In Safe Hands Community Care Services Limited

In Safe Hands Community Care Services

Inspection report

Alcester Business Centre
4 Kinwarton Farm Road
Alcester
Warwickshire
B49 6EL

Tel: 01789777519

Date of inspection visit:
10 February 2017

Date of publication:
13 March 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 February 2017. In Safe Hands provides domiciliary care to people living in their own homes. At the time of our inspection, 17 people were supported with personal care.

This agency was last inspected in January 2016 and was rated as 'requires improvement'. We found a breach of the regulations relating to the governance of the service. At this inspection we found improvements had been made, although further improvements were still required to show what actions and learning had been identified from their own quality assurance systems.

The service had a registered manager. 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 felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the registered manager, who ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were mostly identified and staff were aware of current risks and how they should be managed. The registered manager agreed to provide more detailed information where risks were known, so staff continued to provide consistent and safe care.

Some people were given their medicines by staff who were trained and assessed as competent to give medicines safely. Records showed people's medicines were given in a timely way and as prescribed. Checks ensured medicines were managed safely and staff were observed by management to ensure they were competent to do so.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The registered manager completed pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their own homes.

People told us staff asked for their consent before undertaking any personal care tasks. Where people were able to make their own decisions, staff respected their right to do so. Some people's ability to make their own decisions fluctuated, but staff knew people's individual reactions that showed them if people wanted to be supported or not. The staff team and the registered manager worked within the principles of the Mental Capacity Act.

People and relatives told us staff treated them with dignity, kindness and respect. People's privacy was maintained and people felt comfortable when staff supported them with personal care needs.

The registered manager sought regular feedback from people and made improvements to ensure they were proactive in improving the service people received. For example, the registered manager was looking at ways to see if they could provide a day centre for people to improve people's friendship with others and help reduce social isolation (Although this is not part of their regulated activity).

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Some care plans were updated with the most recent information and were detailed, however, some improvements were required in risk assessments and in some care plans. The registered manager was aware of this and was working on ensuring all care records were updated. People were involved in how their care and support was delivered, as were their relatives.

People and relatives felt able to raise concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager, office and care staff were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided. The registered manager was seeking further opportunities to develop their systems so they provided greater assurance improvements were being made.

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.

People's needs were assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were mostly up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed to them from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team who completed care calls within agreed times.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected their wishes. Where people's ability to make their own decisions fluctuated, staff knew how to manage this and supported people with decision-making appropriate to each person. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was planned with their involvement. People's care and support plans were reviewed to ensure they continued to meet people's needs. People knew how to raise complaints although the provider had not received any complaints from people since our last visit.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had systems to monitor the quality of service. However, when some checks were delegated to others, it was not clear what checks were completed and whether those checks, resulted in improvements when issues were found. People said the registered manager asked and listened to their feedback and worked with them to improve the quality of service they received.

In Safe Hands Community Care Services

Detailed findings

Background to this inspection

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

The inspection took place on 10 February 2017 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff and to seek permission from people who used the service, that they were happy to speak with us and share their experiences.

The office visit was conducted by two inspectors and following this visit, one inspector spoke with people using the service and their relatives over the telephone after our office visit.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Following the inspection visit, we spoke by telephone with one person who received care and support in their own homes. We spoke with three relatives of people who used the service. During our inspection visit, we spoke with the owner providing the service; who was the registered manager and the deputy manager,

who both provided care to people on a regular basis. We also spoke with three care staff who supported people in their own homes.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, call scheduling records and the provider's quality assurance audits and records.

Good

Is the service safe?

Our findings

People told us they felt safe and relaxed because they received support from a consistent staff team. People said consistency with staff meant they felt safe when familiar faces provided their care and support. One person said, "I feel safe as I have two regulars (staff). They are very helpful, I get to know them. They make you laugh – they are there to look after me and they do." A relative told us, "[Family member] gets the same staff which is important. [Relative] feels safe with them, whereas with previous agencies, [person] wasn't." People said staff let themselves in using key safe codes and people and relatives said their homes were secured when staff left.

