

# Proud To Care Limited

# Proud to Care

## Inspection report

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Date of inspection visit: To Be Confirmed  
Date of publication: This is auto-populated when the report is published

### 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	

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. The service was last inspected on 4 November 2013 and was meeting the requirements of the regulations we checked at that time.

Proud to Care is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, 21 people were receiving care and support from the service.

The provider of the service was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The manager and staff understood the personalised needs of people who used the service and ensured that

# Summary of findings

care was delivered to suit individual requirements. Staff used their initiative to look at alternative ways of providing appropriate support and responding to people's changing needs. Reviews were undertaken periodically, and in response to changes, to ensure care was suitable and appropriate. People using the service and their relatives spoke highly about the care they received and said that staff respected their privacy and dignity.

People had the same core group of key workers and were introduced to any new staff who would be supporting them. People felt comfortable with their care workers and it was evident that trusting relationships had developed. People told us care workers turned up punctually and stayed for the scheduled amount of time. The service had a system in place to ensure that calls could be covered at short notice if required.

Staff received ongoing training and were encouraged to extend their knowledge and develop new skills. All

received a detailed induction and fully understood their roles and responsibilities, as well as the values and ethos of the service. Staff had regular supervisions and appraisals and told us they felt fully supported by the registered manager and their other colleagues.

The service sought advice from other professionals and implemented this to improve their own knowledge and practice. External professionals we spoke with were positive about the service.

The registered manager assessed and monitored the quality of care and stayed in regular contact with people who used the service. The registered manager provided care also and encouraged feedback from people and relatives, which was used to make improvements to the service. Everyone we spoke with who used the service knew who the registered manager was and spoke highly of him, the staff and the service as a whole.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. All staff undertook training in safeguarding vulnerable adults. All had a detailed understanding of the Mental Capacity Act 2005 (MCA) and how this applied to their role.

There were individualised risk assessments in place for each person who used the service. Staff accommodated people's choices in ways to ensure their safety.

The registered manager had a system in place to ensure all care visits were covered. Staff were vetted and checked to ensure they were suitable prior to starting employment.

Good



### Is the service effective?

The service was effective. Staff received regular supervisions and appraisals. They had training to enable them to perform their roles and were able to improve and develop new skills.

Where people had specific health needs, staff sought advice from specialists where required and acted upon information given. Good health and nutrition was promoted for people.

Good



### Is the service caring?

The service was caring. All people and relatives we spoke with were highly complimentary about the care they or their family member received. Staff acted upon people's choices and knew them well.

People's likes and dislikes were recorded in their care records and staff were encouraged to form trusting relationships with people they supported. People were supported by the same core group of care workers.

Good



### Is the service responsive?

The service was responsive. Care was planned around personalised needs and people were supported to continue daily routines and activities they enjoyed. Staff used innovative ways to ensure people's needs were responded to effectively.

Information on how to make complaints was available for people with guidance about the steps involved and what to do if they were dissatisfied with the outcome.

Good



### Is the service well-led?

The service was well led. Team meetings took place frequently and good practice was regularly shared. The registered manager provided care to people which staff said set a good example to them. There was mutual respect between the manager and staff and all told us they enjoyed their work.

People using the service and their relatives were all in regular contact with the registered manager. They had opportunities to provide feedback and influence the service.

Good



# Proud to Care

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection took place on 5 and 6 August 2014 and was undertaken by an adult social care inspector.

Before our inspection, we reviewed the information we held about the service and contacted the commissioners of the service to obtain any information they held. We asked

the provider to complete a provider information return which gave detailed information about the service. We also sent questionnaires to people using the service. This information was reviewed and used to assist with our inspection.

As part of our inspection we visited three people, with permission, in their own homes who were accompanied by a relative. We also visited one person, again with permission, at a place where they were undertaking a period of respite. We spoke via telephone with one person, and eleven relatives of people, using the service. We spoke with one social worker and two specialist nurses who had involvement with individual people who used, or were using, the service.

