SK Care Coventry Ltd

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Inspection report

202 Foleshill Road
Coventry
West Midlands
CV1 4JH

Tel: 07414995825

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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

SK Care Coventry Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported four people with personal care and employed seven care staff.

This was the first inspection of the service following their registration with us in September 2017.

The office visit took place on 24 May 2018 and was announced. We told the provider before the visit we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner of the company.

People felt safe using the service and there were enough staff to provide the care and support people required. People received care from staff they knew and who arrived around the time expected. Staff had completed safeguarding training and understood how to keep people safe from avoidable harm and abuse.

Risks to people's safety were assessed and plans provided guidance for staff about how to reduce known risks. The provider's recruitment procedures made sure staff were safe to work with people who used the service. People received their prescribed medicines from staff who had completed training to do this safely.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. Staff received an induction when they started working for the service and completed training that provided them with the skills and knowledge to support people's needs.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. Staff asked for people's consent before they assisted them with any care and respected decisions people made about their care and support. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People received care from staff who they considered to be friendly and caring, and who stayed long enough to provide the care people required. Staff we spoke with knew the people they visited well, they promoted people's privacy and dignity and provided people with care and support which was individual to them.

Care plans were person centred and provided information for staff about people's individual care needs.

Plans were regularly reviewed and updated when people's needs changed. People knew how to complain, and information about making a complaint was available for people.

Staff were very happy in their work and spoke positively about the management team. They understood their roles and responsibilities and had regular individual meetings and observations of their practice to make sure they carried these out safely. There was an 'out of hours' on call system which ensured support and advice was always available for staff when the office was closed.

The management team worked well together and were committed to providing a high quality service to people. There were effective and responsive processes for assessing and monitoring the quality of the service. The registered manager used feedback from people and staff to assist them in making improvements to the service.

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 felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. Staff knew the risks identified with people's care and how to support people safely. The provider checked the suitability of staff before they were able to work in people's homes. People who required support received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed training to ensure they had the knowledge and skills to meet people's assessed needs and deliver safe and effective care to people. The registered manager and staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

Is the service caring?

Good

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's individual needs, respected people's privacy and supported people to maintain independence. The registered manager and staff provided a person centred service where key principles were respect and trust. These principles were reflected in the day-to-day practice of the service.

Is the service responsive?

Good

The service was responsive.

People received a flexible, responsive service. Their preferences had been taken into consideration when planning and delivering their care and care plans provided staff with the information they needed to provide care safely and effectively. People's care and support needs were reviewed regularly and staff were kept up to date about changes in people's care. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

People were satisfied with the service they received and with the care staff who visited them. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The managers were committed to provide a quality service and there were processes to regularly review the service people received.

SK Care Coventry Ltd

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 comprehensive inspection was carried out by one inspector and an inspection manager.

The office visit took place on 24 May 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

The provider had completed a Provider Information Return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR during our visit. We found the information in the PIR was an accurate assessment of how the service operated.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with one person and the relatives of three people who used the service. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager who is also owner of the company, the deputy manager and two care staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records and records associated with the provider's quality checking systems.

Good

Is the service safe?

Our findings

People said they felt safe using SK Care Coventry Ltd because they received care from staff they knew and trusted. A relative told us, "Oh yes I do think [name] is safe, the carers turn up and they are all lovely girls."

Staff had received training and knew how to keep people safe and protect them from avoidable harm and abuse. A staff member told us, "I make sure the environment and clients are safe." Another told us, "I know my client's really well so if there is a slight change in their condition I would pick it up straight away and deal with it."

We gave staff scenarios of possible abuse, such as unexplained bruising. One care worker told us, "This could be related to the person's health as well as a possible safeguarding issue. If I noticed a bruise I would fill in a body map and if it was a health issue I would call the district nurse, I would always ring my manager to let them know. I haven't noticed any concerns." The registered manager said staff had the contact numbers for the local safeguarding team which was given to them in their staff handbook, which staff confirmed. The registered manager understood their role and responsibilities in reporting safeguarding concerns to the local authority and CQC.

Staff knew how to report concerns about other staff practice. One staff member told us, "I am aware of the provider's whistle blowing policy and would report any issues of abuse or concern to my manager."