The provider protected people from the risk of harm and abuse. All staff spoken with understood their responsibility to keep people safe and deliver care as recorded in people's care plans. Care staff had completed training in safeguarding adults and knew how to recognise different signs of abuse. Staff said they would report to the registered manager or office staff if people told them anything concerning or if they observed anything of concern. One staff member told us, "I would record it, tell the registered manager and deputy manager." Another staff member said they would tell social services immediately. The registered manager understood their responsibilities when dealing with safeguarding concerns. There had been no safeguarding referrals in the last 12 months. The registered manager also knew they had a responsibility to safeguard the staff who worked for them. They told us where they had any concerns, they would ensure staff worked in pairs to minimise potential risks to them. The service had a lone workers policy but we were told all the final care calls at night were double up calls (two care staff).

The provider had safe recruitment processes. We checked staff recruitment files. The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. These checks ensured the provider could be confident staff were of suitable character to support people. Regular monitoring such as observed practice and feedback from people using the service helped ensure people and staff worked safely and felt comfortable with each other.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Staff knew about risks associated with the people they visited and what to do to manage the risks. For example some people needed equipment to move around, there was information for staff about the equipment to use, the number of care workers required and how to move the person safely, limiting risk. Staff told us they had completed moving and handling training so they could move people safely. They understood the importance of making sure equipment that people used was safe. Relatives confirmed staff transferred and mobilised their relatives safely, and with confidence.

There were individual risk assessments for each person. One care plan said a person was very independent and just used a walking stick for mobilising. The risk assessment read "[Person] mobilises well. Staff to

ensure walking aids are in place." The level of risk identified was low. Another person had skin that was described as 'at risk of breakdown' (becoming sore and damaged). There was a pressure area management sheet dated 20 January 2016. This instructed staff to monitor the person's skin, particularly vulnerable areas such as their bottom and heels and apply their prescribed barrier cream to protect their skin from becoming damaged.

There was information about the equipment in place to reduce the risks e.g. adjustable bed with air mattress. However, we found the detail in some risk assessments was not consistently detailed. One person who had a catheter, had a care plan which gave a good description of the support needed to care for the catheter to minimise the risks associated with a catheter, such as, 'please be sure that my leg bag tap is closed and the straps are in place securing it to my leg'. However another person's catheter care plan just said 'change catheter bags'. The registered manager agreed to review all risk assessments to ensure they recorded the right levels of information so staff continued to provide safe care.

People said there were enough staff to look after them and staff arrived when needed and stayed for the allocated time. A relative supported this by saying staff spent time with their family member, making sure everything was completed before the call was finished. The deputy manager and care staff spoken with said there were sufficient staff to cover the calls people required. The deputy manager said they had enough staff and flexibility to cover all of the care calls.

Staff told us they were not usually asked to cover additional calls unless there was an unplanned absence, for example if a staff member was unwell. In these cases, the deputy manager told us they or the registered manager covered them. Call schedules allocated staff at regular times and staff recorded the times they arrived and left people's homes in daily records, to show they had stayed the length of time agreed. Checks were made to see staff stayed for the allocated time. On the odd occasions staff were late, people said they were informed. One person said, "Good, sometimes late, not late often. They don't tell me if a few minutes, but if longer they let me know."

Some people administered their own medicines while others received support from staff. Where support was received, people said they received their medicines when required. Staff told us they had received training to administer medicines and had their competency checked to ensure they did this safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned to the office monthly for auditing. However, we checked examples of MARs and found audits had not identified some concerns, such as MARs being completed correctly, especially when family had administered medicines. We told the registered manager about this. Following our inspection visit, they had spoken with the family and staff and ensured the MARs accurately reflected who had administered the medicines.

Good

Is the service effective?

Our findings

People told us staff who supported them were sufficiently trained and knew how to meet their needs. Some relatives we spoke with said care staff supported their family member to help mobilise. They said transfers, such as from a bed to armchair, were done effectively and reduced any anxieties for people, when moved. One relative said their family member had returned home from hospital, 'with little or no information'. They said the registered manager took on their care package and spent time liaising with the occupational therapist to source a hoist. This relative said staff knew how to use the hoist and make safe transfers.

New staff received an induction over a three week period. This included training in areas the provider considered essential such as safeguarding, health and safety, manual handling, medication and infection control. Staff told us part of their induction included shadowing more experienced care staff. They said this helped them to understand their role and how to support people. Staff told us following their induction, their training was updated to keep their skills refreshed and said the training supported them to provide the care people required.