We spent time at the office and spoke with the manager and individually with five care and support workers. We reviewed records which included three care files of people we visited, staff files, meeting minutes, policies and procedures and other relevant documentation.

# Is the service safe?

## Our findings

The service was safe. People using the service told us they felt safe and relatives said they felt their family members were safe. One relative told us, “At first I was worried due to bad experiences with another service but now I have no worries at all. I leave the carers to it and hear them having a laugh and joke with [my family member].” All people we spoke with talked of feeling “comfortable” and “reassured” with the care workers that supported them.

Staff had undertaken training in safeguarding as part of their induction and were familiar with the different types of abuse which meant they understood how to protect people from harm. The registered manager confirmed there had been no safeguarding incidents but was aware of the requirements to refer these to the local authority and notify the CQC. There was a safeguarding policy in place for staff to refer to in order to ensure they followed consistent procedures for reporting and recording any safeguarding matters. The service had a whistleblowing policy in place that staff were aware of in order to report any concerns via this process.

Each person had risk assessments in place which were designed to ensure that potential risks to people were managed and minimised whilst still promoting independence. We saw these in people’s care plans and observed that they were individual to each person’s needs. These were reviewed at regular intervals by the manager and in response to any changes in risk. Additional risk assessments were implemented where required.

The registered manager and staff told us how people were encouraged to do the things they enjoyed and said they would look to ensure risks were managed to accommodate this. One care worker we spoke with told us about a person who had some incidents whilst cooking alone leading to the fire service to be contacted. The care worker suggested to the person that at one of the daily care visits, they would cook with the person. They said, “I still encourage [name] to do the cooking themselves, it’s just that I can keep an eye on things from a safety perspective”. They said that this worked well. It demonstrated that the person was still able to cook their own meals which they enjoyed but that this now took place in a safer way as the care worker was able to supervise.

The Mental Capacity Act 2005 was covered as part of the induction although it was not listed as a stand-alone subject as part of a care worker’s training schedule. However, each staff member we spoke with was aware of the act and able to clearly explain how it worked and applied to their role. This meant they had knowledge to ensure decisions were made in people’s best interests and in line with relevant legislation. The Mental Capacity Act code of practice and relevant procedures were available in the office for staff to refer to. Each staff member was also able to access the policy online via their own log in which they could access from any computer.

People told us care workers turned up punctually and stayed for the scheduled amount of time. One person said “Their time keeping is impeccable and that was one of my stipulations, never been let down.” People told us on the odd occasions where a care worker was running late, they would be contacted and informed about this beforehand. Each person had contact details available for the manager and the number was accessible at all times. Where the registered manager was not available, arrangements were put in place for two other staff members to act as dedicated contacts in a ‘care co-ordinator’ role.

The manager used a computerised system called ‘care planner’ to allocate staff to care visits and to ensure all calls were covered. He allowed some flexibility each day in order to accommodate any changes. The registered manager also provided care to people so could also fill in where required and where appropriate. This meant there were procedures in place to allow for any short notice changes to ensure people received the support they required.

We looked at the recruitment records of five care staff. The registered manager and staff told us that reference information was requested for new employees. In the files we saw, we did not see written references for each staff member as stipulated in the service’s recruitment policy which stated two were required. The registered manager acknowledged that he did not always obtain these in written format. He said he would follow references up verbally but would not always record this information or request written follow ups to authenticate the information. This meant there was a risk that any previous unsuitable work conduct may go unnoticed. The registered manager stated he was very selective in who he employed and accepted that prior work conduct needed to be better evidenced.

## Is the service safe?

We saw completed application forms and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help

employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). Staff had to wait until these had been returned and were satisfactory prior to starting their employment.

# Is the service effective?

## Our findings

The service was effective. All staff followed a structured induction program when they first started their employment. Each staff member had a training schedule in place where they covered a number of topics on a rolling program. These subjects included, risk assessments, dementia, health and safety and record keeping. Staff had to have completed relevant training prior to undertaking certain tasks, for example medication, and we saw where staff had undertaken this. The registered manager encouraged discussion of each subject in a group environment, such as in team meetings so that people had opportunities to confirm their understanding and consolidate their knowledge.

