BMF Social Care Limited

New Charlton Community Centre

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

BMF Social Care – New Charlton is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection six people were using the service. The inspection took place on 7 November 2017 and was announced.

At the last inspection on 18 October 2016, we asked the provider to take action to make improvements to medicine management, risk assessment and management, quality assurance systems and how they obtained consent from people. The service sent us an action plan on how they would make the required improvements. At this inspection, we found the action plan had been completed.

The service had a registered manager in post. 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.
The registered manager was experienced and complied with their registration requirements. People, relatives and staff told us the registered manager listened to them.

The service had policies and procedures in place to protect people from the risk of abuse. Staff were trained on safeguarding adults from abuse and they knew what actions to take if they suspected abuse had occurred. Staff knew how to whistle-blow if necessary to protect people.

Risk assessments were carried out and management plans put in place to mitigate identified risks to people. Care visits were appropriately covered so people received the support they needed from staff. Staff recruited to work with people underwent checks to ensure they were suitable for their roles.

People were supported to manage their medicines safely. Staff were trained and followed good infection control procedures. The service had a system for reporting incidents. These were reviewed by the registered manager and actions put in place to prevent reoccurrence and to ensure lessons were learned.

People's care needs were assessed and care plans developed on how identified needs would be met. People were supported by staff who were trained, skilled and knowledgeable. Staff supported people with their nutritional needs.

The service worked with a range of health and social care professionals to meet people's needs. People had access to healthcare services they needed to maintain their health and staff supported them to attend their appointments.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act

(MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

People and their relatives told us that staff were kind and caring towards them. Staff involved people in day-to-day decisions about their care. Staff respected people's dignity and privacy. People were encouraged to maintain their independence as much as possible. Staff knew people well and how to support them with their needs.

The service tailored people's care and support to meet their individual needs and requirements. The service promoted people's religious beliefs and culture and supported them to maintain these. Staff supported people to maintain an active lifestyle and to participate in activities they enjoy.

People and their relatives knew how to complain if they were unhappy about the service. People were asked for their views about the service. These were used to improve the service.

The service carried out various checks to assess the quality of care provided to people. Where required, they put action plans in place to improve shortfalls identified. The service worked in partnership with other organisations to improve the service and notified CQC appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew the signs to identify abuse and the procedure for reporting their concerns. The registered manager understood their role to protect people from abuse.

Risks to people were assessed and action plans were in place to minimise harm.

Staff reported incidents and accidents and records were maintained. The registered manager reviewed these and ensured lessons were learned from them.

The service followed safe recruitment practices to employ staff. There were enough staff available to meet people's needs and people received their care visits as scheduled.

Staff supported people to receive their medicines safely.

The service had infection control procedure in place and they supported staff to follow it.

Is the service effective?

Good

The service was effective. The service assessed people's needs and delivered care to them in a way that met their needs.

Staff were trained and supported in their roles so they were able to meet people's needs effectively.

People and their relatives were involved in deciding their care and making day to day decisions about they want. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs and preferences.

Staff supported people to access healthcare services they needed and staff supported them to attend appointments. The service liaised with other professionals to meet people's needs.

Is the service caring?

Good

The service was caring. People told us that staff were caring and kind towards them. Staff knew people well and how to care for them. Staff understood people's emotional needs and supported them accordingly. Staff promoted people's independence and treated them with dignity and respect.

Staff involved people in planning their care and offered choices of how they wanted their care delivered.

Is the service responsive?

Good

The service was responsive. Care delivered to people met their individual needs and requirements.

People were supported to maintain an active lifestyle and do the things they enjoyed. Staff supported people to maintain and practice their cultural and religious beliefs.

People knew how to complain about the service and the registered manager responded and addressed complaints in line with the provider's policy.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who understood their roles and responsibilities. The registered manager knew to notify CQC of any significant incidents.

People and their relatives told us that the registered manager listened to their feedback and used it to improve the service. Staff told us the registered manager and director provided them with the leadership and direction they needed.

The service had plan in place on how they would improve and sustain the service.

There were a range of systems in place to assess and monitor the service provided. The service worked closely with other organisations to improve and develop the service.

New Charlton Community Centre

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 announced inspection took place on 7 November 2017. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector and an expert-by-experience (ExE) who made phone calls to people to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service..
Prior to the inspection we reviewed the information we held about BMF Social Care Agency – New Charlton Community Centre including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with two people using the service, four relatives, the registered manager and the provider. We reviewed four people's care records, medicines administration records (MAR) for the two people. We looked five staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. .

