

Premier Care (Midlands) Limited

Carewatch (Coventry)

Inspection report

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Date of inspection visit:
11 October 2017

Date of publication:
08 November 2017

Ratings

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

Summary of findings

Overall summary

Carewatch Coventry is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of our inspection visit the service provided personal care to 42 people.

The office visit took place on 11 October 2017 and was announced. We told the provider 48 hours 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. 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. There was a registered manager for the service at the time of our inspection.

Prior to our inspection visit we received concerns from three relatives about the care and support provided to their family members. These were about inconsistent care staff and the time they visited. People we contacted during our inspection reported similar concerns. We reviewed people's concerns during our inspection.

There were enough staff to provide the care and support people required. However, people had different experiences in the punctuality and continuity of care staff. Some people said they received care from staff they knew well and who arrived around the time expected. Others had experienced late and missed calls and their regular care staff had been changed. The provider and managers were aware of people's concerns and had taken action to ensure people were allocated regular care staff who arrived around the time expected. All the people we spoke with said care staff stayed long enough to provide the care they required.

The provider and registered manager told us, the disruption to the service people had received during the summer months was due to an unprecedented amount of staff sickness and the recent expansion of the service. They assured us this had been resolved.

People said they felt safe using the service and staff understood how to keep people safe from abuse. There were processes to minimise risks to people's safety. These included procedures to manage identified risks

with people's care and for managing people's medicines safely. The suitability of staff was checked during recruitment procedures to make sure they were safe to work with people who used the service.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided personal care.

Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Most people said staff had the right skills to provide the care they required. People told us they received care from staff that were friendly and caring, and who treated them with dignity and respect.

Care staff understood people's needs and preferences, as they had time to talk with people and read their care plans. Care plans and staff work schedules provided guidance for staff about people's care needs and instructions of what they needed to do on each visit.

Staff felt supported to do their work effectively and said the managers were approachable and knowledgeable. There was an 'out of hours' on call system, which ensured management support and advice was always available for staff.

People knew how to complain and information about making a complaint was available for people. People and staff knew they could raise any concerns or issues with the management team, although some people told us they did not always feel listened to.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through telephone conversations, visits to review people's care and satisfaction questionnaires. There was a programme of other checks and audits which the provider used to monitor and improve the service.

The management team checked people received the care they needed by reviewing people's care records when they were returned to the office and through feedback from people and staff.

Following our feedback to the provider and registered manager about people's experiences of inconsistency in their service, the managers' contacted people to discuss their care service to make sure this had improved. People said it had.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive their care at the times expected and by staff they knew. However, overall people's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain but some people told us they did not always feel listened to.

Is the service well-led?

Good ●

The service remains Good.

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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 expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people prior to the office visit.

The office visit took place on 11 October 2017 and was announced. The provider was given 48 hours' notice that we were coming so they could arrange to be there.

Before our inspection visit we asked the provider to complete a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence during the inspection. We found the information contained in the PIR reflected the service provided.

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. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They were aware of the concerns we had referred to them and had no other information to share with us. We also reviewed the 'Share your experience' information people had sent us since the last inspection.

The provider was asked to send a list of people who used the service. This was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 24 people

who used the service, 24 relatives and two professionals. Surveys were returned from 10 people who used the service and six relatives. We spoke with 19 people by phone, 12 people who used the service and seven relatives or friends. We used this information to help us make a judgement about the service.

During our visit to the agency office we spoke with, the provider, the registered manager, the care manager, the team mentor, a care co-ordinator and four care staff. We reviewed five people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and compliments, and records associated with the provider's quality monitoring systems.

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

People we spoke with told us they felt safe with the staff who visited them. Comments included, "Most definitely. ... really good, they handle me safely and I feel very safe with them," and, "Yes the carers are good. I need both my legs strapped to swing me onto the bed and they always ensure I am safely strapped before attempting to move me." Relatives told us, "Yes I feel very safe when they come to [family member] no problems with that at all. They do balance exercises with her and always stand with her supporting her so she won't fall." Another said, "Yes the carers are excellent and we feel quite safe with them."