People had an initial assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. This included risks associated with moving and handling people, taking medication or their mental capacity. We asked the registered manager how staff knew about people's risks. They told us, "Staff know about risks as its recorded in people's care plans, we also have a 'what's app group chat' [social media group on their mobile phones] so I can update staff very quickly if people's needs change."

Where people were at risk of skin damage, due to poor mobility, care plans instructed staff to check people's skin during personal care and to apply prescribed creams when appropriate.

Some people we spoke with told us they or their relative used equipment such as a hoist to help them move around, and said staff knew how to move them safely. Through discussion staff demonstrated they knew how to use equipment to move people safely. For example, "[Name] has a banana board; I had training in this before I used it."

Although people had no concerns about staff moving and handling practice, we found information in moving and handing assessments, which informed people's care plans was quite basic. For example, one person's assessment told staff the equipment to use was a 'banana board' but there were no instructions about how to use this. Another person was unable to weight bear. Their initial assessment said they needed encouragement to transfer independently to their wheelchair but not how this was carried out. The registered manager told us staff received training in how to use equipment before they supported people

with transfers. They advised risk assessments would be reviewed and revised to provide more information for staff on how to use the specified equipment.

We asked people if care staff were always on time. People said they were. For example, "Yes I have regular care staff who arrive on time," and, "Mostly on time if they are running a bit late they will let me know."

There were enough care staff to allocate all the calls people required. At the time of this inspection the service supported four people and employed seven care staff. The registered manager told us they also carried out care calls most evenings. They said this allowed them to monitor the call was still meeting people's needs and to pick up any concerns people may have and resolve them quickly.

Everyone we spoke with said staff stayed long enough to do everything they needed to before they left. A staff member told us, "I always make sure they [people] have the full allocated time."

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

The provider's recruitment policy and procedures ensured, as far as possible, only staff of suitable character were employed to minimise risks to people's safety. Prior to care staff starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager. One told us, "I had to wait for my DBS to come back before I could go out on any calls."

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines, or their relatives helped them with this. Two people were supported by care staff to take medicines. One person told us, "Carers give me my medicines as prescribed, they never forget to give me them."

Staff received medication training and had a competency assessment completed before they were able to support people with their medicines. One staff member told us, "I prompt their medicines from a blister pack and make sure they take them." The registered manager told us, "Staff will be completing 'level two' training in medication as this will give them a better understanding of medicine management."

Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. The registered manager said they checked MARs during weekly visit to people's homes and audited them every four weeks when they were returned to the office.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. People we spoke with confirmed care staff wore protective gloves and aprons when providing personal care and carrying out other tasks. Discussion with care staff demonstrated they understood how to reduce the risk of infection. One told us, "We always make sure we wear gloves and aprons when we undertake personal care. We have extra gloves and aprons in people's homes and in the boot of our cars."

The provider had a system to record and monitor any accidents and incidents that occurred. The registered manager told us there had been no learning from events as there had been no accidents or incidents since the service started.

Good

Is the service effective?

Our findings

An assessment was completed at the start of the service so the registered manager knew what care people required and that staff had the skills to meet people's needs. The registered manager told us, "I do the initial assessment and the first three or four care calls so I understand what is needed so staff can be fully instructed. I never send staff out to calls without doing the call myself first." People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "Staff are trained and competent."

Care staff told us they completed a range of training to make sure they had the right skills to meet the needs of people who used the service. Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. The registered manager was an assessor for the Care Certificate, they told us, "It is a way of making sure I am satisfied staff are confident and people feel safe and happy with their care worker."

Care staff spoke positively about their induction which included working alongside experienced staff. One told us, "When my recruitment checks were cleared I went out with [registered manager] for my induction. I watched the care call, observed how it was done and made notes." Another told us, "I was introduced to people who used the service and I read their care plans so I understood a bit about them." People confirmed new staff worked alongside other staff before working on their own for example, one person told us, "New staff always come with more experienced staff."

