

Alina Homecare Services Limited

Alina Homecare - Cambridge

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

About the service

Alina Homecare - Cambridge is a domiciliary care agency registered to provide personal care to people living in their own homes or other care services. The service supports a variety of people. These were younger and older people; some of whom were living with dementia, people with a learning disability or autistic support needs and people with a physical disability.

The service also provides some people with live-in care. This is where staff spend a large proportion of the day and night supporting people. At the time of the inspection, 10 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

Right Support

People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning when things went wrong.

Staff supported people to have the maximum possible choice, control to be independent and they had control over their own lives. Staff gave people care and support in a safe environment that they helped people keep clean. Staff complied with measures designed to reduce risk of infections.

Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead meaningful lives. One relative told us how good staff were at prompting independence.

Staff whenever possible, supported people to achieve aspirations and goals. The service worked well with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure

people had as much freedom, choice and control over their lives as possible. One relative told us staff were very good at using strategies that avoided distress and anxiety due to staff's knowledge of the person.

Staff received effective training in how to manage people's emotions, distress or anxieties and were confident in their ability to use this training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff enabled people to access the community such as going for a walk. People were administered their medicines in a way that respected their independence and achieved the best possible positive health outcomes. However, not all guidance for time specific medication had been included in the people's medicines administration records (MARs).

Right Care

Staff focused on and promoted people's equality and diversity, supporting and responding well to their individual needs. This changed people's lives for the better. People were supported to take part in pastimes they enjoyed such as puzzles, a favourite TV programme, going into the community and celebrating special events in their life.

Staff had training on how to recognise and report abuse, and had the skills protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this.

Staff communicated with people in ways that met their needs. One relative said, "Staff fully understand my [family member] who communicates their preferences (in a non-verbal way)." People received care that supported their needs and aspirations. Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity, respect and promoted people's independence.

Right Culture:

Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited. People were supported by staff who understood best practice in relation people's strengths, impairments or sensitivities any person may have. Staff knew people exceptionally well and responded to their needs and wishes.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

Monitoring and oversight of the service was in the main effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. Apologies were offered when things went wrong, and the provider was open to learning as well as using compliments to identify what worked well. The provider worked well with other organisations, to provide people with joined up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alina Homecare - Cambridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

During our inspection the manager was successful in becoming a registered manager on 1 February 2023. At the time of our inspection site visit there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 4 days' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf. The service is also small so we needed to be sure the registered manager was

available to support the inspection.

Inspection activity started on 31 January 2023 and ended on 3 February 2023. We visited the office location on 2 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since it was registered. We sought feedback from the local authority safeguarding team and a health professional. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 4 relatives. We also spoke with the registered manager, quality manager, the nominated individual and 5 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at 2 people's care plans, various medicine administration records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The service ensured people had their medicines administered as prescribed by trained and competent staff.
- However, where people needed medicines administered in a specific way and time, there was no guidance on the medicines administration records (MAR). Staff had, nonetheless, adhered to the prescriber's guidance in the care plan. The registered manager added this information promptly to the MAR; records showed safe administration.
- Staff made sure people received information about medicines in a way they could understand. One relative told us, "My [family member] just needs prompting. I provide the medicines and when I visit the right quantities are left. I would report any discrepancies. [Staff] tell me if the medicines are working as prescribed."
- Staff followed effective processes involving good communication to ensure people understood risks of taking medicines themselves. One relative said, "We chose a dispenser that would not cause distress with annoying sounds. One using word prompts is much safer."

Systems and processes to safeguard people from the risk of abuse

- People and those who matter to them had access to safeguarding information in a form they could use and knew how and to whom they could report any concerns. One relative said, "Staff have never been late or missed a care call visit. There has been a few times I could see on the [provider's care call visit] monitoring App. I can view on the App where staff were a little late. This was due to traffic, but no negative impact."
- People were kept safe from harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse. They knew how to apply it. One staff member told us about different forms of abuse and said, "I would report any concerns or allegations to [registered manager]. I could call the [provider's] head office, the CQC (Care Quality Commission) or safeguarding team."

