Mears Care Limited

Mears Care Lancashire

Inspection report

28 Siding Road
Fleetwood
Lancashire
FY7 6NS

Tel: 03339997624
Website: www.mearsgroup.co.uk

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01 November 2018
08 November 2018

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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

Mears Care Lancashire was inspected on the 30 October, 01,02 and 08 November 2018 and the inspection was announced. The registered provider was given 24 hours' notice as we needed to be sure people in the office and people the service supported would be available to speak to us and all subsequent visits we prearranged.

Mears Care Lancashire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the Rossendale and Wyre areas. It is registered to provide a service to older adults, people who have a physical disability and people living with mental ill health. The location provides ongoing at home care and crisis care. Crises care is a short term, three day service to help people who require immediate support. This meant client numbers went up and down during out inspection. At the time of our inspection, the service was providing support to approximately 280 people.

Mears Care Lancashire had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the locations first inspection since it had changed its legal entity. Under the previous legal entity, the location was inspected and rated Good.

During this inspection, we found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure.

Care plans were completed with the support of people and their families and identified all assessed risks. We found they were personalised and informative and had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff were mentored by experienced staff members whilst they learnt their role. Staff members received training related to their role and were knowledgeable about their responsibilities.

They had the skills, knowledge and experience required to support people with their care and support needs. The training included the administration of medicines and Dignity and Respect. We found staff understood the Mental Capacity Act 2005 (MCA). One person said, "The staff are on the ball."

The registered provider planned visits to allow carers enough time to reach people and complete all tasks required. People told us they mostly had the same staff visit and relationships had developed. One person

told us, "The staff are very well liked, they bring their manners with them. They are really very nice." A second person commented, " My mood is always lifted when they have been."

The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe. Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

When appropriate, meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

People and their families were supported by trained staff during their end of life care.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed us the registered provider worked with other health care services to meet people's health needs.

A complaints procedure was available and people we spoke with said they knew how to complain. At the time of our inspection, the registered provider had received no formal complaints. One person commented, "No complaints, all the staff are little belters."

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve. The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

The registered provider had regularly completed a range of audits to maintain people's safety and welfare and showed lessons learnt and action taken.

Staff told us they received regular formal and informal support from the management team and the management team were supportive and available.

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 were trained and understood how to keep people safe from abuse.

People who had care staff visit them and their relatives told us people were safe. Recruitment procedures were to assess the suitability of staff.
There were sufficient numbers of staff who were deployed effectively to ensure visits took place and were punctual.

Risks to people were considered and care plans developed to maximise their independence taking the risks into account.

Is the service effective?

Good

The service was Effective.

The registered provider assessed people's care needs and delivered effective care and support in line with good practice guidelines.

Care staff had the training and management support they needed to support people effectively.

Where appropriate people were supported to have enough to eat and drink and access the healthcare services they needed.

Is the service caring?

Good

The service was Caring.

People told us they had formed positive relationships with staff who visited.

Care records promoted people's uniqueness, and people told us they were involved in planning and making decisions about their care.

People told us they were treated with dignity and respect by the all staff employed by Mears Care Lancashire.

Is the service responsive?

Good

The service was Responsive.

Care plans consistently reflected people's current needs.

People's end of life care wishes were discussed and documented.

The registered provider had a complaints process and complaints were dealt with in line with their policy.

Is the service well-led?

Good

The service was well led.

The registered manager was committed to providing high quality care and support to people using the service.

The management team involved people, their families, care staff and health and social care professionals in reviewing and improving the service.

The registered provider had systems and processes to monitor and make improvements.

Mears Care Lancashire

Detailed findings

Background to this inspection

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

This inspection took place on 30 October, 01, 02 and 08 November 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector, one assistant inspector and two experts 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 experts by experience had experience of caring for older people who received support within a community setting.

Before our inspection, we checked the information we held about Mears Care Lancashire. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support. We also contacted the commissioning, safeguarding and contracts departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced when they received support from Mears Care Lancashire.

We looked at information the provider sent us in the Provider Information Return. 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. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited eight people in their own homes in the Wyre and Rossendale areas. One adult social care inspector visited the office and met with the management team. They also made three prearranged visits to people living in the Wyre area. An assistant inspector made five prearranged visits to people living in the Rossendale area. Two experts by experience telephoned 10 randomly selected people

and four relatives in the Wyre and Rossendale area for their views on the service. The inspector spoke by telephone with four randomly selected staff for their views on the service. The registered provider did not select and was unaware who the inspection team contacted by telephone. We also attended a charity cake and coffee morning held at the office and spoke with four people who received support and one person's friend.