Following induction care staff received on-going training to enable them to keep their knowledge and skills up to date. One care worker told us "I had care certificate training, safeguarding, medication, moving and handling, fire safety, equality and diversity and food hygiene training. Another told us how the training supported their work, "The training has helped a lot so I know how to provide care safely. [Registered manager] is very good we have lots of training and meetings."

The registered manager kept a record of staff training, the dates it was completed and when refresher training was due. The registered manager was qualified to deliver several areas of staff training and was also an assessor for a vocational care qualification. The registered manager told us this meant staff did not have to wait for training updates. They said, "I need to maintain my reputation, staff represent me out there so I need to make sure they are trained and confident." However they acknowledged that as the service expanded they would not be able to continue to do this and were sourcing alternative training providers.

The registered manager kept their own training up to date and supported staff to attain further vocational qualifications in care. For example the registered manager held a level seven qualification; the deputy was completing level five and two care staff level three.

The registered manager held regular individual supervision meetings with staff to discuss their learning, and carried out spot checks on staff to make sure they put their learning into practice. People confirmed staff

had checks on their practice. One person told us, "[Registered manager] has come out to watch staff work".

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.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA. People's capacity was assessed during their initial assessment. The registered manager told us, "If a person's capacity is complex I would contact the local authority to carry out a further MCA assessment." They went on to say all the people they supported were able to make daily decisions about their care, or had relatives who could make decisions in their best interests.

Where people required support from others to make decisions this was recorded in their care plan. For example, 'my daughter is currently supporting me with making decisions' and 'my wife is involved in discussions and decisions about my care and well-being.' We noted where relatives had formal agreements to make decisions on people's behalf a copy of the authorisation was not available. The registered manager said they would contact relatives about this and confirmed after the inspection that copies of these documents had been requested.

Care staff received training to help them understand the MCA. Care staff gained people's consent before they provided care and knew they should assume people had the capacity to make their own decisions. One staff member told us, "The MCA, this is when people cannot make decisions for themselves. I always ensure people make their own choices, I never presume or take their rights away." Staff confirmed people they visited were able to make daily decisions. For example, one care worker said, "People can make some decisions such as what they want to eat, or wear, but bigger decisions like finances people may need support with this."

The registered manager told us how they supported people who had fluctuating capacity and sometimes declined care. They said, "I tell staff nothing is written in stone 'go with the flow'. One client has dementia and will sometimes refuse staff access and will say they don't need care. The carer will drive around for a few minutes and then call back, usually by then the person consents to them going in and helping them."

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with were able to prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. A staff member told us they had time to prepare people's choice of meal. One explained, "We ask people what they would like to eat, for example [name] sometimes likes sausages and toast for breakfast." People who had assistance from staff to prepare their meals indicated they were satisfied with how this was provided.

Most people and relatives told us they arranged their own health appointments, but said staff supported them with this if they needed assistance. A relative told us, "They will take [relative] to dental appointments or to hospital appointments when needed."

Care staff told us they liaised with a range of health professionals including, district nurses, occupational therapists (OT) and doctors on behalf of people to arrange appointments or seek advice when needed.

Staff monitored people's health needs and referred them to other professionals when needed. For example, one person used equipment to help them transfer from their bed to a chair. Staff said this was becoming more difficult and had spoken to the registered manager who had requested another OT assessment. Staff knew what to do if they were concerned about people's health. One staff member told us, "If there was a drastic change in the client's condition I would call 999 or if they were just unwell I would call the GP. I would always let my manager know."

Good

Is the service caring?

Our findings

People we spoke with told us staff treated them or their relative well and were always polite and respectful. Comments included. "They always respect my privacy and are respectful of me and my home," and, "They are all lovely people, they treat [name] very well."

Staff understood the importance of maintaining people's privacy and dignity. For example, by ensuring doors and curtains were closed when assisting people with personal care.

All care staff we spoke with said they were allocated sufficient time to carry out their calls, without having to rush and had flexibility to stay longer if required.

Staff we spoke with were caring and considerate of people they visited. They were familiar with people's preferences and how their support should be delivered. Staff provided support to the same people to enable continuity of care, and to build up relationships and trust. One staff member told us, "If you are not doing this job from your heart, it's not the job for you."