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed safety. Risks assessments were in place but had not always been recorded as being reviewed following incidents. The registered manager amended the records promptly to help reduce the risk to people when staff were present.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks well.
- Staff managed safety within people's homes and ensured the environment was safe. One person told us

staff always ensured they wore their emergency lifeline pendant. Because of this, the risks to the person had been minimised.

Staffing and recruitment

- The service had enough staff, including for people who had live-in care for support over a 24 hour period. One person said, "[Staff] are pretty much always on time. If they are later, they call and let me know. It has never been a problem. I also trust staff implicitly."
- Various checks had been undertaken on new staff, including previous employment references, photographic identity and a declaration of being healthy to care for people safely.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. All staff told us they were able to provide people's care without rushing, had time for travelling and time to take breaks for live-in care.

Preventing and controlling infection

- The service had effective infection, prevention and control (IPC) measures to keep people safe. Staff had up-to-date IPC training and put this into good practice. The service had arrangements for keeping people's home clean and applied these effectively.
- Staff used personal protective equipment (PPE) effectively and safely. One staff member said, "I have everything I need to do the job. I wash hands regularly, prompt people to do the same. We have enough of the correct types of PPE. I change gloves after applying [topical skin] creams."
- The service's infection prevention and control policy was up to date and reflected current guidance.
- Staff, when required, followed safe procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care as the service managed incidents well which could affect people's safety. Staff recognised incidents and reported them appropriately. The registered manager investigated incidents and shared lessons learned. One staff member told us, "We either have a one-to-one supervision or general updates through the care App, or more detail in an e-mail where the latest information is shared with us."
- When things went wrong, an apology was given. All people and relatives we spoke with, confirmed that actions were taken following incidents, no matter what had occurred. Responses to incidents showed that the learning was effective in preventing recurrences.
- Staff were trained on identifying and reporting near misses. This helped keep people safe. A staff member said, "We report every incident, initially on the [care records] App, and then in more detail, usually in the office with support from the [registered] manager."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- Care plans indicated the level of support people required and how this was provided.
- Relatives told us they, and their family member as much as practicable, had been involved in the care planning and the assessment of needs process. One person told us, "The [registered] manager asked me in the beginning what help I needed and I told them. We got on well deciding the care I would need. They also made suggestions which made it perfect. They recently reviewed my [care plan], nothing needed changing." This approach enabled the registered manager to determine how best people's needs were to be met.
- People at an increased risk of malnutrition had details in their care plan how this was minimised. One staff member told us how the speech and language therapist (SALT) guidance was followed for avoiding certain foods due to the person's health condition.
- People and relatives were positive about the way people were supported to eat well and healthily. One person said, "Staff know how I like my coffee, with milk and one sugar. I choose what to eat, they prepare it."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as medicines administration, learning disabilities, equality and diversity, various health conditions, moving and handling, and how to communicate with people with a sensory impairment.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed an induction based on the 15 minimum standards in The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff also worked with experienced staff to get to know people before they worked alone. One staff member told us, "I was given enough time during my induction to get to know people I would be caring for. We get specific training according to the person and any health conditions. One person had [health condition]. This needed a specific diet, which we adhered to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people when needed to see health professionals, such as a SALT, GP or community nurses. One of the management team told us staff were knowledgeable about health conditions where people might need some healthcare support, such as a stroke or diabetes.
- Incident records showed how staff had responded to people falling or pressure sore concerns. A relative

told us, "My [family member] has never had any issues with their skin. The staff are very careful and ensure the skin is kept very clean, and then applying [topical] skin creams."