We spoke with the registered manager, deputy manager, five members of the management team and seven carers who visited the office during the inspection. We contacted one community health professional for their experience of the service provided by Mears Care Lancashire. We looked at the care records of 18 people, training and recruitment records of 10 staff members, records relating to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received and how long staff stayed on each visit by reviewing the registered providers electronic call monitoring system.
We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Mears Care Lancashire.

Good

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. One person told us, " Definitely, I have always felt very safe". A second person commented, " I feel very safe with them. They are a breath of fresh air in my life." A third person said, "I am safe with my staff, they let themselves in and lock up when they leave." A relative commented, "Yes we do. We have continuing care, which is quite intensive, so it is good that [family member] feels safe."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member told us, "Yes we have safeguarding training. We also have refresher training to keep you up to date." A second staff member stated, "Yes The safeguarding training was interesting." A third staff member shared, "Something did arise and I was confident in doing the right thing."

We found from records we looked at staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. All staff spoken with were complimentary about the recruitment process. They all confirmed they had undertaken all necessary checks as part of their employment process. They said they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

All staff we spoke with told us everyone they supported had a care plan and risk assessments. We visited eight people and everyone had a care plan in place. Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. For example, we saw information that guided staff to ensure one person had remembered to wear their personal alarm so they would be able to request support should they fall. Any changes in people's health had been updated on their care plans with involvement of the person. One staff member told us, "They [management] update the plan as things change." This showed the registered provider had systems and processes to ensure people's safety is monitored and managed.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and allowed the registered provider to learn from any incidents that may happen.

We found the service had appropriate staffing levels and deployment strategies to keep people safe. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual

needs determined staffing levels. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One person told us, "If they are going to be late they always let you know. They don't leave you high and dry." One staff member told us, "I don't go from one end of town to the other. All my clients are near each other." One person told us, "They come pretty much on time and do everything I want. None of them [staff] rush me." This showed the registered provider delivered support to maintain people's safety and well being.

The registered provider had safe systems to train staff to support people with their medicines appropriately. The registered provider liaised with the person or their family about the medicines they had been supported with. Every person we discussed the administration of medicines with told us there had never been any concerns or issues with care staff prompting them. One person told us, "Yes, they get it out [medicine], they read the blister pack and do the boxes, staff know what they are doing." A second person said, "They all know their duties around my tablets." A third person commented, "I always get my medication on time, when I need it." One staff member told us, "The training we received on medicines was very good, very informative."

We looked at if staff understood their role and responsibilities in relation to infection prevention and found training was delivered as part of their induction. Staff told us there were no concerns around the provision of personal protective equipment to minimise infection. These safeguards supported people to experience good health. One staff member told us, "There is an unlimited supply, we never go short it is always available. On the day of the inspection we observed staff visit the office to collect disposable gloves to wear when providing personal care support. This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention.

Good

Is the service effective?

Our findings

All the people we spoke with considered the care staff to have the right skills to do their job. One person told us, "If it weren't for my carers I wouldn't be here. They are great." A second person said, "Yes, I think they have been taught very well because they know everything they have to do. They are very learned, they know what they are doing. They are a nice lot." A third person commented, "'Yes, I believe they do [have the skills]. They get it done. They come in during the day and in the middle of the night to see that I am alright." One relative said, "My [relative] is well looked after."

All staff we spoke confirmed they had received an induction before they started delivering care independently. They also stated the ongoing training was provided throughout their employment. One staff member told us, "The information in the induction really helped me." A second staff member who was in the process of completing a vocational work based qualification said, "Members of the management are always on hand and are dead happy to help and offer support." Staff had to complete two weeks of shadowing with a mentor before being allowed to work independently. One mentor told us, "We take staff through paperwork and medication and ensure they don't take any shortcuts. It's all done properly." We saw the registered provider had a structured framework for staff training. This enabled them to effectively plan the training needs of staff throughout the service.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated in line with best practice. Staff told us they had supervision with their line manager. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. Staff told us they could call into the office for support. They stated the management team complete unannounced 'spot checks' to monitor staff performance. Mears Lancashire had a 24 hour on call service to manage the support delivered and ensure effective communication.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005 (MCA) and health and safety regulations. The registered provider told us they received alerts from public health England and CQC. They also attended a local safeguarding champions forum. The forum is an opportunity for the local authority and providers to meet receive training and share knowledge. This demonstrated the registered manager was aware of their responsibility to use national guidelines to inform care and support practice within the service.

The 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 2005.

The registered provider demonstrated an understanding of the legislation as laid down by the MCA. Discussion with the registered provider confirmed they understood when and how to support people who may lack capacity and deliver care in their best interests. We saw all staff received training around capacity and choice as part of their initial induction training.