The registered manager told us the agency's motto was' Love, Care and Trust '. This was used as the agency logo on documents and it was displayed on the wall in the office. We found these values were reflected in the day-to-day practice of the service. For example, the registered manager told us how they supported one person they visited (who was living with dementia) to visit their spouse every day when they were in hospital, driving them there and escorting them to the ward so they wouldn't get lost, and arranging a time to pick them up and take them home.

The registered manager also visited each person every week to see how things were going, and to check on people's wellbeing as some people did not have family nearby. For example, they made sure people had enough food and shopping in the house.

Daily records showed staff spent time making sure people's wellbeing was supported. For example, care staff regularly recorded 'had a chat' and 'left X safe and well' in daily records. One staff member told us, "We always have a chit chat and I make sure their time is their time."

The registered manager said they reminded staff about two principles for providing good care, 'communication and listening skills'. Staff understood these principles. One staff member told us, "I have built up a good bond with my clients and always make sure they feel listened to."

The service supported people in the way they preferred. For example, one staff member told us, "We are a small service so if someone didn't want to get up when we arrived we would arrange to go back later." Another told us about a person they visited who was living with dementia and who liked to help with daily tasks. They said, "We go with whatever [name] wants. [Name] likes to be involved and we always let them, it's their house. We don't take their independence, or pride away."

Staff we spoke with said that they felt valued and that the managers were caring and considerate about them. For example, one staff member told us how the managers had accommodated the times they started and finished due to child care arrangements, and how this had allowed them to continue working for the service.

The managers and staff understood their responsibility to promote and respect people's equality, diversity and human rights. Care plans we viewed were personalised and the initial assessment included people's cultural and religious requirements. The registered manager told us, "We take into consideration people's cultural needs. For example, one person we visit the family usually prepare all their meals but as its Ramadan we are making their breakfast and evening meal as the family are fasting.

The registered manager told us they had Punjabi and Urdu speaking clients, and staff who could speak their first language so they were able to communicate well together. A staff member told us, "[Name] prefers to speak in Punjabi we can talk to them in their preferred language."

The registered manager also told us about one person who used to go to church on a Sunday and enjoyed singing in the choir. They told us they were looking into how they could support the person to do this again.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager understood the requirements and told us that information would be made available in other formats if people required this.

Information about the service was available and accessible to people. People were provided with a home folder that contained information about the service and how it operates. Information provided to people also included the telephone numbers for the office, and how to make a complaint.

People's records held in the office which contained personal information were secured and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

Prior to receiving a service from SK Care people had an assessment completed to find out their preferences, care and support needs and how they wanted to be supported. At the start of the service people's care and support was then planned with them and a care plan completed for staff to follow. People we spoke with said they had a care plan in their home. One person told us "I have a care plan in my home that the carers do read, although they generally know now what they need to do." Other people told us, "My needs are being met and the girls [care staff] are very helpful," and "My support plan reflects my care needs."

A copy of the person's care plan was kept at the office. We reviewed four people's care plans. Care plans were person centred and written from the person's perspective, for example, 'I suffer from dementia I forget a lot of things and need reminding and prompting.' And 'X would like to build their confidence'. Plans included, people's choices, likes and preferences and provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. A staff member told us, "Clients have the right to tell us what routine they want. I always ask people what they want on a daily basis as people's preferences can change."

People and staff told us care plans were reviewed and updated regularly to make sure they were accurate and up to date. People told us, "I have regular reviews." "[Registered manager] visits regularly," and "I have had three reviews since starting with them." Staff comments included, "[Registered manager] updates care plans regularly she always goes out to visit the client and review their care." Care plans we viewed confirmed reviews were taking place. Comments recorded from people's reviews included, "I am very happy with the service and managers."

People told us they had regular care staff who they were able to get to know. Comments from people included, "I have three really familiar carers" and, "My carer [name] is brilliant." Another told us, "I was having quite a lot of new carers and asked [registered manager] if I could have two or three regular carers as I prefer this. It was no problem and I have this now." A staff member told us, "I mainly support two people but have visited all four people who use the service." The registered manager confirmed people had regular staff that visited them, they said "People don't like change they prefer the same staff to visit them so they are reassured they know them and the family."