- The registered manager worked closely with various health professionals. Guidance from these professionals in managing people's health conditions and wellbeing had been followed.
- Staff supported people to stay healthy in areas such as nutrition and good standards of hygiene related to people's care. Daily care notes showed us staff reminded people to always use their equipment. For instance, if a person fell when staff were not present. One person said, "If it wasn't for staff reminding me, I would not (be as well) as I am today."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over decisions relating to tasks of daily living including when they went out for a walk or drive. Staff sought consent from people in a variety of ways, such as a nod or shake of the head. People's choices were respected, even if people wanted to take risks in a safe way.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney (POA). These representatives made decisions that were in people's best interests. A relative said staff were respectful of their family member's decisions, including giving the person long enough to process the information they were given.
- Staff received training in the MCA and had a good knowledge of what this meant supporting people. One staff member described the key principles of the MCA, how they were applied and when reviews of people's mental capacity was needed. The staff member said they always gave people a choice by showing a selection of different foods and drinks. They would also encourage people to make a choice based on their best interests, such as a warm meal in cooler weather.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff team put people first and foremost by, wherever possible, providing a consistent and knowledgeable staff team. Staff ensured people received care that was dignified, respectful and compassionate. A relative told us, "Staff get on well with my [family member] as communication is good. Staff are good at letting me know when to replenish stocks of medicines and food."
- Staff told us how they respected people's diversities and included them in everything they did. All those we spoke with praised staff for the way they treated people equally well no matter what their care needs were, being there for a chat; always listening. This helped support people to be heard and understood.
- Relatives and people told us staff were very good at stimulating conversations based on their knowledge of people including the use of hearing aids and body language. One person said, "We have lovely conversations and talk a lot, but staff respect my private information."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their day to day support. For instance, with regard to the time and duration of their care call visits and gender of care staff. The registered manager told us they would change care staff if people did not get on as well as first expected. A relative told us, "A change in staff has made a huge difference. It is lovely to see my [family member] being happier. It was no fault of the staff, just a new face seemed to help." This meant staff could understand and respond better to people's choices and needs.
- People felt involved in decisions about their care. One person said their preference for female care staff had been facilitated. Another person told us staff were very caring in all aspects of their care. The person said, "If moved home, I would keep the same [care provider]. I have got to know them and they have got to know me. They always listen. They help me to go out so I can enjoy my [pastime]."
- People and their relatives said care was being provided as agreed, or changes had been made when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence, only intervening to promote dignity or if people indicated they needed assistance. Staff were polite and respectful speaking with people and gave them time to be in private. One person said staff warmed a towel and checked the water temperature before a shower. Another person said staff washed them in a way they preferred, but always with compassion and dignity.
- Staff supported people to live fulfilling lives. People and other people's relatives told us how people's independence was promoted. For instance, with different forms of communication, such as pointing to objects of reference. In addition, effective use of mobility aids meant people had a better quality of life.
- Staff did this by encouraging people to be as independent as practicable. One person said, "Staff never

rush my getting dressed or washing. I wash my face and they do the bits I can't reach."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff understood and focused on people's preferences, choices and physical support needs. Staff helped people to do whatever they wanted to achieve using their knowledge and skills. One example was a person who needed support with all aspects of their care. A relative said, "[Staff's] skills and knowledge has amazed me. It is so lovely to see such good interactions. Not being able to communicate can be frustrating, but staff have developed a routine which works really well."
- People and relatives were positive about the support provided. One person told us, "My [family member] found Alina for me. It is definitely all going well for me. I am living in my home getting the support I need."
- Relatives told us about the personalised support that their family members had received, such as the specific food people needed. One person said, "[Staff] have got to know me ever so well, exactly how I like my meals and when to support me with [personal] care." A staff member told us how people could choose when to have a wash, shower or bath and how this happened. The staff member said, "[Person] likes to sit on a stool to wash their face and brush their teeth by themselves. I am there just to help when needed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as using technology and understanding body language and facial expressions. Staff were adept at providing support based on people's mental capacity. One staff said, "One person doesn't speak due to [health condition]. They can however fully understand every word by nodding for 'yes', or shaking their head for 'no'. We understand each other well."
- Staff supported people to live a more fulfilling life by providing or signposting access to important information about their care and support needs.
- Training was in place for staff to use technology effectively and understand what people were telling them including through audio and speech conversion devices. This helped ensure people had their needs met in a way they wanted.

Improving care quality in response to complaints or concerns

- People were supported to access and make complaints when needed. Alternative formats were available as required. One relative told us they had reported concerns about staff, and after a change of staff this had been resolved. The provider also followed up to ensure changes made were to people's satisfaction.

