

Reliacare Limited

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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 visit at Reliacare Limited was carried out on 07 November 2017 and was announced. The provider was given 24 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure people in the office and people the service supported would be available to speak to us. We contacted staff and conducted telephone interviews on 13 and 15 November.

Reliacare Limited is a domiciliary care agency. It provides personal care support to people living with dementia, mental health and older people. It supports people who misuse drugs and alcohol, people who have a physical disability and younger adults, all who live in their own homes. The agency is situated in the town of Ulverston. The office is accessible to anyone with mobility problems. At the time of our inspection there were 42 people receiving a service from Reliacare Limited.

Reliacare Limited registered as a domiciliary care agency with the Care Quality Commission in October 2016. We had not previously inspected the service.

The service had a registered manager in place. 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.

During this inspection, we found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure. One staff member told us, "I would not leave if people weren't safe."

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members whilst they learnt their role.

The registered provider planned visits to allow carers enough time to reach people and complete all tasks safely.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread

of infection.

The registered provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff told us they received regular formal and informal support from the management team.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed the registered provider worked with other health care services to meet people's health needs.

People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "They [staff] are fun, have a laugh and a joke it makes my life pleasant."

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered. One person told us, "I have a care plan that says everything, but the carers have been coming for so long they don't need to refer to it they know what to do."

A complaints procedure was available and people we spoke with said they knew how to complain. At the time of our inspection, the registered provider had received no formal complaints.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

There was recorded evidence that showed the registered provider worked in partnership with other agencies to provide safe care and treatment.

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.

Staff had been trained in safeguarding and were aware of their duty to report suspicions of poor care and/or harm.

Risks to people were managed by staff that were aware of the assessments to reduce potential harm to people. Staff were provided with personal protective equipment to minimise the risk of spreading infection.

There were enough staff available to meet people's needs safely. Staff members we spoke with consistently said they were allocated sufficient time to visit people and provide the support required.

Recruitment procedures the service had were safe. Gaps in employment were documented as being explored.

Staff were trained in the administration of medicines. Medicines protocols were safe.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

Staff told us they received effective support and communication with the management team was good.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. They had knowledge of the process to follow.

Where appropriate, people were protected against the risks of malnutrition and dehydration.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff we spoke with told us they had developed strong relationships and spoke about those they visited in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People said the service ensured they were supported by the same staff who were consistently punctual.

People told us they received personalised care that was responsive to their needs.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with by the management team.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff felt the management team were supportive, visible, accessible and approachable.

The registered provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had oversight of and acted to maintain the quality of the service provided.

The management team had sought feedback from people, their relatives and staff.

Reliacare Limited

Detailed findings

Background to this inspection

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, mental health and older people. To people who misuse drugs and alcohol, people who have a physical disability and younger adults.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 07 November 2017 and ended on 15 November 2017. It included an on-site office visit. Visiting one person in their home, telephone interviews and postal questionnaires. We visited the office location on 07 November to see the manager and office staff; and to review care records and policies and procedures.

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was informed by feedback from questionnaires completed by a number of people using services. The feedback complimented staff on the excellent service they delivered.

One adult social care inspector and an expert by experience carried out the inspection. 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 experience of caring for older people.

During the inspection, we visited one person in their own home. We spoke with a further eight people who used the service and four relatives. We spoke with the registered manager, three members of the management team and six members of staff. We looked at the care records of five people and training and recruitment records of four staff members.

We looked at what quality audit tools and data management systems the provider had in place. We did this to ensure they had oversight of the service and they could respond to any concerns highlighted or lead the service in ongoing improvements. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. One person told us, "I'm very safe. They are meticulous. They are very pleasant and trustworthy; I have no qualms about them at all." A second person commented, "Safe? Absolutely, I feel really safe. I don't like going out on my own, I get stressed out but they support and protect me." A third person said, "There have been no issues around trust or accidents. I feel comfortable when they are here."

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "I would not leave if people weren't safe." A second staff member said, "People are definitely safe, I would never leave anyone unsafe, even if it meant staying over the time." Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

During the inspection, we viewed five care records related to people who were supported by Reliacare Limited. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. For example, moving and handling guidelines were colour coded to show clearly how to use a sling and hoist safely. Staff we spoke with were able to tell us effective ways to support people to keep them safe. Care documentation contained instruction for staff to ensure risks were minimised.

