

Real Life Options

Real Life Options - West Midlands Supported Living and Outreach Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out this inspection on 5 July 2016. We told the manager we were coming 48 hours before the visit so they could arrange for care workers and people to be available to talk with us about the service.

Real Life Options Limited is a service which provides personal care and support to people with learning disabilities in their own homes. At the time of our visit 10 people used the service. One person was supported by care workers with 24 hour care.

The service did not have a registered manager. The manager had been in post since July 2015 and was in the process of applying for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service because care workers were skilled and knowledgeable, and knew how to care for them. Care workers had a good understanding of what constituted abuse and safeguarding concerns were raised with the local authority.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Care workers understood the principles of the Mental Capacity Act (2005), and had received training in relation to this. Care workers ensured they gained consent from people before supporting them with care.

People who required support had enough to eat and drink during the day and were supported with specialist dietary needs.

People were assisted to manage their health needs. Care workers referred people to other professionals for further support if they had any concerns.

People were involved in planning their care and had care workers who completed the required tasks as agreed in people's support plans. There were enough care workers to care for the people they supported and new care workers had recently been recruited. People and families had regular opportunities to meet with care workers and the manager to review their care.

Care workers were kind and caring and had the right skills and experience to provide the care people required. People were supported with dignity and respect by care workers that knew them well. Care workers encouraged people to be independent where possible, and to further develop their life skills. Additional support for people was arranged through advocacy services if this was required.

Care plans were up to date and contained relevant information for care workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from care workers trained to administer them safely.

People knew how to complain and could share their views and opinions about the service they received. Care workers were confident they could raise any concerns with the manager and provider, and felt these would be listened to and acted upon.

Processes were in place to monitor the quality of the service provided. People were given the opportunity to feedback about the service they received through focus group meetings and surveys. The manager acted on information received to improve the service.

The manager gave care workers formal opportunities to discuss any issues with them. Other checks and audits ensured care workers worked in line with policies and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support from care workers who understood the risks relating to their care. Care workers had a good understanding of what constituted abuse and any safeguarding concerns were raised with the local authority. There was a thorough staff recruitment process and there were enough experienced care workers to provide the support people required. There were safe procedures for administering medicines and care workers were trained to do this.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Care workers understood the principles of the Mental Capacity Act (2005), the importance of gaining consent from people and had received training in this. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People considered care workers to be kind and caring. Care workers ensured they respected people's privacy and dignity, and encouraged their independence where possible. People received care and support from consistent workers who supported them to maintain contact with their families. Additional support was arranged for people with advocacy services if this was required.

Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences from care workers who knew them well. Care plans were

regularly reviewed and the manager updated these when there were changes to people's care needs. The manager responded to any complaints raised and acted on these.

Is the service well-led?

Good ●

The service was well-led.

People and relatives were happy with the service provided and felt able to speak to the manager if they needed to. Care workers were supported to carry out their roles by the manager who was available and approachable. Care workers were given opportunities to meet with the manager to raise any issues or concerns they had. The manager reviewed the quality and safety of service provided. This was through regular communication with people and relatives, and audits to ensure care workers worked in line with policies and procedures.

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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 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.

We reviewed information received about the service, for example 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 looked at information received from people, relatives and professionals, and we spoke to the local authority commissioning team who gave us some positive feedback about the service.

The inspection took place on 5 July 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people and care workers. The inspection was conducted by one inspector.

We contacted two people who used the service by telephone and one relative. Some people who used the service were unable to tell us about their experiences of the care they received. During our visit we spoke with the manager and three care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff files to check whether care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with care workers. One person told us, "I feel safe, I am happy with the service, there is nothing they could do better." Care workers felt people receiving the service were safe and well cared for. One care worker told us, "Yes I think they are safe, I've got no concerns at all, we all get on together and we feed back to each other, and the manager."