After the inspection, we spoke to three care staff to find out how they supported people, and the support

they received from the management.

Good

Is the service safe?

Our findings

At our previous inspection we found medicines were not managed safely as medicines administration record (MAR) were not maintained. At this inspection, we saw that people were supported to take their medicines as prescribed. One relative told us, "They give [loved one] all her medications on time and correctly." Another relative said, "They help [loved one] with her medicines as she needs help with it. There are no problems." Care plans detailed the support people needed to manage their medicines including ordering and administration. Staff told us they had received training in the safe medicine administration and management and training record confirmed this. Staff were confident in supporting people with their medicines. They knew the provider's medicine management procedure including how to report any concerns or medicine errors. At the time of our visit two people were supported to manage their medicines. We checked their medicines administration records [MAR] sheets and these were completed correctly. The registered manager carried out regular audit the records to identify any errors.
At our last inspection we also found that the provider did not have suitable systems in place to ensure that risk to people had been assessed, monitored and kept up to date. At this inspection, we found that people's health, safety and well-being were protected from the risk of avoidable harm. One relative told us, "They don't leave her because she can fall anytime because she is very frail. They help her walk with her frame."

The registered manager assessed potential risks to people. The assessment looked at risk to people's physical and mental health, behaviour, medicine management, moving and handling and environment. Management plans were drawn on how to mitigate areas of possible harm identified. For example, people had moving and handling plans in place which provided information to ensure people were safely supported with their mobility and transfers. Risk associated with one person's behaviour was assessed and management plans put in place for staff to follow to support them safely. Staff we spoke with demonstrated they understood people's risk management plans. Risk managements plans were regularly reviewed to reflect changes in people's needs and conditions.

People told us they felt safe. One person said, "Yes, I feel safe because if I ask for something they always help me." Another person told us, "I feel safe with the staff." One relative told us, "Yes, we do feel safe whenever I am not at home and at the university, I am rest assured my relative is being cared for. I can call the carer and they always reply." Another relative said, "Yes, I feel safe because the carer comes twice daily. She is a nice lady and my relative is very happy with her."

People were safeguarded from the risk of abuse because there were adequate systems and processes in place. People had information about abuse and how to report any concerns they may have to the registered manager or social services. Staff were knowledgeable about the various forms of abuse, signs to recognise them and the procedure for raising their concerns to their manager. One staff member told us, "Abuse could be physical, shouting, and financial or neglect. I will report it. I will not discuss with other staff or visitors, I will let the manager know immediately because you don't know who is doing it." Another staff member said, "If I suspect I abuse, the first thing is to ensure the person is ok. Then I will report it to the manager. I can't close blind eyes to abuse – never. Management will not joke with it. They don't care who it is – they will definitely do something about it to protect people." Staff also knew how to whistle-blow to the local

authority or CQC if necessary to protect people. The registered manager understood their responsibilities to respond and act in accordance with safeguarding procedures to protect people. Records we reviewed showed that there had not been any incidents or allegations of abuse since our last inspection.

People received their care and support from staff at the right time. One person told us, "They [Care staff] always come to help me." Another person said, "They [Care staff] come to help me wash and dress." One relative told us, "They come on time, are punctual and they keep in touch with me by phone. The carers help mum with her medication." Another relative said, "They [Care staff] are regular and come on time. No issues at all." Staff told us that the time allocated to care for people were enough for them to complete their tasks. One staff member said, "The time they give us works for me and the client. I am able to support them as they want." Another told us, "The time allocated is okay. I finish what I need to do for the people I look after and I don't rush them or feel pressured." The registered manager told us staff lived locally to the people they looked after and said the staff they had were reliable and committed..

There were records of lateness or missed visits and people confirmed this. The registered manager made regular calls to people to check if they had any problems with staff attendance and there were no concerns mentioned from reports we reviewed. The registered manager and responsible individual were experienced in delivering care and were available to cover if need be.

People were supported by staff who had been thoroughly vetted and suitable to work with people. Recruitment records we checked contained two satisfactory references from the applicant's current or most recent employment, Disclosure and Barring Services (DBS) checks, and proof of identity, employment history and right to work in the UK. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions. Gaps in applicant's employment histories were explored; and their skills, knowledge and experience were checked through interview.

People were protected from the risk of cross-contamination and infection because staff were trained in infection control. Staff we spoke with told us of measures they used to prevent and reduce the risk of cross-contamination. Staff told us they followed effective hand washing practices, used personal protective equipment (PPE) and disposing waste appropriately. The registered manager monitored staff practices during spot checks and they discussed infection control procedures with staff during supervision and team meetings.

