

Phoenix Care Cornwall Limited

# Phoenix Care Cornwall Limited

## Inspection report

Barn A Hendra  
Tremethick Cross  
Penzance  
Cornwall  
TR20 8UD

Tel: 01736360197

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This announced inspection took place on the 28 September and 1 October 2018. It was announced 48 business hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. Our last inspection of the service was carried out on 11 April 2016.

At the previous inspection in April 2016 the Safe section of the report was rated as Requires Improvement and a recommendation was made around medicine administration and records. Since the inspection the service has reviewed its medicines policy, care plans and risk assessments. The service had a robust process in place to ensure medicines were administered as directed and with people's permission. At this inspection we found improvements had been made in the Safe section and the service had met the recommendation made following the April 2016 inspection. Therefore, the rating of the Safe section has changed from Requires Improvement to Good. The overall rating of the service remains Good.

Phoenix Care Cornwall is a Domiciliary Care Agency that provides care and support to adults, in their own homes. The service provides help and support with people's personal care needs in Penzance and surrounding areas of Cornwall. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 57 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding. There were 30 staff employed, some of those were office based to coordinate and manage the service. There were two registered managers in place at the time of 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 were extremely satisfied with the quality of the service they received and the caring approach from staff. People and family members told us they would recommend Phoenix Care based on their positive experiences. Comments from people included; "Everyone (care staff) is different but they are all very nice and good at their job. I have got no complaints whatsoever", "The staff are fabulous", "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble" and "They are lovely, it's the highlight of my day when they come."

People told us they had not experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However, people did not have a concern regarding this as they understood that any

lateness was due to care staff needing to provide extra support to a person in an emergency or due to travel issues, especially in holiday seasons. People told us that Phoenix Care office staff would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. Phoenix Care operated an on-call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us they felt safe and that staff had the skills and knowledge to provide the required care. Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

Staff were recruited in a safe way and there were enough to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

Feedback about individual care staff and the office staff was consistently positive with no adverse

comments in any areas. People described the management of the service as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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 had improved from Requires Improvement to Good.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

Staff had received safeguarding training and were confident about reporting any concerns.

Risk assessments supported people to develop their independence while minimising any inherent risks.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# Phoenix Care Cornwall 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 September and 1 October 2018 and was announced. The provider was given 48 office hours' notice because the location provides a personal care service to people who live in the community. We needed to be sure that we could access the office premises.

The inspection was undertaken by one adult social care inspector who visited the services office. An expert by experience contacted people by telephone to gain their views on the service. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service. During the visit we spoke with the two registered managers, provider and care coordinator. Following the visit, we spoke with 11 staff to gain their views on the service. The expert by experience spoke with 12 people who either used the service or was a relative to gain their views of the service.

We reviewed a range of records about people's care and the way the service was managed. These included care records for five people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to

send us by law. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

# Is the service safe?

## Our findings

At the previous inspection in April 2016 the Safe section of the report was rated as Requires Improvement and a recommendation was made around medicine administration and records. Since that inspection the service had reviewed its medicines policy, care plans and risk assessments. The service had a robust process in place to ensure medicines were administered as directed and with people's permission. People told us; "The staff don't give them to me but they check my box every day to make sure I have taken the ones I am meant to take" and "They check the boxes for me and remind me if I need to order more."

At this inspection we found improvements had been made in line with the recommendation made following the April 2016 inspection. Therefore, the rating of the Safe section has changed from Requires Improvement to Good.

People told us they felt safe receiving care from staff at the agency. They said, "Yes, I feel much better now with them coming and my daughter is reassured that I am safer because she knows someone is visiting me twice a day", "I feel safe because I know someone is coming every day" and "Yes, they are all lovely and I don't feel worried about any of the carers so I do feel safe and that reassures me."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There were systems in place to enable staff to collect items of shopping for the people they supported. The procedures ensured that people's finances were protected when staff supported them in this area of their lives.

People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of care workers. New care workers were introduced to people by a member of staff who they already knew.