There were enough care workers available to support people with the required care and meet their needs. One care worker told us, "Before, there was a problem, now we have more staff it is better, they have employed more staff." Another care worker told us, "Now we are getting more staff, that helps." The provider had recently had a recruitment drive and recruited more care workers to ensure there were sufficient numbers to complete the scheduled calls. No agency care workers were used, however, three 'bank' workers were employed who worked 'as and when' required. The manager completed the staff rota to ensure people were supported consistently and by care workers who knew them.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. One person who was supported by care workers was involved in recruitment and interviewed potential new staff to decide if they were suitable for employment. The manager told us, "We look for previous experience, passion, a positive attitude, a can-do approach to learn." They went on to say, "The process for recruiting staff is if we feel they have the flexibility and confidence, we start by offering smaller amounts of hours first, then offer an increase in hours."

References were sought before care workers were able to start work and background checks were completed. One care worker told us, "Before I could start, all my checks had to come through." We checked two staff files and saw these checks were documented and had been completed prior to people being able to start work.

Care workers received support during a period of induction to ensure they were able to care for people safely. One care worker told us, "The induction is four days, we are told about the service, it is useful, I did shadowing (working alongside experienced staff)." Another care worker described the induction as 'very good and informative'.

The manager told us the induction training was very comprehensive with information which included health and safety, information about the organisation, expectations of care workers and the relevant legislation such as the 'Care Act'. Care workers then worked alongside another care worker for a minimum of two shifts to gain practical experience and get to know people.

Care workers were given a handbook of policies and procedures in relation to areas such as use of mobile phones, dress code and whistleblowing (raising concerns about other staff). One care worker told us about this, "I would report it if I saw bad practice, there is a whistleblowing line."

Care workers understood the importance of safeguarding people and their responsibilities to report any

concerns. One care worker told us, "Abuse could be not listening to someone, not giving them your time. It could be racial abuse or ill treatment." They gave an example of one person who was diabetic and needed support around their diet. They told us that neglecting to provide the support the person required would be considered abuse.

Another care worker told us, "We would make sure people were safe at home, make sure they have taken their medication. If they don't, this could be safeguarding. It could also be physical, emotional or psychological abuse."

We asked care workers what they would do if they witnessed another worker being abusive. One care worker told us, "I would ask them if they thought this was appropriate, why they were upset and feed this back to the manager." We asked the care worker who they would report to if, for example, they were concerned about the manager. They told us, "We could go to the area manager," and knew how to contact them. We saw any safeguarding concerns had been documented and the correct action had been action following this with referrals to the local authority.

The manager undertook assessments of people's care needs and identified any potential risks to providing their support. We saw risk assessments were incorporated into people's care records, for example, managing risks in relation to keeping healthy, medicines and finances. Care workers were aware of these risks and how to minimise these. One person had been identified as being at risk in relation to people they did not know coming to their property. Care workers supported the person to keep the property secure and to stay safe.

People received their medicines correctly and from care workers trained to administer them. We checked some medicine administration records (MAR). We found these had been correctly completed to confirm people had received their medicines as prescribed. Some people could take their own medicines and required only prompting, for example to use an inhaler.

Medicine was kept in people's home and stored safely. One person had their medicine locked away by care workers at their own request, as this made them feel reassured.

One relative told us that in the past care workers had not given their family member medicine on time. We asked the manager about this. They explained the person chose to sleep in late, which delayed the administration of their medicines at times however staff did encourage the person to take this. Another person told us the times for their medicine had changed and this was too late for them now as they liked to go to bed early. We raised this with the manager, who told us they would discuss this further with the person as the medicine could be given earlier if necessary.

Some people took medicine when required, for instance when they were in pain. Most people were able to tell care workers when they wanted this. Where people were unable to tell staff, guidelines explained what signs staff should be aware of, so they knew when the medicine was required. For example, one person had some obvious physical changes, and another person began to speak more quickly and paced up and down. These signs indicated to care workers that the medicine was required.

Care workers were trained around administering medicines through computer and classroom based learning. One care worker told us, "I feel trained, I have not made any errors." Another care worker told us, "I am confident to do medicines. I have had a check by the manager, we do a refresher course and I am up to date." The manager told us, "I have also asked a pharmacy to do a workshop for staff," which they felt would support them further.

The manager observed care workers giving medicine and completed a competency document to assure themselves that they gave medicines safely. They told us, "If I do not feel confident, I carry on my observations until I am satisfied." We saw medicine competency checks had been completed on staff files.