Staff told us they were encouraged to access further training. One care worker told us about a person they worked with who had a specific health condition. They said the registered manager told them where they could find further information to research about this condition which they had found valuable. Some care workers were currently taking on extra responsibilities in care co-ordination and learning and development. This demonstrated that staff had opportunities to widen their skill sets and to progress in their roles.

Every staff member we spoke with was positive about the service, their colleagues and the manager. All told us they enjoyed their work and said the manager was extremely supportive and set a good example for them to follow. Staff had regular supervisions and annual appraisals which we saw evidence of. Staff told us they valued formal supervision meetings and informal support. They told us they were able to discuss a variety of topics which included work/life balance, staffing, client updates and further training.

People and relatives said about staff skills, “They’ve got common sense, life skills, it means a lot”, and “They know what they’re doing. They’re capable.” All people we spoke with directly felt the care workers were competent and met their needs. One comment on a questionnaire we sent to people prior to our inspection said they felt a longer period of shadowing, especially for moving and handling would be more beneficial for people with complex needs in this area.

People were supported with their nutrition where required, and this was documented in people’s care plans. Information was contained about people’s likes and dislikes and how they liked to have their drinks and meals. One person had recently ceased to have food and fluids orally. Staff worked with other professionals, the person and their family to ensure adequate nutrition and hydration was now provided via an alternative method.

The manager told us he sourced specific training from other health professionals to ensure people’s health needs were met. This included training from a district nurse for a new technique to alleviate pressure for people at risk of pressure sores. One person said they had recently been provided with a new hoist. The registered manager had arranged for the supplying company to provide training for the care workers and himself in how to use the equipment. We spoke with three health and social care professionals who had involvement with the service and none had any concerns with the support staff provided. They said that staff took their advice on board and implemented this.

Relatives told us they were always kept informed about any changes to their family member’s health and they felt staff picked up on things. We heard positive comments about people’s health which included a reduction in hospital admissions for one person. One relative told us, “Even the district nurses say my mum’s improved and that we’re lucky to have the carers she’s got now.”

# Is the service caring?

## Our findings

The service was caring. The manager told us he believed the main strength of Proud to Care was the care they provided to people and putting the person at the centre of the process.

People using the service and relatives spoke highly about the care they received. They told us how staff had the time to get to know people and their specific likes, dislikes and 'nuances'. One relative said, "It's an incredibly personalised service, I just wish there could be more like that." One person expressed how it was important that their care workers knew them well. They said, "I get on with all my care workers on a personal level, they're suited to me. We've got a great team." We looked at three people's care plans and saw that information was person centred and contained individualised information specific to each person. For example, it was documented where a person liked to watch a specific TV program and how strong they liked to have their hot drink. Care plans included the direction to "take time to establish a rapport and relationship with [the person]". Information was provided about the person's background, family, past history and interests they had so that care workers were aware of what mattered to the person and how to engage on topics relevant to them.

One person whose family member had only recently started to use the service described to us an initial meeting between the registered manager and their family member. They told us, "[The manager] focussed on getting to know my [family member] and made her feel special. He was lovely with her, she was really enjoying it and they talked about things she enjoyed and recalled from her past." They felt this had provided an insight into getting to know their family member as a person. Another relative said the registered manager had "the most infinite patience with people" and "really knows and respects the clients."

It was evident from speaking with staff that they knew people well. They were pro-active in ensuring that people's specific preferences were met. Care workers told us how they would sometimes work with each other, especially where one person may have cared for someone over a longer time, in order to get 'fine details' of how the person liked to be supported. All said they found this to be very beneficial. One care worker said, "It's a good way to learn more and pick up on little things that you can't always get

from a care plan." All care workers spoke of the importance of building up relationships with people and said they had sufficient time, and were actively encouraged, to do this. One said, "I feel it is a privilege to work with the clients I work with". Another care worker said the manager was "really good at matching staff to clients, spot on how I am matched up with people." This ensured that people were supported by staff they could relate to and form positive relationships with.