Staff and records showed they had regular one to one meetings with their line manager where they discussed personal development and training. Staff told us they had unannounced 'observation checks' on their practice to check if they put their training into practice. The registered manager told us this was important because it gave them confidence people received care from trained and effective staff. They said, "I work with every single member of staff over a two week period. "They said if concerns in staff practice were found, they would provide additional support to encourage improvement. People told us spot checks were undertaken. One person said, "The registered manager is here checking things are okay."

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.

Staff told us they received training in the MCA and knew they could only provide care and support to people who had given their consent. We asked staff if they knew what the MCA meant for their practice. They told us, "It's about people's choices and what they want." All the staff we spoke with said people they visited had capacity to consent to their care and could make every day decisions in regard to how they wanted their care provided. Staff knew how people unable to communicate verbally made decisions, for example staff said people used hand gestures and facial expressions to indicate their choice. The registered manager understood their responsibilities and said where people required support to make decisions, spouses and relatives were available to inform any decisions that were needed. They said, "We are never really in a situation where we have to deal with them [people using the service] by ourselves."

Some people required staff to prepare their meals and drinks. Staff understood how people required their

food to be prepared and told us they had time to assist people to eat and drink at each meal time without having to rush. Staff understood how to support people who required their food and drink provided in a specific way. At the time of our inspection visit, no one required special diets. Staff understood the importance of keeping people hydrated and nourished. One person told us about their night routine. They said when staff completed their late night call, they made sure they had, "A cup, water and a biscuit." Some staff did people's food shopping and people told us they were asked what they wanted and choices of meals were given to them.

Staff supported people to make healthcare appointments or attend healthcare appointments if required. One staff member told us, "One lady is taken to her appointments." Care staff said they would ring the GP if they had any concerns about people's health. "I would stay with the person until the doctor comes if none of their family are around." The registered manager told us of one person who was diabetic and received insulin injections from the district nurse. The person had begun to suffer dizzy episodes and the registered manager was concerned this was because the injections were being given later and later in the day by the district nurse. The registered manager contacted the district nurse team to raise their concerns and were waiting for a response at the time of our visit. In another person's care plan there was evidence the district nurse was contacted because of pressure marks on the person's skin. The occupational therapist had also been contacted to assess the person's bed to ensure it met their changing needs. There was evidence of care workers reporting changes in people's health to the office and action taken.

Good

Is the service caring?

Our findings

People told us staff were kind, considerate and caring. One person said, "They are caring, couldn't get more caring if they tried." One relative told us about their family member who was anxious and found it difficult, getting to know new people. They said staff at In Safe Hands were caring and they said this was because, staff spent time talking and getting to know their relative. They said staff were, "Excellent and understanding. They get to know [person], taking time." They said staff were very good at communicating with their relative and each other, sharing important information. They went onto explain how relationships had made a positive difference. They said, "It's talking to and listen, rather than talking at. They all interact. They have lots of giggles, [person] loves humour. It's the little things that have made a big difference." This relative told us they had used other agencies and were disappointed, but since using In Safe Hands, were very pleased. They said caring staff had made the difference, "They don't just do the job, they do care."

Staff told us they were worked for In Safe Hands because they wanted to support people in a compassionate and caring way. We spoke with staff about what made a caring service for them. They told us continuity of care, listening and supporting people helped define a caring service and staff we spoke with, showed they cared about the people they looked after. One staff member said, "I love looking after people, making an impact on them, help them to meet their needs, I want to help." Some people told us staff completed additional tasks which made their lives easier, such as cleaning and tidying up around the home. One person said they looked forward to receiving their care call. They said staff, "Make you laugh – they are there to look after me and they do." They told us they enjoyed chatting with staff and felt the service was friendly and supportive, rather than there just to do tasks.

Staff recognised the importance of being respectful and maintaining people's privacy and dignity. Staff explained how they upheld people's privacy and treated people with respect, and treated them as individuals. A relative said whenever personal care was given, staff asked them to leave the room and closed the door to maintain privacy. Another relative said the encouragement and persistence by staff had benefitted their family member, when the previous home care agency struggled. This relative said now, "[Person] allows these (staff) to shower her. That's a big challenge." They said, "It's the personal touch, whereas previously it was faceless, not here."

The registered manager told us they were confident that staff worked in a way that promoted people's privacy and dignity because they did not have to rush people. The registered manager said, "We don't do any 15 minute calls. All our carers (staff) are experienced and it is one of the most important things." They said they understood people's and staff's needs because, "I have learnt to put myself in their shoes." All staff said they had enough time to care and did not rush people.