Before receiving support, the registered provider had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw signatures in care plans that indicated they or a family member had been involved with and were at the centre of developing their care plans. People we spoke with told us they had been involved in their care planning. One person told us, "[Member of management] came to talk to me and my family about the care plan." Every person we spoke told us they had a care plan in their home.

We looked at how people were supported to have sufficient amounts to eat and drink. People who required support with preparing meals told us staff prepared meals and drinks as they liked them. For example, one person told us, "They make my tea." A second person said, "I decide what I want and they make it." A third person commented, "They [staff] go shopping for me and make me a sandwich. They do look after me." Two other people told us, "They [staff] do help me. They might peel vegetables for me and I will heat things up, so I do a little cooking and they do a little too." And, "The carers help me do my shopping and we help each other out doing my cooking." One relative mentioned about meals, "They do [family member's] breakfast and lunch. They know what they are doing." This showed, when required, people were supported with the required support and stimulation to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We saw information that confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs. The registered provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. There was evidence of consultation with community based health care professionals. For example, one person told us, "Once I fell and they called an ambulance for me." A second person commented, "Once I was not well and they contacted the doctor for me." A third person shared they had fallen and a staff member arranged for an assessment to take place and hand rails to be fitted in their home. One staff member told us, "I have arranged for someone to have an eye test and arranged it when I could be there to support them." A second staff member said, "We work alongside district nurses all the time." We also spoke with a community health professional who told us there was good communication between the registered provider and community health professionals.

Good

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and were treated with compassion dignity and respect. Staff were described as kind and caring. People said they had a team of regular carers with whom they and had built up good relationships. For example, one person told us, "Yes staff are kind, you get attached to one another. I am looking forward to [staff member] visiting. She chats to you as soon as she comes in the door, she lifts you up. A second person commented, "It's like having my own children here. They [staff] have a gift." A third person said, "They [staff] are very kind, very considerate and very loving.

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. People told us staff had an appreciation of their individual needs around privacy and dignity and were supported discreetly. One person told us, "When I have my bath they make sure I am alright. They are just outside the door." A second person stated, "They are respectful at all times. They always ask if I want my curtains open or left shut." A third person commented, "Without fail they always shut the bathroom door if I am in there. I never feel embarrassed." One relative commented, "[Family member] has never been left unattended and undressed."

Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual. One staff member told us, "I've been given a chance to make a change to other people." A second staff member commented, "I give my clients time, I never rush them." A third staff member stated, "I get a real buzz seeing someone with a smile."

People and their care staff had built positive nurturing relationships because the registered provider had ensured people were supported regularly by staff they knew and were fond of. People valued the continuity and valued the opportunity to build strong relationships with people whose company they enjoyed. One person said, "The carers are very good I can't fault them. They are kind, caring and friendly. They chat with me the whole time they are here and we have a laugh together." A second person stated, "I really feel that my carers are like friends coming to visit. We chat away together quite happily."

Everyone said the carers were very supportive, listened and helpful. One person told us, "I have been upset when the carers have been here. They sat with me and talked with me to give me advice." A second person commented, "They chat with me all the time and answer my questions if I have query." A third person said, "Yes, they do listen, all the time. They are very good, they are the best carers in the world." One relative shared, "They interact with [family member] the best they can. One carer brought him a present back from his holiday." A second relative said, "They do ask for [family members] opinion."

Each person had a care plan in their home that guided staff on how to care for the person. People and their relatives told us they had worked collaboratively with the management team in the building of the care plan. They said the plan was reviewed regularly and reflected people's requests and preferences. For example, one person told us, "I had someone round this morning to review it, they do that every so often."

Collecting a social history provides people with the opportunity to share their life story, their attitudes,

interests, and significant experiences that have shaped their lives. The care plans held information around people's likes, hobbies and social history. For example, one person liked knitting and sewing and watching general knowledge shows. A second person had been in the armed forces A staff member told us, "It overwhelmed me with what he's done, least I can do for someone who fought for us is support them." In their own time the staff member had escorted the person to a memorial service. They stated, "He was adorned in his medals." It helped staff see the person helped build and strengthen relationships. When we spoke with staff about people, they spoke positively and promoted their skills and abilities.

Good

Is the service responsive?

Our findings

We asked people who received support from Mears Care Lancashire if the care they received was personalised and met their needs. All the people we spoke with felt the support they were getting, was what they wanted and needed. One person told us, " They [carers] are all good."
A second person said, "The carers are lovely they can't do enough for me. They are always offering to do things." A third person commented, "They provide me with everything I need, at the moment."

Mears Care Lancashire provide regular support to people living in their own homes as well as short term responsive crisis support. One person told us, "I'm better than I was, they [staff] were good." A second person commented, "They adjust to my needs, I am very fortunate in the people I get. They are very understanding." One staff member told us, "When people decline I can make a difference. I can see them develop and improve."

