between staff and the people they supported and people appeared relaxed in the company of staff. People were supported by regular staff and details of people's preferred care staff was recorded on the electronic system. Where people had asked not to be supported by individual staff members this was also recorded in a way which meant the staff member could not be rostered to work with the person. The provider told us in their PIR that, 'Where possible, we match people who use our service with staff who have appropriate skills, interests and approaches.' We found this to be the case. Senior staff were able to explain why certain staff members had been allocated to support certain people due to their personalities, needs or hobbies. For example, one person who was a keen pianist was supported by a staff member who was able to play the piano to them.

People told us that their privacy and dignity was respected by staff. One person told us, "They are always respectful, just as I would expect them to be but very friendly with it." Another person told us, "They don't treat it like their own home, they treat it like mine." We observed staff knocked on the door when arriving at people's homes and announced their arrival. One person was nervous about speaking to us and we saw the staff member provided them with reassurance. Staff we spoke to were able to describe the way they respected people's privacy and dignity. One staff member told us, "I always knock on the door and call who I am even if I use the key from the key safe. When I support someone with their personal care I make sure that doors and curtains are closed. I don't stay in the room when people are doing the things they can do for themselves to give them privacy. I stay close by so they can shout for me just in case they need something."

People were encouraged to maintain their independence and staff understood the importance of this. One staff member told us, "It's really important for people to do as much for themselves as they can. It may only be small things but it's my job to give them the confidence. We helped one person open their own bank account so they could be in control of their finances. They go shopping now and have said they are happier than they've ever been." One person told us that staff supported them to keep their clothes tidy which was important to them. They told us, "Staff help me sort it out but I choose where to put them."

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "They know their job and what I need them to do. They're very courteous." Another person told us, "They know I get nervous about people watching me and help with this."

People's needs were assessed prior to them receiving a service to ensure their needs could be met. One relative told us, "Before we set up care we did all meet up to discuss the care package and do a care plan." Records showed that this information had been transferred to people's care plans to ensure their needs were met. People were involved in completing their care plans and had signed to say they were in agreement. Regular reviews of people's care were completed and action was taken to address any changes requested. One person's care file showed that during their review they had said they would like to attend a day service for an additional day each week. This had been organised for the person who had told staff they were enjoying their new routine.

Staff were responsive to people's changing needs and requests. One person's care records showed that they went shopping every week before stopping for a drink at the same local café. Staff recognised this was an important part of the person's week and understood their anxiety when they learned the café was closing down. The staff member researched local amenities in the area and introduced the person to a different café where they thought the person would feel comfortable. The person told us they enjoyed visiting the new café and was starting to make friends there. Staff observed another person was becoming unsteady when standing up and using their mobile table for support. With the person's agreement an occupational therapy assessment had been arranged to ensure they had the appropriate equipment to support them. People were able to request additional support hours from the service for adhoc activities and appointments. Staff described to us that where people made requests to go shopping or to attend medical appointments this would be passed on to the office and times which suited the person were scheduled. Records we viewed confirmed this was the case. The registered manager told us they were proud of how responsive the service was able to be, "We can do it because we know our clients and staff so well. Someone's meds had been changed at the weekend. I knew which staff were best placed to collect their prescriptions and we were able to get it to them for when they needed it. I know our staff will always go above and beyond."

People's communication needs were assessed and information provided in an accessible format where required. The service worked in line with the Accessible Information Standards which are designed to ensure that health and social care staff are aware of any sensory impairments people may have that may affect their communication. Each person had an accessible information plan in their file which described how the person communicated, if any aids to help them communicate were required, how information should be presented and the best way to contact the person. A log of the different languages staff were fluent in was maintained, including British Sign Language, so staff were able to access resources if required. Staff supported one person who required a series of health checks to attend their appointments. It was identified that they required the information relating to their appointments in symbol format. These were requested from the relevant healthcare professionals and gave the person reassurance regarding what the

appointments would involve.

The provider had a complaints policy in place and provided people with information on how to raise a concern. The complaints log showed that no complaints had been received in the past year. People and relatives told us they would feel able to raise concerns should they need to. One person told us, "I would ring the office if I was worried and they would come and see me." The person's care records indicated they did not like talking at length on the phone. A relative told us, "I would know who to talk to if I had problems and I know the manager. I feel I can voice concerns if I have any." Staff told us they were aware of the procedure to follow should anyone raise a complaint with them. One staff member told us, "I would listen to what the person wanted to tell me but wouldn't make any comment. If they were distressed I would reassure them. I would then report it to the manager privately."