We looked at the daily records and call schedules for four people. These showed calls had been consistently made at the times agreed by a small team of care staff. Daily records completed by care staff reflected what was recorded in people's support plans.

People and relatives told us the service they received was flexible and responsive to people's needs. A relative told us, "They do respond when you ask them anything. For example staff were not always recording in detail what they were doing during each call, sometimes [relative] would say they had eaten or washed when they hadn't so I spoke with [registered manager] and staff record everything now which is really helpful." Another said, "They are extremely flexible in what is required. [Name] has dementia and can be reluctant to co-operate at times but they are great, they don't just take no for an answer. If needed, they go

away and come back a bit later that usually works." A staff member told us, "I visit twice a day, morning and lunchtime. [Name] sometimes likes to have a later lunch if they have had a big breakfast."

The office is situated in a row of shops within a diverse local community. The registered manager and deputy manager knew the local area well and said they had been approached by local people to provide care and support. The registered manager told us as the service expanded, and they had recruited more staff, this was an area they would like to develop.

We looked at how complaints were managed by the provider. The registered manager told us they had received no formal complaints. They went on to say as they visited each person weekly they dealt with any minor concerns such as changes in call times as they arose.

People we spoke with said they, or their relative would phone the office if they had any concerns. They told us, "We have complaints information in the folder in the home," and, "I would have no problem raising any concerns. [Registered manager] would listen and sort whatever it was out."

Staff knew how to support people to make a complaint if needed, they told us, "There are complaints sheets in people's files if they want to make a compliant." and, "I am not aware of any complaints but we are all human and if there is any learning from complaints then that is a good thing."

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their responsibilities and the requirements of their registration. 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 also the owner of the company. The management team consisted of the registered manager and a deputy manager.

Care staff felt supported by the registered manager and described them as approachable and accessible. One care worker said, "If I have a concern about clients I will ring [registered manager] straight away and she will always make time for me to see her, or she will come out and see the client." People also felt the managers were approachable and accessible they told us, "[Registered manager] is always popping in and out to see how I am and make sure everything is going well."

People and their relatives said the service was well managed and were happy with the service they received. Comments included, "I think they [management] are brilliant, nothing we ask them is too much trouble," and, "I am very satisfied with the care provided. The carers turn up on time, give [name] meals and medicines and help [name] to be as independent as possible."

Staff we spoke with enjoyed working for the service and felt confident to raise any suggestions for improvement with the registered manager. One staff member commented, "I really enjoy my job; I enjoy talking to other people." Another said, "I would feel confident to put my suggestions to [registered manager] if I felt there was anything that could work better, but there is nothing to date."

The registered manager held individual and team meetings with care staff. Staff had regular supervision (individual) meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff told us, "[Registered manager] does spot checks and I never know when she is coming, I don't mind this as I know I am doing my job right."

There was an 'on call' system for evenings and nights so that staff working out of office hours always had access to support and advice and the registered manger told us all the people who used the service or their relatives had been provided with their mobile phone number so they could contact them in an emergency.

People told us communication with the managers worked well. Comments included, "The phone is always answered when I ring." "They keep me up to date with anything which I appreciate, they usually text me or phone," and "They keep me in the loop."

People and relatives told us they were asked for their opinions of the service and that the registered manager listened and responded to their views. One person told us they had confidence with the service because, "They [managers] respond quickly and sort things out when needed." Another person explained the management team asked for their opinion during service reviews and visits to their home.

There were procedures to monitor the effectiveness and quality of the service and the managers undertook regular checks to ensure quality was maintained. This included checking people's daily records returned to the office matched their care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager visited people who used the service every week to make sure the service still met their needs and held regular meetings with staff to make sure they were kept up to date with changes to policies and procedures.

The registered manager told us they were always looking for ways to improve the service. For example, as the service expanded they would be implementing an electronic call scheduling and monitoring system. This would enable staff to log in and out of calls electronically and for staff in the office to monitor calls had taken place at the time allocated. It would also provide staff with access to care plans which could be updated immediately if there were any changes to people's care.

The registered manager worked in partnership with other health and social care professionals to support people. They also kept up to date with good practice through the local registered manager forums and the CQC website.