People told us they had a care plan that guided staff on their support needs at specific times of the day. There were step-by-step guidelines for morning, lunch, teatime and evening visits. One person told us, "They [care staff] know what to do when they come. They write it down every day in the folder." A second person also stated, "They have someone who has been trained in lifting and handling and they come around regularly to check the lifting gear and watch them [carers] using the equipment to make sure it's safe."

Care staff told us members of the management team completed unannounced visits to make sure they were delivering appropriate support and wearing protective personal equipment such as gloves to protect people from infection. We saw documentation in their files of these visits. This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention. These safeguards supported people to remain living in their own home.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. However, one staff member said, "There are times when I feel I do not have enough time between visits." We shared this with the registered manager who told us they would review all staff journeys. People we spoke with did not have any concerns about staffing levels. No one we spoke with told us they had missed visits. One person told us, "They're [care staff] very reliable and have always turned up. They don't rush me and always ask if there is anything else they can do before they go." This showed the provider delivered support to maintain people's safety.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe.

We looked at the procedures the provider had for the administration of medicines and creams. The registered provider liaised with the person or their family about the medicines they had been supported with. One person commented, "Never had a problem." Every person we discussed the administration of medicines with told us there had never been any concerns or issues with care staff prompting them. One staff member told us, "We are trained, then shadow someone and then observed with medicines. We are told we prompt; give over the medicines and then sign. It's safe."

We spoke with the registered provider about accident and incidents and what actions are taken to lessen the risk of accidents happening again. The registered provider told us they had a system to document and review incidents. However, at the time of our inspection they had not had any incidents that needed analysis. They did state they had a weekly management meeting to review the previous week's activity. They told us this would be the time they would reflect on any concerns and alter their working practices to minimise risk and keep people safe.

Is the service effective?

Our findings

Before providing care and support, staff received an induction from the registered provider. People told us they felt staff were well trained to support them. One relative told us, "You can tell they are good at their job, [relative] never had a bed sore in 6 years." A second relative commented about staff, "Definitely been trained, they are very efficient in their work." A third relative confirmed staff were supported to gain experience in their role, stating, "If there's a new starter they're always with a senior person until they're capable of doing the job. They never send a green one."

A member of the management team told us, there was no timescale to the induction. It was dependant on how confident staff felt. Staff we spoke with told us they felt their induction gave them the knowledge and skills to support people effectively. One staff member said, "I did some serious shadowing, it was good. I learnt things even though I had done the job before." One person commented, "[Team manager] has been training a couple of girls, they came out with her and watched how she put my stockings on. The new girls have been coming several weeks now and do very well they don't need telling what to do."

We saw the registered manager had a structured framework for staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. One staff member told us, "The training was good. They were brilliant; they would go over things again if I didn't understand."

We spoke with the registered manager and management team who stated they delivered a mixture of face-to-face training and computer based training. One staff member had recently been trained as a moving and handling trainer. There was a training room with equipment for staff to use before supporting people. The registered manager told us, "It's about managing people's posture, computer based courses can't show you that." They went on to say, "We like to get all staff in a hoist to show how it feels, as it can be quite daunting." This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

We asked the registered manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. One staff member told us, "My supervision meeting was really good." A second staff member said, "I asked for some training on [name of course] and it's been booked for me." They went on to say, the management team are always available and can be contacted at any time. Reliacare Limited had a 24 hour on call service to manage the support delivered and ensure effective communication.

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. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. People told us they were consistently offered choices during the support they received. People told us their care plans were regularly reviewed and they had agreed to the support they received. The registered manager told us they discussed choice and consent as part of their induction but this was not documented. The registered manager told us they would ensure training around MCA was clearly identified within their induction training package.

We looked at how people were supported to have sufficient amounts to eat and drink. The few people who said they had food prepared had breakfast or snack lunch prepared. All said they chose what to eat and the food and drinks were hot, nicely prepared and how they liked them. Care plans we looked at guided staff on how people liked their meals prepared. For example, one person's care plan documented, 'preference soup is used and then watered down.' A second care plan indicated the person wanted scrambled eggs rather than Weetabix in a morning.' This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. Visits were planned to coincide with district nurse visits, so information was shared effectively. One person had information about their ability to swallow liquids safely in their care plan. Staff had attended multi-agency meetings. The registered manager told us this was to ensure all areas of the person's care was discussed. There was evidence of consultation with occupational therapists. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion dignity and respect. All the responses were very positive, saying staff are kind and caring. People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "I can't remember their names but I know them all. They are really like mates. We talk about our families. They're brilliant; honestly I don't know what I'd do without them." A second person said, "They are fun, have a laugh and a joke it makes my life pleasant." A relative commented, "They're very good, so nice and friendly, pleasant to talk to. They have some banter with my [relative] and will sit down and have a chat with me if I'm a bit down. Very nice girls, no complaints at all."