Personalised care, respect and relationships were areas that were covered at induction by each new staff member. One relative told us how staff adapted their approach to meet their family member's non-verbal communication needs. This included identifying body language, gestures and facial expressions. They said, "[Staff] speak to him, explain what they're doing and make sure he's involved, his choices". Having the same group of care workers had allowed staff to understand the person's preferences and how they liked to be supported. This showed that communication was tailored to people to ensure they could make their own choices in respect of their care needs.

People said staff regularly did extra things that made a difference to them and their family member. There were several references from people about care workers going "above and beyond" their role. Comments included, "We think they're excellent, my mum says she's very lucky to have them", "I think they go the extra mile and that's what I wanted", "They've gone that extra step over and above a care provider" and "They can't do enough for you." People and relatives gave examples of how they felt care workers cared and had a genuine interest in people they supported. One relative told us how care workers took time to sit and have reminiscent chats with their family member which they really enjoyed. One person's family member had recently gone into a care home for a period of respite. The person's care worker continued to visit them in the home. Prior to the person leaving the care home, the care worker had arranged to purchase food supplies so that these were in place when the person returned home. This person's relative told us, "That wouldn't happen anywhere else, they bend over backwards for people." Another person who told us of previous bad experiences with other agencies said about Proud to Care, "I'm one of the lucky few who's got them. They try to make it 100% all of the time."

## Is the service caring?

Everyone we spoke with said they had the same small group of care workers and were introduced to each new care worker by the registered manager. No one had received care from anyone they had not been introduced to before. Everyone was complimentary about the staff. They told us, “The best carers we’ve ever had, they’re all lovely” and “The head of proud to care and carers love and care for my mum as they would their own”. People spoke about how they and their family members felt comfortable with the care workers and trusted them. One person said, “They’re like extended family, they really are great”. One relative described how the care workers really took time to make their mum feel at ease and build up a trusting relationship. Another relative said, “[Care worker] has got a wicked sense of humour like mum and it’s lovely to hear them in hysterics together”. It was clear from speaking with people that there was genuine warmth and good feeling towards their care workers.

All people we asked told us that staff respected their privacy and dignity at all times. People gave us examples of how staff were discreet and respectful, especially when providing assistance with personal care. One relative told us how their family member had previously felt embarrassed during their experience at another agency. They described how the care workers from Proud to Care had put their family member at ease and had never made them feel undignified or uncomfortable.

A social worker we spoke with told us, “Excellent agency. The staff I met seemed ever so nice. It’s all positive I’ve no complaints at all.” A specialist nurse said the manager and staff “seem conscientious and caring.” They told us a person they were involved with was very happy with Proud to Care and they had built up a good relationship with their care workers.

# Is the service responsive?

## Our findings

The service was responsive. Care was assessed and planned in response to people's individual requirements. One relative said, "They were the only service to have the common sense to adjust care to suit mum's needs." People and their relatives told us how they were able to make changes, for example where someone had an appointment and their visit needed to be put back or moved to another day. Another person commented, "If I request any changes, they are implemented immediately." Everyone said the staff and manager would accommodate any changes in needs where they were able to.

A relative told us of a situation where a recent event had led to roads being closed in the area where their family member lived. The person needed assistance with their medication. They said that the manager put an 'action plan' in place and on the day in question, the manager walked to their family member's home to ensure they were safe and received their medication. This demonstrated that the service was proactive in making sure people's needs were met.

The manager told us about one person who, since receiving care from Proud to Care, their wellbeing had improved. The person previously had a number of hospital admissions whilst receiving care from another agency however these had now reduced significantly. We saw notes of a multi-disciplinary meeting for this person, which had been arranged by the manager, where it was acknowledged by professionals involved with the person's care that the person had improved and was much more stable since using Proud to Care. We also spoke with the social worker who had been involved. They told us how they had put forward a case for the person to remain with Proud to Care because of the significant improvements to their wellbeing which was confirmed by the person's doctor. We saw a testimonial from the person which included the statement, "The care is absolutely magnificent and has saved my life, I feel you are battling for me. I am getting more capable of doing little things for myself and my quality of life is 100% better since you came."