Visits were reported to be almost always on time (or within an agreed time slot e.g. within 15 minutes of their allocated time), with several people reporting that the office staff would phone and let them know if their care worker was running late. Comments included; "They are rarely late but if they are going to be late for whatever reason, the office phones and apologises" and "I appreciate the traffic is awful, especially in the summer, but their time keeping is very good and they are always sorry if they are late." People told us that



staff stayed for their allocated time. Comments included; "I never feel like I am just a quick visit that they have to do and leave as quick as possible. If they are late, they are most apologetic and I still get all my time," and "They are never in a rush to go, and stay the full half hour."

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff told us they had adequate time to travel between visits without rushing. All staff told us they had the time to stay with people for the contracted length of time and that, where there were any issues, they did not feel pressured.

Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For example, emergency service numbers including social service and health departments.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event. People told us that when it recently snowed, staff either continued with their visits or phoned them to make sure they had appropriate support. People were complimentary about the support they received during this particular time.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments had recently been updated to make sure the information was accurate.

An on-call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on-call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query.

Records were kept of any accidents or incidents. The registered manager checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

The service held training for all levels of staff on equality and diversity so that they were aware of the current legislation and how this reflected on the delivery of care and support. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people they supported at home to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them and where people's communication was limited staff told us they knew it was important to take time to listen carefully.

Staff received additional training on how to keep people safe, which included moving and handling,

infection control and first aid. The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office.

## Is the service effective?

### Our findings

People consistently told us care staff met their care needs in a competent manner. Comments received included; ""They are polite and very respectful. They put everything back in its place and mop up any spills. I feel like they take care", "They chat to me all the time and say 'what would you like today?' and give me a choice" and "They reassure me all the time because I get very anxious."

Before, or as soon as possible after, people started using the service a member of the management team visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed calls. People told us that care staff stayed their allocated time, and on occasions would stay a little longer: One said "They check everything before they go every day and always make sure I am comfy."

People using the service told us that, in general, the same staff made the visits which meant people were familiar with them. People told us they were confident in the staff and how they delivered their care.

New staff completed an induction when they commenced employment which is in line with the Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff confirmed they had 'shadowed' existing staff until they felt ready to work on their own.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills. Staff were provided with relevant training which gave them the skills and knowledge to support people effectively. The registered manager had a 'train the trainer' qualification and so could provide certain training such as moving and handling and safeguarding to the staff team.. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults and children, medicines, epilepsy and their health conditions. Staff told us; "The training is very good" and "I prefer the group training as that way you get to see your colleagues and can have a better discussion in the training session about work and any issues."

Staff told us they received one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Supervision meetings

provided an important opportunity for staff at all levels to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Some people said they were left with snacks to eat and also drinks within easy reach between visits. One person commented, "They always make sure I have a hot drink and remind me to drink plenty, and they make another drink before they leave." Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. One person commented, "They always check that I am happy with everything and if they think I need to see a doctor, they will phone and get an appointment for me." Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "If I change my mind about what I want doing, they don't mind at all and do everything I need. I can't fault them." This showed that people made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

People told us the staff always treated them with care, consideration, respect and kindness. They said the registered manager and staff were always available and were very kind and caring. Comments included; "The staff are lovely, I haven't had a bad one yet," "Everyone is different but they are all very nice and good at their job. I have got no complaints whatsoever", "The staff are fabulous" , "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble" and "They are lovely, it's the highlight of my day when they come."

People told us that staff "went the extra mile" and said how much this comforted and reassured them. For example, one person told us, "My star lift wasn't working so one of the carers said 'I am not leaving until I know they are coming to sort this out' and she phoned them up and made sure they were coming that day. She didn't have to do that, but she did." We heard of many examples of how caring and thoughtful the staff were to the people they supported. One said, "They make me a cup of tea and they say 'don't you pick that up yet, it's too hot' then they say 'give your tea a try now."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. Staff told us that due to their regular work patterns they knew the people they looked after well and could build lasting relationships.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. These areas were covered in the employee handbook given to all staff. People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve people in decisions. We were given examples of staff rearranging the timing of their normal visits so that they could support a person to be prepared to attend a medical appointment.