People spoke about care staff who visited in a warm, compassionate manner. For example, one person said, "All staff are lovely, caring and happy people. Always put a smile on my face when feeling low." A second person told us, "They are exceptional, I approve of them. It's made a difference to my life." A third person said, "Basically we have a small group of people. I think they are very good actually, very caring, they do a good job."

Regarding their role, a member of staff told us, "The job is about being respectful and treating people with dignity." A second staff member commented, "I have regular clients. It's nice to meet the same people and get to know them." A member of the management team said, "It's what I do the job for, caring for people." This showed the registered provider had sought to provide regular staff to maintain continuity, foster positive relationships and promote valued communication.

Care records we checked were personalised and included a 'What is important to me' document. The information promoted people's unique personalities. For example, information included, 'Likes to have a laugh.' A second person enjoyed shopping. A third care plan identified the person had a dog that was quite lively. This showed the registered provider had listened and guided staff to communicate with people in a personalised and caring manner.

We looked at how people were supported to maintain their independence. The registered provider completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. One person told us, "I was in hospital for a month and [registered manager] was fantastic. I have difficulty expressing my views and she negotiated with the nurses and the doctors to get some adaptations done and put everything in place so could go home. I am over the moon."

People and their relatives told us how staff provided care supported their independence and protected their dignity. For example, one person told us, "Staff are friendly and professional. I have mental health problems and a physical disability. When we go out people ask what's wrong with me, they [care staff] are discreet, protect my privacy and support me." A relative told us, "[Relative] has dementia. He knows them and they have a good rapport, try to find some common ground for example, they talk about rugby. I can hear them chatting to him in the bathroom." They further commented, "Without the staff he would stay in bed till dinner time and wouldn't be bothered to get washed and dressed. They have a good rapport with him and

seem to be able to coax him to do things. They are very patient and know what to do if he gets agitated." This showed positive relationships had developed and information was shared in an accessible way to support people to remain independent.

People and their relatives told us they were involved in their care, had discussed, and consented to their care packages. They told us they had their care plans regularly reviewed. For example, one person said, "[Team manager] comes out regularly to do a check to make sure everything is ok."

The registered provider told us people were able to make decisions about their wellbeing, care and treatment. However, if people wanted support from a relative, visits to plan and review care had been arranged to ensure family members were present. This showed the registered provider promoted effective accurate communication to allow people to have emotional support when needed.

We discussed advocacy services with the registered manager. They told us no one had an advocate at the time of inspection and all care delivered was discussed with people they supported and their family members, when appropriate. They told us they had worked in partnership with advocates in the past. They confirmed should advocacy support be required they would support people to access this.

Is the service responsive?

Our findings

We asked people who received support from Reliacare Limited if the care they received was personalised and met their needs. One person told us, "They are very good. I have no family nearby and one time the carer found me on the floor. She rang the paramedics and stayed with me then closed my house up when they took me to hospital. Another time I had to go into hospital and they looked after my house and let my friends know." A second person told us, "They are patient when they are here and complete all the tasks before they go." A third person said, "I get everything I need at the moment thank you." No one we spoke with told us they had had a missed visit.

Staff also told us they had regular visits that allowed relationships to form and they have got to know people and their needs. People we spoke with told us staff members completed all of the required care during each visit. People also said they were happy with the care and support they received from the carers. For example, one relative told us, "I'm very happy with it [care provided]. I feel relaxed when I go away because I know [relative] is in good hands and being looked after and his routine won't change. I'm very, very happy."

People and relatives we spoke with were happy with the quality of the care plans and they said these met people's current needs. "I have a care plan that says everything, but the carers have been coming for so long they don't need to refer to it they know what to do." Other comments included, "[Team manager] comes every six months or so and we have a formal interview. We go through everything so she can check if there are any problems. If I had any I wouldn't sit on it I would tell someone."