Although some people told us, "[Family member] needs a double up call and sometimes one comes." Another said, "They are generally pretty good but of course it can be a problem if only one comes and then I have to help to ensure [family member] is moved safely as they can't do anything by themselves."

We discussed this with the managers who told us some relatives did not always want to wait for the second member of staff to arrive and would help the first care worker move the person. The provider and managers gave assurance that two care staff were always allocated to calls where this was required. We looked at the call schedules for three people who required two staff to assist them to move. Schedules confirmed what the managers had told us.

Everyone we spoke with said they would speak to care staff or phone the office and speak to any of the management team, if they had concerns about their safety.

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. They understood the type of concern they should report and how to report it. For example, they told us this could include unexplained bruises on people, changes in their behaviour, and that they would be concerned if people did not have enough food in their home. One staff member told us, "It's my duty of care to protect people and report any concerns." Staff were confident any concerns they reported would be acted on by the managers. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

Care staff were aware of their duty to report any concerns about other staff's practice. They told us they would report any concerns to the managers and were confident appropriate action would be taken. Staff

knew the provider had a whistleblowing policy that would support them to share any concerns in confidence.

The provider and managers told us there was enough staff to allocate all the calls people required. All the staff we spoke with confirmed there were enough staff and said they had weekly rotas that informed them the people they would be visiting and the time they should arrive. Staff said calls to people usually remained the same on their rotas to ensure continuity of care.

During the summer months June to August, the service had experienced an extremely high level of care staff sickness. To ensure they had enough staff to cover the calls people required, the management team had covered calls, but this meant some people did not receive their calls at the exact time they were allocated. The managers told us that staffing levels had almost returned to normal.

The provider had an out of hour's on-call system to support staff when the office was closed. One staff member told us, "I have used the on call, it works well." This gave staff reassurance there was always someone available if they needed support.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. Where people were identified at risk of skin damage due to poor mobility, care plans instructed staff to check skin for changes, and report any concerns to the office staff or the district nurse if there was one involved. Records showed staff applied protective creams to prevent skin damage when prescribed.

People and their relatives told us staff knew how to use equipment to move people safely. Comments included, "I have a hoist and mo-lift (equipment to help people stand) and they are excellent when moving me about ... They handle and use the equipment very safely." Another said "I have a walking frame and a stand by my bed to help pull me up. The carer is excellent with handling me with these." A relative told us, "[Name] has a stand aid and needs a double up call to get him up on it. The carers are excellent and know what to do."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed. Comments from people included, "The carers get my tablets out of the cupboard which is too high up for me to get to. They give them to me with a drink and watch that I take them safely." Another said "They put all my tablets in order for me. I have seven day packs and they put them in night and day order for me and my insulin on the side of the armchair for me. They are excellent with my meds."

Staff told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff we spoke with were confident they knew what to do. They said they checked medicines against a medicine administration record (MAR), recorded in people's records that medicines had been given and signed to confirm this on the MAR.

MARs were checked by staff during visits to people to make sure they had been completed correctly. In addition spot checks were carried out by management and completed MARs charts were returned to the office monthly to be checked for any errors.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Care staff were issued with identity badges and uniforms for use when attending people's homes so people could be reassured they were Carewatch staff. Staff were also provided with personal protective equipment, such as aprons and gloves to enable them to promote positive infection control measures.

Our findings

Staff had the same level of skill, experience and support to effectively meet people's needs as they had at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

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 managers understood their responsibilities under the MCA. They told us 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. Some people lacked capacity to make certain decisions, such as manage their finances, and where needed people had relatives with the authority to support them with this.

Staff completed training in the MCA and staff we spoke with knew this was about decision making and that they should seek people's consent before providing care. A staff member told us, "I always ask if it's alright with the client [person] before I start. Everyone I visit can make decisions about their daily routines." People confirmed staff made sure they were in agreement before commencing care. One person told us, "Yes they do. They always ask if I am ready to have my stockings and shoes put on and won't start if I am not comfortable first." Another said, "Yes the carers are good and will not do anything first without asking me"

Care staff 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.). Two of the care staff we spoke with were new to working in care. They told us their induction and training equipped them to carry out their role. For example, "I had a lovely induction, [team mentor] went through everything, I hadn't done care before so was worried at first, but they made sure I knew what to do and had understood the training before I did anything on my own." Staff training records contained evidence of completed courses including, safe handling and administration of medicines, moving and handling people, safeguarding adults and children, and infection control.