- All people and relatives told us if they had any concerns, they would contact the provider's management staff who would address matters before they became a complaint.
- Concerns were analysed for trends and responded to through the provider's processes. Apologies were offered when needed. All those we spoke with had no cause to complain, but when minor issues had been reported, they were acted on with no reoccurrence.

End of life care and support

- At the time of our inspection, no person was in receipt of end of life care. However, where staff had provided this type of care, they did this with dignity and respected people's choices. One staff member told us, "Sometimes, just holding the person's hand is what they need as well as having medicines in place if needed.
- There were also policies and procedures and trained staff should end of life care ever be needed including plans for emergency treatment if this arose. The registered manager liaised with end of life care specialists when needed, but always respected people's wishes.
- Where people had decisions about their health and welfare made by a relative or advocate with POA, their wishes would be respected. Records were place for people's best interest to be resuscitated or not.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Monitoring systems in the main identified where improvements were needed. Examples included staff not following risks assessments, or not always recording enough detail in care records. However, one person's MAR charts lacked detail about how a medicine had to be administered, and another person who had fallen had not had their risk assessment reviewed. Audits included these subjects, but had not identified the issues. The nominated individual corrected these omissions. Although, staff knew people well and knew how to manage these risks to people, and the registered manager regularly reminded staff about decisions affecting people's safety through the electronic records App.
- Other, more effective, monitoring systems were in place, such as unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. People, their relatives or staff were then given feedback on any aspect of care to be improved upon; their suggestions had been acted on.
- One person was pleased at changes to the duration of their care call visits and said, "With such good support, I have become more independent so I needed a slightly shorter [care call] visit."
- People and relatives told us the registered manager always acted promptly to any concerns raised and then went on to check everything was working well.
- The nominated individual told us how they analysed incidents, falls, staff records and the number of staff correctly completing refresher training, helped the provider plan and respond to changes in people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a positive culture within the staff team. People and relatives were positive about the care and support provided. They praised staff for being "very attentive", "always polite and cheerful" and, "I can't fault anything they do, always truly professional."
- One staff member told us how they instilled good quality care into new staff so they started with high expectations. Staff upheld these standards.
- The registered manager understood the need to be open and honest when things went wrong and knowledgeable about the incidents they needed to report to us. They also implemented changes. For example, undertaking investigations and holding staff to account as soon as practicable where staff had not always provided high quality care.
- The provider's procedures ensured that the standards of care was regularly monitored. A relative told us, "[Family member] has never had a late call as such, maybe a few minutes late but I can call the office as I

have POA to look at the care call visit App. Any slight delays are generally due to traffic."

- Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about health conditions, such as a stroke, end of life care, and learning disabilities if this was needed.
- People and their relatives were complimentary and praised the support provided. All those we spoke with would recommend the service to others, due to the good quality of care. One relative told us they trusted staff implicitly as staff were very good at interpreting people's emotions, acting in a person-centred way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as much as practicable in how the service was run and also through relatives and court appointed deputies in aspects of their care and support. This included quality monitoring surveys, feedback from relatives and also day to day discussions people had with staff.
- Relatives and people were regularly asked for their views about, and involvement with, the service. A health professional fed back to us how well the service had responded to support a person with their nutrition and diligently adhering to advice and guidance about this.
- All staff told us they felt supported and listened to, that their feedback was taken on board and acted on. The registered manager said, "The support I have had from the provider and from staff has been amazing. I ensure staff adhere to the care plan, promote privacy and communicate in an appropriate way. I ensure staff know what to do if the person didn't answer or used non-verbal means to communicate. Good communication was key to understanding how the person felt." The culture was open to learn from near misses and events which could then in future be prevented.

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as health professionals, SALTs and social workers. This helped support better outcomes for people.
- People's relatives with a valid POA were also involved when needed. Information from them was implemented and adhered to.
- The registered manager fully understood their duty to cooperate with safeguarding authorities should the need arise. This was confirmed to us by the safeguarding authority in ensuring people were safe.