People told us their care plans took account of their preferences, wishes and choices about how they wanted to be supported. The care plans had 'Important for' and 'Important to' sections. For example, we saw one person wanted the same group of carers to visit. We looked at their rotas and saw the same care staff consistently supported them. One person had requested a set time for a visit. They told us, "I like to be in bed by 7 o'clock and they always come at 6.30."

Care workers we spoke with told us they found the care plans easy to follow and informative about people's support needs. They told us everyone they visited had a care plan. We noted the person we visited had their care plan at their home. This showed the registered provider had ensured staff were supported to meet people's personalised needs.

We asked about supporting people with activities. At the time of our inspection, only one person received regular support with social activities outside of their home. They spoke positively about the support they received.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy

about anything. One person said, "If anything is wrong I can ring the office they are nice people. The management team are nice; I would tell them if there was anything wrong." A second person commented, "I know what's happening, who's coming and I can always ring them if I'm not satisfied. I am very pleased with them all." A third said, "I have the phone numbers for the managers so can ring them if there are any problems. I've never had to do it. [Team manager] comes regularly in fact she's been this morning."

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us they would liaise with community nurses to provide the appropriate support. They explained if someone had a DNACPR, they placed coloured card within the care plan to inform care staff one had completed. This was done to be sensitive to people's feelings but ensure care staff were knowledgeable of its existence so they could inform the appropriate people should it be required. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. As part of their induction, training staff completed training on dying, death and bereavement. The registered provider also stated they spoke with staff about supporting people who needed end of life support, to see if they had the skills and abilities to provide the appropriate support. This highlighted the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Is the service well-led?

Our findings

About the management team, one person told us, "I like it that the bosses work doing the caring, and [registered manager] is wonderful." A second person told us, "[Management team] were friendly and approachable."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. They had recently introduced the role of senior carer to give additional management oversight with the service delivered.

During this inspection, we were able to speak with several members of the management team regarding different areas of the service. They were all able to deliver comprehensive answers on the questions asked. This showed the management team were experienced, knowledgeable and familiar with the needs of people they supported.

One person told us, "I have contact details for [registered manager] and [director and owner]. They sometimes come round to check if there's any problems." A second person said, "I see [director and owner] quite frequently, she covers for the carers sometimes and I speak to her on the phone." A third person stated, "[Registered manager] and [director and owner] have been to see if everything is ok, if there's anything we need, if so they would get it." This showed the registered provider had a visible presence within the service.

We saw minutes, which indicated staff meetings, took place Topics discussed included, confidentiality, uniform, appearance, and the use of personal protective equipment. One staff member told us, "They are good, we get a lot of feedback. They are really good for morale as we don't always see each other." A second member of staff said, "You get to get the points across that's needed to be said."

Spot checks were undertaken when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. One staff member told us, "My boss came out to observe me, it was really good."

People stated the management team worked alongside staff delivering care and took the opportunity to seek feedback on the service provided. The service also sought feedback from people who used the service. People were asked about the quality of the service they received. Files we looked at contained telephone monitoring and customer review information. This concerned staff contacting people to ask about the service they had received. The responses we viewed were all positive. For example, we saw comments included, 'I am absolutely treated with dignity and respect.' People we spoke with told us they were confident if they had concerns, their feedback would be acted on. This showed the provider regularly sought the views of people who received support.

There was a weekly management meeting to discuss clients and any areas of concern. A member of the

management team told us this often included discussions on people's deteriorating health. What support was required and how to share the information with staff. We saw evidence the registered provider had worked alongside other agencies to make sure people received safe care and treatment. For example, one person became vulnerable due to a change in their mental health. The management team liaised with healthcare professionals to ensure they received appropriate medical intervention. This showed the registered provider had systems to monitor and maintain effective working practices.

The service had a range of quality assurance systems. These included paperwork, medication and documentation audits. These were completed formally reviewed and recorded on a monthly basis by team managers. As the management team worked alongside staff they told us they reviewed paperwork during their visits into people's homes. People we spoke with confirmed this, for example one person said, "When [Registered Manager] comes she reads what they have put in the book and before she goes she always asks if there's anything to report. Any problems." The registered manager told us they did this to ensure they had oversight of the service and they could respond to any concerns highlighted and lead the service in ongoing improvements

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.