Most people told us staff had the skills to provide the care and support they required. Comments included, "Yes the carers are well trained and all very good," and, "They are absolutely superb I would give them 10 out of 10." Some people felt that new care staff were not always as competent as experienced care staff particularly when using equipment to move people. We discussed this with the registered manager who told us new staff completed moving and handling training and had their competency assessed. They said, "I will take some learning from people's feedback and ensure experienced staff supervise new staff closely until they feel confident to do this." Staff were positive about the training they received. They said it was good quality training that gave them the skills to carry out their work safely. Staff were supported by the provider to undertake a vocational qualification in social care, to enhance their knowledge and skills.

Staff confirmed they received supervision (one to one meetings) with a manager and had direct observations of their practice, 'spot checks', to make sure they put their training into practice. A staff member told us about their 'spot checks', "They will check how you do the job to see if you do things correctly. They watch how you use a hoist to move people, and give medicines. They check your appearance to make sure you are wearing the correct uniform and that you use disposable gloves and aprons for infection control." Care staff told us one to one meetings with a manager were used as an opportunity to discuss the support they provided for people, together with any training requirements.

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. People who had assistance from staff to prepare their meals were satisfied with the service they received. They told us, "They get my breakfast, and at lunch they prepare something I want and feed it to ... I am happy how they do all that." Another said, "They get my breakfast, and for lunch they will bring me chips from the chip shop if I fancy them. When they do an egg sandwich it is perfect, nice and runny just how I like it to be."

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs and district nurses were consulted where concerns had been identified.



Our findings

At this inspection, we found people continued to have their privacy and dignity upheld by staff who were kind and caring. The rating continues to be Good.

People and relatives told us care staff were kind and considerate. One person told us, "They are all very caring and I could not have better." Relatives said, "They are all good and caring, and nice and gentle with [family member]," and, "The carers are excellent and well caring with [family member]. I have no complaints about the care they receive."

People and relatives told us their privacy and dignity was maintained. People said, "She [care staff] will always ensure I am covered and kept warm and dry." And "My privacy and dignity is fully respected by them all." A relative said, "Yes they are very respectful when getting in to the shower and keeping [name] covered up and the door closed behind them." Staff we spoke with understood the importance of maintaining people's privacy and dignity.

People said they or their family member felt respected and listened to. People told us, "They talk me through things and listen to what I say and want," and "I only have the one carer and she will listen and do anything for me and is fully respectful of my condition" Another said, "My normal regular carer is very good, we have a chat and she listens and will do anything that I ask of her." A relative told us, "[Name] can't communicate but they do listen to me and what she needs doing." Care staff we were familiar with people's preferences and how their support should be delivered.

Senior staff who carried out observations of care staff in people's homes, told us as part of their observations they watched how staff communicated with people and if they were respectful. During the visit they would ask the person if they were satisfied with how the call was carried out, and if they were happy with their care worker.

Staff said they enjoyed their role, one staff member told us, "I love caring for people, it's really satisfying. I take my responsibilities seriously as people rely on me to give them food and medicines. You might be the only person they see all day so I like to make each person feel special." A new member of staff told us, "I love it, it's the best decision I ever made. It's nice to know we support people to stay at home and improve the quality of their lives."

Staff said they had sufficient time allocated to people's care calls. One staff member told us, "I always have

enough time to do everything without having to rush. I have enough time for a chat and joke; we do this as we go along. I like people to feel comfortable with me." Another told us, "I don't rush. I have time to do what is needed I sometimes stay longer to make sure people are safe and comfortable." People confirmed staff did not rush and said staff had time to sit and chat. One person told us, "They are all nice and caring and sit and talk to me"

Staff enjoyed their work and thought the management team were caring and valued staff. A staff member told us, "They [managers] do value what I do." The registered manager and provider told us their best asset was the staff that worked for them. They were proud of the staff they employed and said they all worked well as a team. Staff said there was no 'them and us' between care staff and management and that they all worked together to provide an effective, caring service. The provider told us, "We acknowledge the stresses of the job, and we have a mantra 'Why do we do this job? We do it because we are good at it', it's not an easy job."