Care plans were developed with each person, and their relatives if appropriate, following their initial assessment. One person commented, "I have a support plan in my house which meets my needs very well. I am very happy with it. Everything I want gets done, I have no complaint." About the assessment a member of management old us, "We try not to make the assessment visit too official. People like to talk over a cup of tea." People had received a copy of the care plan and we saw these were available in people's homes. These plans described the support each person needed to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks involved in their care. For example, we read in one care plan step by step guidance on how to use equipment to move and handle a person and the person's involvement in the manoeuvre. We also read how people wished to be greeted at the start of the visit.

We asked about supporting people with activities. We visited the office base on the day of a charity coffee morning and observed people had been supported to attend. People told us they were supported into their local community to shop with one person stating how much they enjoyed their weekly cooked breakfast when out.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection care plans were being reviewed to ensure everyone being supported had received information in a personalised way that considered any disabilities or sensory loss. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. For example, we saw one person was hard of hearing and had a preferred side to receive information; another person needed prompting to use their hearing aids and another person who due to having mental health problems required a calm atmosphere to receive information.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I have never complained [formally] because if I have an issue the manager calls me and she sorts it out. She reacts almost instantly to my requests." A second person stated, "I have spoken to the manager, about things, and she has sorted them out."

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. At the time of the inspection there were no formal complaints documented. We also noted the service had received thank you's for the care delivered. These included, 'I wanted to thank your staff for their kindness care and compassion.'

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us they had a specialist team of staff who supported people who were at end of life and they were flexible in their visit times. They commented, "We offer emotional support for the families as well as the client. We also always want someone to attend the funeral." They stated that they had staff identified to attend accredited end of life training and palliative care was discussed within their induction. When people had discussed that they had a do not attempt coronary pulmonary resuscitation directive (DNACPR) in place this was documented within the care plan. The showed the management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the Act, 'Freedom of thought, conscience and religion.' It highlighted that the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Good

Is the service well-led?

Our findings

People consistently told us the service was well led. About the registered manager one person told us, "I know the manager and have met her at meetings. She is very friendly and polite. She asked lots of questions and was very easy to speak to. Without hesitation I would go to her if there was a problem." A second person said, "You can go to [registered manager], she will listen, ask questions and sort things out."

Staff were very positive about the registered manager and management team. One staff member told us, "[Registered manager] wants to know what's going on. She knows everything about everything." A second staff member commented, "[Registered manager] knows her job, is lovely and caring." A third staff member said, "[registered manager] is absolutely fantastic. Helped me out a lot."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. They had recently been awarded a contract from the local authority to deliver crisis care. This showed the registered manager had a clear vision and credible strategy to deliver high quality care.

There was a very positive culture among staff. The manager and their staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with staff confirmed they were clear about their role and between them provided a well-run and consistent service which met people's needs in a person-centred way. Staff told us they enjoyed the open door policy the office had and management were always available. One staff member told us, "I am here so often it's a wonder they haven't barred me." Throughout our inspection visits we observed care staff visit the office, sit, have drinks, share information and collect paperwork and gloves to support their role.

We saw minutes, which indicated staff meetings, took place. Topics revolved around the people being supported, health and safety and risk assessments. One staff member felt the meetings should be more frequent but felt supported by the management team. We shared this information with the registered manager who told us they would review the frequency of meetings. The registered manager also attended senior management meetings with managers from other branches. They told us, "It's good to hear what is happening in other places and take away their good practice."

The registered provider had governance systems to ensure the service was resilient and delivered a quality service. Spot checks were carried out when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. Daily notes and medicine administration records were sent to the office to be read and audited to ensure they complied with local authority standards. The service also carried out internal branch audits with actions to be completed and by whom. The service had electronic call monitoring systems in place with designated staff having oversight to monitor call visits that included punctuality and visit length. This allowed the service to have oversight on staff contacts and a lasting record of visits to review.

Records seen and staff spoken with confirmed observations or spot checks in the work place had taken

place. This showed us the registered provider was committed to ensuring safe and effective care took place. The registered provider conducted audits to assess the quality of the service provided. These covered, for example, medication, daily logs, daily records and finances, were appropriate. We saw when the management team identified issues they acted to address them and to drive improvement.

The registered provider sought feedback from people. This was in the format of satisfaction questionnaires that checked all aspects of their care and how the service was run. We saw the feedback was overwhelmingly positive, however we saw two people had raised concerns. The management team were aware of these, however there was no evidence these had been addressed. The management team were able to resolve this by the time the inspection visits had ended.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.