The manager reviewed people's care at regular intervals and in response to any changes in needs. Care workers told us they would inform the manager if they felt a person's needs had changed. They said they would also advise and discuss, where appropriate, any changes with other

individuals involved with the person; for example, family and other professionals. They told us a benefit of working with and supporting the same people was that they were better able to recognise any changes. All people and relatives we spoke with said they and were able to raise any issues and changes were made to suit people's needs. The manager told us, besides in response to change in needs, that he reviewed care plans and risk assessments at set intervals. Details of when these were due were stored on a computer system accessible to the manager. In the care plans we saw in people's homes it was not evident when they were due for review which meant people other than the manager may not be fully aware of the review process and when to expect a review. The manager told us he would look at making this information more clear in people's care records.

Staff told us about innovative ways of responding proactively to changes. One example a care worker gave was of a person who recently no longer felt like having a meal during their last visit of the day. The care worker said that as they knew the person well, and what they liked to eat, they had started to make up a picnic basket instead to leave for the person with their agreement. This way the person could choose to eat what they wanted from the picnic basket at a time they felt like eating. The care worker said that when they returned the next day the person had normally eaten the food. This demonstrated that staff were able to use their initiative to ensure people's individual needs were met.

Staff said they read each person's care plan prior to going to support them. Updates were regularly sent by the manager to the whole staff team about people's support, for example if somebody had been admitted to hospital. This meant that staff had knowledge about each person who used the service which they said was useful should they be required to assist or provide support to them. However, we noted that all information pertaining to individual people using the service was not kept in way so it was specific to them. As such, there was no way to find all relevant information about a person without looking through all of the updates which often referred to several people at once. This meant it was not easily possible from the records to see a 'whole picture' of one person's updates. The manager told us he would look at implementing a way so that all pertinent information for each person was kept within their records.

## Is the service responsive?

People were supported and encouraged to maintain and participate in activities they enjoyed. One person, who regularly went out each week with a friend, was supported by a care worker to continue this trip out when their friend was not available. Another person was in regular employment and staff assisted the person to attend their workplace. This meant people were still able to enjoy and participate in their usual routines and activities.

We saw how the service was receptive and responsive to people's wishes by acting outside of their normal practice and considering further initiatives. For example, two people had recently expressed an interest to take a trip abroad. The manager fed this back to the team for further discussion about whether and how the service could accommodate such requests. This showed that consideration was given to how the service could meet people's aspirations. We saw testimonials from staff and people involved in a 'one off' visit that Proud to Care had

arranged for a person who had gone to live in permanent residential care. The person was not a user of the service and had wanted to return to their family home for a final time to say goodbye. Proud to Care facilitated this visit for the person and feedback about the experience was very positive from all involved.

The service had a detailed complaints policy in place. No one we spoke with had made any complaints about the service and all said they would have no hesitation in speaking with the manager or their care worker if they had any. When starting the service, people received an information pack which contained a copy of the service's complaints procedure. This clearly set out what procedures to follow to make a complaint and timescales for a response. There was information provided about people's options should they be dissatisfied with the outcome of their complaint.

# Is the service well-led?

## Our findings

The registered manager was also a registered nurse, the managing director and owner of the company. Whilst managing the service, the manager still regularly provided care to people using the service. He told us this was because he enjoyed providing care and making a difference to people. It also kept him close to the team and meant he could be fully supportive as a full team member. The manager told us “The culture of the organisation is that I am with the staff, not distant from them”.

Everyone we spoke with knew who the manager was, had contact details and said they could get hold of him at any time. All said he was very approachable and “hands on”. One person said, “In over five years of dealing with home care agencies, I have never once met the boss until using this service.” A person who had started to use the service shortly after it had been set up said of the manager, “He still comes to see us, we can talk to him about anything.” Another comment was “It’s a very personal service, [the manager] knows his clients.” This showed that there was clarity and openness about who the manager was and that he was directly accessible to people.