People's records held in the office which contained personal information were secured and kept confidential. Care workers told us they understood the importance of maintaining people's confidentiality. One said, "If I have to ring the office I make sure I'm not overheard."



Our findings

At this inspection we found the service was not as responsive to people's needs as it had been at our last inspection and improvements were required.

Prior to our inspection visit we received three complaints from relatives about inconsistency of care staff, the standard of care provided and late or missed calls. We referred one concern to the local authority safeguarding team and shared the concerns with the local authority contracts monitoring team.

People who completed surveys and people we spoke with during our inspection reported similar concerns about inconsistency with call times and care staff. They said, "I have five calls and only the morning call is ever on time. The other times vary, they can be late or early," and, "They [staff] can turn up at 7am or as late as 11.30am, it is supposed to be 8am." Relatives said, "No not always [have regular care staff]. [Name] doesn't like change as they can't see and goes by voice, [name] likes to get to know a regular carer and that is what he wants."

The registered manager told us there had been a disruption to the usual service people received due to unprecedented staff sickness during the summer. To manage staff absence the managers had moved experienced care staff from calls that required two staff to attend (known as double ups) to single calls. This was to ensure people continued to receive care from experienced staff, and allocated new staff to double up calls. This meant there was a change of regular staff for most people who used the service at that time.

The provider and registered manager told us at the same time as the staff sickness they had taken on a local authority contract. The contract had a 'no refusal' clause and between May 2017 and August 2017 the service had 60 new people referred to them, for which they had to schedule care calls. This meant calls had to be re-scheduled to accommodate the new people, and the flexibility the service previously had to move people's calls on request, if people wanted their calls at a different time, was no longer available.

Although most people said they were no longer receiving a consistent service. Some people told us they had regular care workers who arrived on time. These people told us, "I have had a regular one [care staff] for a couple of months now and you get to know them better. It does help." "It has improved. I now have the same carer who is on time", and, "I am getting regular ones and they know what to do. I am very happy." A relative told us, "They do normally send the same one which [family member] is happy with."

We reviewed the call schedules for four people who used the service. These confirmed care calls were

planned in advance and people were allocated regular care workers. The provider gave assurance that people were now receiving their calls by staff they knew at regular times.

Everyone we spoke with said care staff stayed long enough to do everything that people required.

Most people told us they were not informed if care staff were running late. They said if they were told they could relax as they would know their care worker was going to call. People told us, "They don't call if running late. They have my phone number you would think they would call."

We looked at five people's care records. Assessments of people's support had been carried out at the beginning of the service with Carewatch Coventry. Care plans had been developed from people's assessments. Plans included identified risks and informed staff what care and support people required.

People we spoke with said they had a care plan in their home for staff to follow. A copy of the person's care plan was kept at the office and contained details about their care needs and how the person wanted to receive their care. Plans provided care staff with information about the person's individual preferences and how they wanted their care provided. For example, "I would like ..."

Care staff said there was enough information in care plans to inform them what to do on each call. One staff member told us, "Everything is in the care plan. The care plan is written from the person's perspective, 'I like my cream put on after my shower'. I always record what I've done and sign the record before I leave." People we spoke with said care staff completed everything that was recorded in their care plan. Care staff told us they reported changes about people's needs and conditions to the senior staff in the office, so that people could be reassessed and additional time could be arranged for visits if this was needed.

People who had regular care workers told us they knew them well and that they understood their needs and preferences. For example, "She [care staff] knows me well and I could not have a better one." "They do [know me well]. I have only been with them three months and already they know what I like to eat and my preference on order of doing things," and, "Yes I feel they know me well and are well aware of what I like and what I don't."

People told us they had been involved in planning their care and had participated in decisions concerning their support. People said they had reviews of their care to make sure the service was still meeting their needs.