The service had procedures in place to report incidents and accidents. Staff knew how to report incidents. Registered manager monitored daily logs completed by staff to ensure there had not been any issue that should have been recorded and investigated as an incident that was not reported. The registered manager also reviewed incidents records maintained and took appropriate action to reduce recurrence. For example, one person's risk assessment had been updated and staff provided supported to deal with their behaviour which challenges.

Good

Is the service effective?

Our findings

At our last inspection, assessments of people's capacity to make decisions about their care and treatment had not been carried out. They had not ensured appropriate consent was obtained from people or their relatives about their care and support. At this inspection, we found that the service obtained consent from people and their relatives as part of the assessment process.

Staff had received training in Mental Capacity Act (MCA) 2005 and they knew how to obtain consent from people before undertaking any task or activities with them. One staff member told us, "I ask my clients what they wants to eat and decisions about everything. I let them decide. I respect their decisions of what they want." The registered manager also understood their responsibilities to ensure they obtained people's consent and involved their relatives and other professionals such as care managers and social workers to make best interests decisions where people lacked the capacity to do so themselves.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the registered manager told us they were not providing care or support to any people who required Court of Protection.

People's needs were assessed and delivered to meet their requirements. The registered manager gathered information from people and their relatives at first in order to establish if the service would be able to meet people's needs effectively. Assessments undertaken covered medical conditions, physical and mental health; and daily activities. Care plans were developed to provide guidance to staff on how they would support people appropriately. Care plans we looked at showed support people needed with their personal care, accessing the community, medicine management, nutritional and managing their health conditions. We saw that where necessary other professionals had been involved in developing care plans. For example, the occupational therapist had been involved to provide equipment and support with one person to help staff move them safely.

People were cared for by staff who had the skills and knowledge to provide effective care and support to people. One relative told us, "The staff are good at their jobs. They help mum when she is walking they hold her hand. She needs help to get up and down. They know exactly how to help her." Another relative said, "The staff are very good at their jobs, well trained and informed." One staff member told us, "I had an induction and did a lot of trainings. I also have updated my training in moving and handling and other required courses." Another staff member said, "I have done all my training. I do moving and handling

training every year. They [management] advise us if we need additional training in any area we should let them know. [Management] tell us it is better we have enough training and up to date with our skills and knowledge in order to be prepared for every situation that may arise." Training records showed that staff completed an induction when they first began working at the service and had completed relevant training in care in line with the provider's requirements. Training completed included moving and handling, Mental Capacity Act 2005, safeguarding adults from abuse, infection control, food and hygiene training and medicine administration.

Staff were supported through supervision, observations and appraisals to be effective in their roles. One staff member told us, "They are supportive but insist on quality and following protocol." Another staff member said, "I feel supported. I get one-to-one supervisions regularly. We also get group meetings with the manager. We share issues we have with clients, our experience and how we can do our job better. We support each other and find how we can support clients better." Records confirmed that staff received regular supervision from the registered manager and they discussed issues relating to people they supported. Staff also received annual appraisal of their performance.

People were supported to meet their nutritional and dietary needs. People and their relatives told us they received the supported they needed to eat and drink. One relative said, "When my grandmother is in pain she does not like to eat so they encourage her to eat and drink. They [Staff] sit down with her and have a chat that way she is encouraged to eat." Another relative said, "They [Staff] encourage her to eat and drink but I do the food myself." Care plans stated people needs and requirements with regards to their eating and drinking. For example, if people required certain type of food due to their culture, religion or health needs it was included in their care plans. Where people's relatives helped in this area it was also noted.

People had their care and support needs met as the service worked closely with other services. The service liaised with various teams across health and social care to ensure people's needs are met as a whole. They had involved and worked effectively with the occupational therapy department team to install adaptation equipment in one person's home in order to aid their safe transfers and safety around their home. We saw that social workers were involved in planning people's care and devising person centred care plans put in place.

People had support from staff to access healthcare services they needed to maintain their health. We saw that people were supported to attend appointments with their GPs, dentists, opticians and district nurses. One person had regular appointment with a neurologist and staff supported to attend. Another person was support to attend regular appointments with their optician due to problem with their sight. Record showed that staff encouraged them to wear their eye glasses as recommended by the optician.

Good

Is the service caring?

Our findings

Staff were caring towards people. One person said, "The staff are nice and kind." One relative told us, "I cannot praise them enough. They are really nice and very understanding and stop me from worrying all the time about [loved one]." Another relative said, "The staff are professional and [loved one] is very happy with the care."