People told us staff supported them to live independent lives and to do as much for themselves as possible, to maintain their independence. One person told us, "The girls (staff) are always asking me if I need or want anything. I don't need help washing yet, but I would ask. They let me do what I can." Staff understood the importance of promoting people's independence and the impact this could have on their well-being. Care staff told us they encouraged people to do things for themselves. For example, washing themselves,

prompting them to take medicines, making drinks or preparing food

Discussions with the registered manager and staff demonstrated that the service supported people's emotional needs as well as those of the wider family. For example, the registered manager told us of one family member who had been through a challenging time. They had given the relative emotional support through phone calls, emails and sitting with their family member to give them respite. The registered manager said, "For a few weeks I would give [person] a ring and drop them an email. "They went onto say, "Although we are there to support [name], if we didn't support them as well, [person] wouldn't cope." This support was an addition to the service they provided. A relative said they had come to rely on care staff and said the confidence knowing their relative was looked after, helped them to do things for themselves and live their life. They told us, "I can leave [name], knowing they are comfortable, I feel more relaxed and it has meant I can go out on some evenings knowing everything is fine."

Good

Is the service responsive?

Our findings

People said the service they received was responsive and flexible to suit their individual needs. People and relatives told us if they wanted to increase, amend or stop a care call, this was not a problem.

People told us they received their calls when needed. One person said, "Good, sometimes late, but not late often, it's traffic, it's to be expected. " People who requested a copy of the call rota, were given a copy so they knew who was providing their care calls on a given date and time. We looked at the call schedules for people whose care plans we looked at and the call schedules for staff who visited them. The records showed people were allocated regular staff where possible. Staff said they supported the same people regularly, knew people's likes and preferences and were allocated sufficient time to carry out their calls without having to rush. Call schedules were grouped into geographical areas to limit mileage between calls. Staff said they had enough time to travel between calls so calls usually commenced at people's preferred times, traffic delays permitting.

People had an initial assessment completed by the managers at the start of their service. The information gathered from the assessment was transferred into a personal support plan which the staff followed to ensure the person's needs were met. People told us they were involved in their care decisions and people and relatives said a copy of the care plan was kept in their home, so they and staff could refer to it. People said if they needed any changes, they only had to ask.

We looked at four care plan records. Records were individualised and contained detailed information and clear guidance about all aspects of a person's health and personal care needs, which helped staff to meet those needs. Records were clear about what people could do for themselves and where they needed support. However, one care plan required further information. For example, in one care plan it recorded 'has pain and anxiety'. There was no information that described the type and reason for the pain or anxieties. Speaking with staff, they had good understanding of people's care and support needs. Staff knew what caused the pains and anxieties and the relative said this was managed well.

Staff said there was information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the managers so plans could be updated. Care staff told us communicating changes was effective and they felt they had up to date information about people's needs. The registered manager agreed to update the care plan to ensure consistent care was maintained.

The registered manager told us care plans were regularly reviewed. They said, "We try to do a six monthly review, however we are pretty much permanently in contact with the families" which people and relatives confirmed. There was evidence in care plans of discussion and involvement of relatives in making decisions about their family members care needs. In one care plan we looked at it, it recorded that the person's spouse wanted to maintain involvement and input into their family member's care which happened.

The registered manager told us, "[Deputy manager] and I tend to go out and do the first few calls with customers." They explained this gave them an opportunity to find out about people's background and

history which they would then share with staff through a "This is me" document in people's care plans. We saw this document in one care plan but not in others, however the registered manager told us they were in the process of including these within all of their care plans.

There had been no complaints since our last inspection visit although the registered manager assured us they would follow their procedure to resolve any complaints raised. People and relatives we spoke with were pleased with the service and had not raised complaints with the provider. Not everyone had seen the complaints procedure, however everyone was clear that if they had concerns, they would contact the office staff. One person said, "I would call [registered manager]. " Where some people had raised minor issues, these were quickly resolved to their satisfaction, such as rearranging call times. Care staff knew there was complaints information in the folders in people's homes that told them what to do if they had any complaints. Staff said they would refer any concerns people raised to the managers.

Requires Improvement

Is the service well-led?