We looked at how complaints were managed by the provider. People we spoke with said they would phone the office if they had any concerns.

Some people told us they had made complaints, particularly around call times and change of care staff. Some people felt they were not listened too. One person told us, "I have told them I don't want the constant changing of carers all the time but they don't listen." Another said, "I've complained about the things I have mentioned [call times and changes in care staff] but they don't listen."

Care staff knew how to support people if they wanted to complain. We were told, "There is information in the folders in people's homes. It tells them who to complain to." Another said, "People have the phone number and know they can phone the office at any time. They have complaints information if they need it."

We looked at the record of complaints. There had been four formal complaints recorded, these were about call times and inconsistent care staff. The registered manager had responded to formal complaints, and

other concerns, and provided written responses to people with an outcome of their investigation. We noted there was no log for complaints so the managers could quickly identify if there were any common trends or patterns. The registered manager told us they would put one in place.

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who were committed to providing a good quality service. The rating continues to be Good.

There was a registered manager for the service. The registered manager was supported by the provider and a management team that consisted of a care manager, recruitment and account managers, a team mentor, care coordinators and senior care workers. Care staff spoke highly of the management team and told us they were all approachable and knowledgeable if they needed advice.

Staff felt well supported by the managers, they understood their roles and responsibilities and what was expected of them. Staff had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely.

Care staff said communication from the office worked well and that they were able to speak with the managers about any issues connected with work or of a personal nature. Staff said, meetings were held to keep them informed of any changes in policies and procedures and they were also sent memos to remind them about things. For example, feedback from people showed they were not always informed if care staff were going to be late. Staff had been reminded during the staff meeting and by a memo to let the office know if they were going to be late so they could reassure people they had not been forgotten.

We asked people and relatives if the service was well managed. Most people thought it was. Comments from people included, "I think it is well managed apart from the timings of the non-regular carers." "Been with them three months it is well run and the best I have been with." "It is well managed now in my opinion it never used to be, so has improved." Relatives told us, "Yes I think it is well managed and I am grateful for their flexibility with [relative]," and, "On the whole yes, it is just not sticking to the rota and changing carers but happy overall apart from that."

Although some people felt management response could be improved. "The office is poorly managed and do not listen [about having consistent care staff]. This company were brilliant when first started but not now." Another said "Debateable. Communication is missing they listen but don't act, like on call times."

We discussed this feedback with the provider and registered manager who were confident that since we spoke with people, consistency of care staff and call times had been addressed and improved. The registered manager had written to everyone who used the service to apologise for the disruption to the

service over the summer and to ask people to contact the office if they still had concerns. They had not received any calls.

In response to our feedback about people's experience of the service, the provider and registered manager contacted all the people whose service had been disrupted over the summer to make sure they were happy with the service they now received and with the staff who visited them. The registered manager provided copies of people's responses, which showed they were.

The provider and registered manager had a continuous improvement and development plan for the service. They told us as part of the planned improvements for the service was to implement an electronic call monitoring system. This would enable staff in the office to monitor when care staff arrived and left people's homes and to respond quickly if they hadn't arrived within the agreed time. The provider planned to recruit a member of staff to monitor the system and to let people know if staff were running late.

Care staff we spoke with enjoyed working for Carewatch Coventry and said the service was managed well. One staff member told us, "They [managers] always listen to us about the service users [people] and give good advice." A care co-ordinator told us, "The support I receive has been amazing, really fantastic I couldn't ask for a better team." The provider had implemented an 'Employee of the month' award system. Staff could be nominated by anyone involved in the service if they felt the staff member had carried out their role well. Staff we spoke with said this made them feel appreciated and valued.

The provider had procedures to monitor the effectiveness and quality of the service. The management team undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The managers held regular management meetings to review the service and discuss any problems or improvements.

We found office files were well organised and all the documents we requested to see were made available to us.

People's views were gathered in different ways which included quality assurance surveys, phone calls, review meetings with people and during spot checks on care staff. People confirmed these took place, "Yes they call and I speak to them with feedback." "Yes they do surveys," and "Yes, I had a survey three months ago."

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated. The rating from the last inspection was displayed in the office and on their website as required.