People told us staff made sure they were safe and had everything they needed close by before they left a

visit. One person told us, "When they come in the evening, I like to lock the front door behind them so they say to me 'I'm going to wait by the front door and I'm not leaving until you lock it' and that's lovely." Some people did not have any support from relatives. The service were aware of advocacy services and how to contact them. This helped ensure people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of the induction process and ongoing training staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meeting data protection legislation. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People were provided with a service user guide and information pack when they began receiving a service. The service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand.

## Is the service responsive?

### Our findings

The service was responsive to people's needs because people had received assessments which identified what those individual's requirements were and then put a comprehensive person-centred plan in place. People, or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A person who used the service commented, "They used to look after my late husband and they were fantastic so I asked them to help me after he died and they look after me now – and brilliantly too!"

People told us staff were always responsive to their needs and they were involved in decisions about their care. They said, "They are brilliant. If I suggest something to them or ask for something different, like a bit of help with shopping, they always arrange it." Other people also told us that when their care needs had changed, their care package would be reviewed to see if additional or less support was needed. For example one person told us, "I needed a bit of extra help when I came out of hospital and I just phoned them and they said it was no trouble at all." People felt fully involved in how care was being provided to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, people who had several visits in a day, had a care plan for each time period. If support was provided for a longer period of time then guidance was provided for staff outlining what task or activities were to be completed or considered. This was of particular importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were sent directly to them.

Daily care records, kept in the folders in people's homes, were completed by staff during and at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

People were encouraged to maintain their independence. They were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills. For example, one person told us "If I change my mind, they are always flexible about what they do for me." The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They were considering how to provide information in a more meaningful way.

The service had a complaints procedure. People said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. They did not

think they would be subject to discrimination, harassment or disadvantage if they made a complaint. One person said they had raised a concern and this was resolved immediately by the service. A relative had made an informal complaint about a member of staff and said, "I phoned the office and said I wasn't happy with this carer, they didn't even make me explain why, they just said they would change carers for me and they did. I don't think that carer works for them any more."

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered provider said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred. For example, through improving recordings of visits and registered managers checking that care procedures were carried out and regularly reviewed.

Although Phoenix Care is not a specialised end of life care provider the service was able to help people stay at home at the end of life if that was their wish. The service worked with the local hospice and palliative care nurses to enable people to remain at home for as long as possible or through to end of life.



## Is the service well-led?

### Our findings

People gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered managers and care coordinator were actively involved in engaging with the people using the service and monitoring the care being provided. Comments from people were consistently positive and included, "Yes it is well managed, staff are well trained, friendly and turn up on time and everyone in the office is very professional and helpful", "The staff in the office are brilliant, nothing is too much trouble. If I need extra help, I just ask" and "They are well managed, friendly and easy to deal with."

People and a family member said if they had any queries they could phone the office and talk to the staff there. They also said it helped that they had met them, either from reviewing their care needs or from undertaking care shifts.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were proud of people's accomplishments and how people's lives had improved. For example, one person's health needs had improved which had been a positive impact for the person and their family.

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job" and "Its good working for a smaller company, they know us by name, and the support is brilliant." Staff felt that as the registered managers and care coordinator actively still undertook some care shifts, they had a sound understanding of the work that they did and also of the people they supported. They felt this made the communication between them easier as, "The managers understand what we do, who the people are that we visit and it makes communication so much easier."

The registered provider, registered managers and care coordinator had a strong and positive working relationship and recognised each other's strengths. The management structure in the service provided clear lines of responsibility and accountability. The registered provider and managers took an active role in the running of Phoenix Care. They, alongside senior staff, co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. Feedback from staff was that staff meetings would be beneficial but they were difficult to attend due to work commitments. The majority of staff said they would be able to approach the managers if

they had any concerns and felt they would be responded to positively.

The registered provider said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included visits to people's homes to review their care package and one to one meetings with staff to discuss any issues in relation to the people they supported.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The service records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.