Staff knew people well and how to support them. Relatives told us staff knew when their loved ones were in pain or distress and showed them empathy. One relative told us, "[Staff] know when [loved one] is in pain. They [Staff] don't just leave her alone. They sit down with her and have a chat and communicate with her to help her feel relaxed." One member of staff explained how they supported a person who gets frustrated and agitated due to their inability to remember things. The staff member told us they always reassured the person and ensured they were patient with the person.

The service matched people to care staff putting into consideration their needs, interests and backgrounds. Staff worked with people they shared similar language, backgrounds and culture. This helped build positive relationships and enabled staff provide effective care to people. For example, one person was about to share their concerns and talk about the difficult personal experiences they had faced with staff. Staff who worked with this person understood their background and language and so was able show them empathy and understanding by listening to them and giving them opportunity to talk about their issues. This meant people were supported to meet their emotional needs.

Staff understood the way people communicated and expressed themselves. Care records detailed people's communication needs. Staff also understood people's body language, gestures and signs. One staff member told us about the gestures one person used in communicating their needs to them. They also said, "I use pictures to help him communicate. We communicate a lot and we understand each other."

People were involved in making decisions about the care and support they received. People confirmed they were involved in discussing their care needs and planning it. One person told us, "Yes, I have a copy of her care plan and yes they write down notes on what they have done all the time." One relative said, "I attended the care planning meeting and we agreed what we wanted." Another relative told us, "We have a copy of the care plan, that they write down the care provide in a book." Staff told us they allowed people make choices of what they wanted to do every day. One staff told us, "I let him choose what he wants to wear, eat and do."

People's privacy, dignity and independence were respected by staff. People told us staff promoted their dignity. One relative told us, "[Staff] definitely respects [loved one's] privacy and dignity." Staff understood the importance of maintaining people's privacy and dignity. They told us they had received training in dignity in care and training record confirmed this. One staff told us, "I knock or alert [person they supported] on their door first. When I support them to toilet I wait outside. They don't like it when you are there watching them. Besides, it is not good. I wait until when they finishes." Another staff said, "You have to be sensitive to people's feelings. You have to respect them in everything and the way you talk to them and do things with them."

People's care plans included their abilities and areas they needed staff's support. For example, one's person's care plan stated, "I can get in and out bed independently." Another person's care plan stated, "I can do my personal care without help." We saw that the service had arranged with an occupational therapist to install appropriate equipment to help people do things independently.

Good

Is the service responsive?

Our findings

People received support from staff to meet their individual needs. Care plans were comprehensive and detailed people's physical, emotional and medical needs. It also stated what people liked, disliked and preferred. One person's plan stated. "I would prefer carer who understands my language and culture." The service matched the person to a staff who met their requirements and ensured staff who worked with them understood their language and culture. People had their care visit planned in line with their needs. The times staff visited, the duration of each visit and care activities to be undertaken were tailored to meet the person's needs, preferences and achieved positive outcomes for them. One person had a live-in carer who supported them in line with their needs. People had support they required to maintain their personal hygiene, manage their health and well-being and promote their mental health.

Care plans were regularly reviewed to reflect changes in people needs. One person's care plan was reviewed and updated following changes in their behaviour and mental health. Staff had up to date information on how to support people appropriately. Staff confirmed that the registered manager notified them of any changes in people's care. One staff member told us, "We have good communication with the managers. They tell us when things change with the clients and with anything happening." Another staff member said, "They call me on the phone to update me if there is a change."

People were supported to maintain an active lifestyle and to do things they were interested in. One relative told us, "[Staff] take [loved one] to swimming and aqua fitness on Mondays and Thursdays and they take them to the Mosque on Fridays." We saw people were supported to visit local parks, community centres and to participate in activities they enjoyed. One staff member told us how they regularly supported one person to spend time in the park as they liked to do this. One relative told us that staff engaged their loved one in conversations about their past and topics they enjoyed. Record showed people were supported to associate as part of their local community.

The service promoted people's religion, faith and culture. They also provided information about people's disabilities. They gathered information as part of their assessment process. One person's care plan stated, "I am a devout Muslim and I expect carers to respect my faith and religious values." Record showed that people were regularly supported to attend their places of religious worship. People's requirements in terms of their cultural food were included in their care plans and staff supported them with this.

People knew how to raise their concerns or complaints about the service. One relative told us, "She is happy if she wasn't happy I would complain. I would write down any complaints but I have never had to do this." Another relative said, "If there was any concern we can talk to whoever is responsible they do listen to us 100 %." People were given information on how to complain when they first started using the service. The complaint procedure in place sets out a three stage complaint process including how to escalate their complaint to external agencies. The registered manager told us and records we reviewed showed there had not been any complaint received since our last inspection.