Our findings

Speaking with people and relatives, it was clear they were pleased with the quality of care received, and the staff team who provided it. At our last inspection visit, we found a breach of the regulation relating to governance of the service because the provider's quality assurance systems were not consistently effective. Following our January 2016 inspection visit, the provider sent us written information about how they would improve the service. At this inspection visit, we found the provider had made some improvements and recognised further improvements were needed to record the actions taken, following their own audits and checks.

The registered manager told us they had made a number of improvements since our last inspection visit – "We changed all our care plans because they weren't as informative as they could be and we decided to do extra risk assessments. We changed the whole look of the plans so they are easier to review and make changes to people's support needs." They explained that care plans were now kept on the computer system so if the paper files were mislaid by people within their home, all the information could be quickly located to ensure continuity and consistency of care. The deputy manager told us the transfer of care plans to the electronic system meant changes and updates could be made without delay.

The registered manager told us they had introduced more quality assurance systems since our last inspection visit. However, there were limited audits and available records that demonstrated what checks were made, and what improvements were made. We found some improvements were needed regarding the implementation of their systems to ensure they were effectively recording the improvements and action taken. For example, checks on MAR charts had not recorded unexplained gaps and whether those medicines were administered. Care plan audits had not ensured important information was carried through to risk assessments. There was no structured system to return daily log records and MAR sheets in a timely way, so checks did not always identify current issues or risks. Following our feedback from this inspection, the registered manager updated their audit systems so it was clearer to evidence, who had completed the audit, the date, what was checked and what action was required to drive improvements.

We were told the number of clients receiving personal care had reduced since our last inspection visit, but the care package hours had become bigger and more complex. To manage the workforce and their commitment to supporting people, the registered manager completed pre-assessments to determine from the start, whether they could meet people's needs, without affecting the quality of the service being delivered. "I would rather deliver quality than quantity. If I don't feel I can fulfil a care package I won't do it. It is about the level of care I can provide. We have been out to see a few people but we didn't feel we could meet their needs." This meant that the local authority would find alternative providers.

The registered manager said, "I feel more in control now. I also feel I am able to be consistent with checking the carers (staff), seeing they are okay and that the clients are okay. We constantly update as we go along." The registered manager told us they wanted to deliver a safe, responsive and quality service and told us they took action if they identified that a person was falling regularly, even if the fall occurred when a care staff member was not present in the home. They gave the example of one person who had fallen, "We made the

decision to call out the occupational therapist and get another assessment and talk to the social worker." The registered manager had a good knowledge and understanding of the physical and emotional needs and background of every person who used the service.

The registered manager said their greatest achievement was, "I think we have got some of the best carers around and I'm really proud of them. I do look after them and if I hear a bit of grumbling, I say 'come in here and speak to me'. I think I am very proactive rather than reactive. If something happens, immediately I will sort it out." They told us they led by example, "I would never send them (staff) on a call I wouldn't do myself. Any concerns, they (staff) will always ring me." The registered manager told us most of their recruitment was done by word of mouth through their existing care staff. They said their challenge was, "Getting the right staff. My criteria is, do I feel happy they are competent enough to look after my family, and if I don't, I don't employ them." It was clear from speaking with people and relatives, they were pleased with the staff team. The registered manager was confident they provided person centred care, "We are part of the families, they actually feel they are a part of us as well." They also told us, "I think the staff are very valued by the customers."

The registered manager kept in regular contact with people they supported. They responded, "We communicate with all the customers and their families every week. I have got a good rapport with them. Where we are different is, I go out regularly. I like to keep my eye on people, but also the staff." They said, "I am eyes and ears out there all the time." The registered manager was clearly committed to providing a good service to the local community. "I feel we are a big part of the community in Alcester, word of mouth has got us into a lot of places where we are now." They wanted to seek ways of delivering a day care service to people they supported to reduce people's social isolation and allow people to meet new people and form friendships. This was something they were working on, but did not form part of their regulated activity with us.

Each member of staff was given a copy of the employee handbook so they understood their roles and responsibilities and worked in a consistent way in line with the provider's policies and procedures. There was an 'on call' procedure that operated an 'out of hours' to support staff by offering guidance and advice.

Staff said the registered manager was approachable and listened to any feedback or concerns they had. Staff felt comfortable sharing concerns with the registered manager, confident they would be listened and acted upon.

The registered manager understood their responsibility to submit to us a statutory notification for important events. There had not been any examples where we had not been sent a statutory notification when required.