People referred to the values and ethos of the service and said it was evident from the manager’s approach that the service was dedicated to providing quality. One person described how they had researched and interviewed a number of agencies prior to choosing Proud to Care. They said they liked the service’s “values and honesty” which had influenced their decision to use the service. Another person told us, “They have the same beliefs and values we have. It’s all about dignity and respect and we’ve never been let down.” Other comments from people included, “If he treats his staff with the same respect he treats his clients then he’s an excellent boss” and “They are one of the services you don’t have to worry about.”

One care worker said they felt it was an “Absolute privilege to work with a company that has a philosophy like this.” They said the manager really valued the work that staff did and genuinely cared. Another care worker explained that, “If you took [the manager] out and put someone else in, it wouldn’t work.” Another, who had worked in social care for a long period of time said, “I can suss out a good carer in ten minutes and we have got a right good bunch here”. One care worker told us of an example where a situation had personally affected them and said they had contacted the

manager who had responded immediately and been fully supportive. Staff said that despite how busy the manager was, they all felt he had time for them. Staff told us they learned from him and he provided a good example for them to follow.

We heard examples of how people were kept informed about the service and involved in their own or their family member’s care. People had opportunities to influence how the service ran and to influence decisions relating to their own care. One relative told us how they were always contacted by the manager prior to introducing any new worker to see what they thought about the person and to obtain their views as to whether they would be suitable.

We saw evidence of people being encouraged to provide feedback by way of questionnaires being sent to people using the service. These requested information about how the service could be improved and what was working well and not so well. We saw where suggestions were provided and where these were acted upon. For example, one person said an improvement could be checking use by dates on food to prevent wastage. As a result of this, the service had implemented a system whereby food was clearly labelled with dates to address this issue. This showed the service was receptive to, and acted upon, feedback.

We saw a sample of emails that the manager regularly sent to the team and to individual staff members. These acknowledged staff’s work and fed back compliments and feedback from people using the service and relatives. Staff also confirmed that they constantly received feedback from the manager face to face, verbally and in team meetings. They said that they felt their input and work was acknowledged by the manager who also sought feedback from them about what could be improved. Staff said the whole team was supportive and they would often go to colleagues for advice or reassurance which showed the service had an open culture.

Team meetings took place regularly and we saw minutes of these which showed that a range of issues and topics were discussed. These included; training, updates about people, business objectives and communication. Reflective practice was used often where staff reflected on situations to discuss and share what worked well and didn’t work well. The whole team were able to contribute their views and knowledge and would discuss whether certain situations could be handled differently. Themes

## Is the service well-led?

throughout team meetings centred around headings 'what more could do we do' 'what could we improve' and 'what is going well'. This showed that the manager and staff team were continuously looking at how to improve and how to embed good practice.

By providing care and by keeping in close contact with people and their relatives, the manager was able to continuously monitor the quality of the service. People told us they would speak up if they had any issues and were confident these would be dealt with. We saw where the manager had recorded and acknowledged individual examples of good practice and where areas for action had been identified. The manager told us he recorded these in his diary during observations. As such, there were no records to evidence that the quality of the service, and staff competence at providing the service, was formally monitored and audited in a holistic way. The manager said he would look at how best to record this information in a way suitable to the service.

We discussed with the manager the importance of record keeping and information being stored and sent safely. The

service used a system whereby staff could access, via computer, relevant information relating to the service. The service had a confidentiality policy in place and this was part of the induction program. The manager told us he would ensure information was only sent to staff when necessary and in line with relevant guidance.

The service had a number of detailed policies in place. These were stored in hard copy at the office and each staff member was also able to access these online via their own log in. Updates to changes in legislation and new working practices were amended in policies when required to ensure information was current and reflected the latest guidance.

There was a process in place so that any incidents would be reported to the manager who would have oversight of these. Although no situations had occurred which warranted notification to the CQC, the manager was aware of his responsibilities around this and what matters needed to be referred.