The provider maintained a compliments log and any compliments received were shared in the staff newsletter. One staff member told us, "I know from what clients say that I make a difference in their lives. It's nice to see when people have made positive comments about us." Compliments received by the service included, 'Please pass on my thanks to all those concerned for the quality of service provided', and, 'Many thanks for caring for my wife. (Name) always looked forward to seeing you on one of your visits'.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well managed. One person told us, "I can ask for anything I need." Another person told us, "Everyone knows their job and it's all very organised." One relative told us, "We've not had any concerns with the service and they always answer any queries promptly."

The provider had effective systems in place to monitor the quality of care and support that people received. A compliance support officer was employed by the provider and conducted monthly audits of the service. Audits completed covered areas including care records, medicines, infection control, staff spot checks and staff training. As part of the audit process feedback was also obtained from people and staff to gain their views on the service provided. Where changes to systems and processes were identified an action plan was developed to ensure that they were dealt with in a timely manner. In March 2017 audits identified that staff training compliance was below the anticipated level. Action had been taken to monitor staff completion of eLearning courses. An audit from May 2017 showed that this had proved effective and the service was now compliant in this area. Compliance meetings were held monthly within the organisation to address any emerging themes and to focus on continuous improvement within the organisation. The registered manager told us the compliance support officer provided them with positive support to drive improvements in the service. They told us, "(Name) is so supportive and is always thinking of new and innovative ideas. We wouldn't be as proud of our service now if it wasn't for their support."

The service was committed to ensuring on-going development and improvement. A quality resource manager was employed for the organisation to implement changes and improvement within the service. They told us, "My role is to review systems which have an impact on care delivery." This included the implementation of an induction and performance review document which gave staff an overview of expectations, what should happen when and how. A performance and development booklet had been developed to explain the training, supervision and appraisal process to staff and to encourage them to take ownership of the process. The quality resource manager told us they were currently working alongside staff to review care plan documentation to ensure greater consistency and to streamline the process. They had set up a working party involving staff members to discuss the plans and information required and were in the process of trialling the new plans.

People were given the opportunity to feedback on the quality of the service they received. An annual survey of people's views was completed and results compiled on an organisational level. Results from the 2016 survey were largely positive. However we noted that there was no action plan in place to address any concerns people had raised. Following the inspection the compliance support officer provided details to show all areas of concern had been addressed. They informed us that a review of the actions taken for subsequent surveys had been added to the monthly quality assurance audits to ensure they were regularly reviewed. The provider produced a bi-monthly newsletter for people using their services. This contained contributions from people and information regarding upcoming events and developments.

The values and ethos of the service were clear. Staff had worked together with the provider to develop the values of respect, empowerment, responsibility and excellence. All staff were provided with a card to carry

with them which highlighted these values. These were discussed with staff during supervisions and appraisals to ensure the values were embedded into practice. Staff were able to tell us the values of the organisation and how they used them within their role. One staff member told us, "The service given is very good and a high standard. All managers are concerned with making sure we give the best care possible and this is passed on to all the staff. We have good leadership, the support carers get is amazing which makes us want to do a better job." The registered manager told us, "The values of the service are important. There is commitment and passion for both our clients and for our roles right through the organisation. We work very much as a team."

The organisation had signed up to the Social Care Commitment in order to monitor and improve the way in which they supported staff to meet the standards set. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It aims to increase public confidence in the care sector and raise workforce quality in adult social care by asking providers to sign up to statements of how they meet standards. The organisation had a set of tasks and actions to complete regarding how staff were recruited, inducted, trained and supported. Each staff member was given a copy of the statements and action plans which were discussed during team meetings and supervisions.

Staff told us they felt supported in their roles and had the opportunity to contribute to the development of the service. One staff member told us, "I love working here. The management here are fantastic, very professional in their approach and very supportive. I'm able to speak to any of them if I have concerns. There's a real family feel." Another staff member told us, "There is always someone to talk to if I have a problem or I'm unsure what to do. We all work as a team." Staff meetings were held regularly and were well attended by staff. Minutes of meetings showed that staff were involved in discussions and shared ideas regarding the support provided to people. One senior staff member told us, "Staff meetings need to be every two months but I usually do them monthly. As lone workers giving staff any opportunity to come into the office is good. It can be a difficult job and you can feel isolated so having the chance to meet up makes sure that frustration's don't develop and staff feel supported." Staff newsletters were produced on a monthly basis to provide an update on developments within the organisation.

Records were organised and securely stored. People personal information was stored in locked cabinets. . The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.