Staff knew how to support people if needed with end of care because they had received training in this area.

The registered manager was clear how they would ensure people were appropriately supported in line with their wishes. At the time of our visit, there was no one receiving end of life care from the service.

Good

Is the service well-led?

Our findings

At our last inspection we found that the service had not operated effective processes and system to assess and monitor the quality of service provided. At this inspection, we found that the service had put effective systems in place. The registered manager and director regularly assessed and reviewed their systems and processes to identify areas for improvement. They carried out audits of health and safety systems, infection control, care planning and risk assessment process and documentations, medicine management and staff records. The service had improved their staff record system to make it easy to identify when staff were due to update their trainings and supervision. The service had also improved on the care planning documentation which enabled them to assess and plan support people need appropriately.

People and their relatives told us the service was well managed and provided them with a quality service. One person told us, "I don't want to lose the care agency, I am very happy with what they do." A relative said, "They [BMF – New Charlton] are excellent. We are so happy. We would recommend the agency to anyone. The manger came to the house to check everything is okay. When I read the newspapers I am so happy that [loved one] have a carer like this it makes us feel so happy." One relative told us, "The managers are nice. I respect them. If there is anything we need they arrange it. They provided us with all the information we need. At the moment we are so happy with the quality of service we get."

Staff also told us that they had the support, direction and leadership they needed from the registered manager and director. One staff member said, "My manager is very supportive and helpful. I can't complain about the management." Another staff member said, "They [management] are really good. They are always helping us do my job better. They advise us if there is any problem or we need anything we should give them a call anytime. They are only a phone call away and always give their ears to discuss any matter." A third member of staff told us, "I am happy with this agency. It is better than where I used to work. It is better quality care they provide to clients." The management team held regular meetings with staff. They used these to listen to staff, provide support, share good practice, and provide updates and to share learning and experience. For example, staff were provided training and support on how to use body map recording form to report incidents or concerns relating to marks, injuries or bruises on a person. The registered manager told us it was designed and put in place to help accurate reporting of incidents.

The service had clear objectives which they aim to achieve in the way they deliver care and support to people. "Our aim is to provide a service in which service users, their families and or representatives have confidence and people who use the service can experience positive outcomes." People and their relatives felt confident in the quality of service they received from the provider. All the people we spoke with and their relatives told us their needs were met and they were happy using the service.

The registered manager and responsible person/director showed they understood their roles and responsibilities in delivering effective care services to people in line with their statement of purpose. We saw from the way they organised and delivered the service that it was tailored to meet people's individual needs. They had systems in place to ensure the service was run effectively. For example, there were various policies and procedures in place to provide guidance on the running of the service. They also ensured staff were

trained and supported to deliver effective support to people.

The service listened to the views of people and their relatives and used it to drive improvement. One relative told us, "They [Management] always have time, they listen and respect us. We have had two or three meetings with them in the house. They checked if we are happy and they listened to us." Another relative us, "We have a review and they [management] ask us if we are satisfied." The registered manager and director made regular telephone calls to people to check if they satisfied with the service. They also carried spot check visits to people's homes to find out if staff performed their duties effectively and people were happy with the service provided. In additional to the telephone calls and spot checks visits used to check people's views, the service also used questionnaires to obtain feedback from people. They assessed a number of areas including staff attendance and punctuality, and how staff delivered care to people. The outcome of the recent questionnaire we reviewed showed people were satisfied with the service. There were no actions to follow up on.

The service worked closely with a wide range of organisations to meet people's needs effectively and to develop the organisation. They regularly worked closely with local authorities commissioning and contracts teams to develop the service they provided to people to ensure it achieves positive outcomes. We saw that they had successfully liaised with the local authority housing team to find suitable accommodation for one person. We also saw that they had linked up with Royal National Institute of Blind People (RNIB) a charity organisation that provides support for blind people. The service had arranged workshops with RNIB for staff to attend so they can develop skills to support one person who was visually impaired appropriately. The registered manager and director had attended several workshops, roadshows and seminars relating to health and social care industry and had subscription with National Institutes of Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) who provides resources and training for health and social care sectors.

The service continuously aspires to develop and improve how they deliver the service. They operated the service in a way that they were able to provide service to self-funders, local authority commissioned care packages, people on direct payments and people who require live-in care. The director told us this meant they were able to sustain and develop the service. They also had plan in place to develop an information technology system to help in care planning and managing rota system.

They registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.