The manager completed a weekly medicine audit to identify any concerns. We asked the manager what actions they would take if there was a medicine error. They told us, "I would inform the safeguarding team, follow this up, move the staff away from administering or prompting medicine, look at their training again or attending a workshop. I would look at completing another competency or observation again."

Records of accidents and incidents were completed. There had been some incidents when medicine had been missed, and also involving people when they had become upset. The manager had analysed this information to identify when further action was required to keep people safe. For example, they had identified that a change of routine affected one person's behaviour towards care workers. Care workers now followed a planned routine which helped them to manage the person's behaviours better.

Some people who received care support, lived independently in flats in the same building. Fire evacuation plans had been completed for people in an easy read pictorial format to give them information of what to do in a fire. The manager also had contingency plans to support people in emergency situations such as flooding so they were kept safe and received continuity of care.

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. One person told us, "Yes the staff are alright, they are fine." Another person told us, "I think the staff are good." One relative told us, "Yes I am happy, [Person] can play the staff up, but they manage well."

One care worker told us, "I think the service is good, it has improved since I began. There is a bit of order now, we know what we are doing." They told us the service had improved since the current manager had been in post.

Care workers used a communication diary kept in people's homes to pass on any important information about changes in people's needs. This enabled them to provide consistent and effective care.

Care workers received training considered essential to meet people's care and support needs. The manager told us, "We have had a very big drive for training, for learning and development, from mandatory training, to training around specialist areas such as autism." One care worker told us, "I think the training is good, it is on my kindle (a hand held computer device), we have handouts as well, I can do the training in my own time." They told us they were happy to do this. Another care worker told us, "A lot of the training is quite good, it is interesting, some is in the classroom and some is e-learning. It's more of an awareness test at the end. I do think it teaches you."

Training was completed in areas such as safeguarding people, epilepsy medication and first aid. The manager told us, "If we have identified that there are issues with the e-learning or it is a challenge for staff, I will set up a classroom based training instead." A training workbook was completed by all care workers and training was monitored by the manager and administration team so they kept up to date with this.

All new care workers were completing the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, they have to demonstrate the skills, knowledge, values and behaviours expected within a care environment, to ensure they provide high quality care and support. The manager was going to be completing care worker observations for this. They told us in addition to this, most of the care workers had care qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the relevant requirements of the Mental Capacity Act (2005). No one at the service had a DoLS authorised.

All of the people at the service were able to make some day to day decisions for themselves, and were supported by the people closest to them with more complex decisions. Care workers had received training in the area of mental capacity.

One care worker told us, "Service users need to make decisions for themselves, when they need help, you would make a best interest decision and look at the pros and cons." They gave an example of one person who wanted to buy an expensive purchase and care workers had supported them to do this, in conjunction with their family member.

We asked care workers what they would do if a person was making some decisions which may be considered 'unwise'. They told us, "I would speak to the manager and the service user, try to find a way we could support them, so they could do this still." Another care worker told us, "We would try to explain the pros and cons, you would not stop them."

Consent forms had been completed giving permission for photographs to be taken. These were completed correctly and signed by people to indicate their consent. One care worker told us, "The situation is everyone should be treated as having capacity, you have to get consent about the care." They told us about a situation where there were plans to change something for one person by their family, and they had discussed that the person's consent was required to do this.

People's nutritional needs were met by care workers if this was part of their care plan. One person told us, "They make me food and it's good." One relative told us that sometimes their relative had too much food or too little, and not did not always want to eat what they had purchased with care workers. However, the manager was aware of these concerns and were addressing this.

Care workers had identified one person was buying a lot of takeaway food. With the person's agreement they were supporting them to cook more meals at home which they liked, and which were healthier. This had saved the person money which enabled them to join a gym.

Some people had specialist dietary needs in relation to their health. One person told us, "I have diabetes, so I have to watch what I eat and they help me." One care worker told us, "[Person] is supported with a healthy diet, we cook healthy dinners together." They went on to explain that the person had been supported by care workers to join a slimming group at their request. Care workers supported people in preparing meals, and promoted some people to make meals independently by observing and guiding them.

People were supported to manage their health conditions and to access other professionals when required. One person told us, "The care workers help me keep all my appointments." One relative told us, "We both get them to the doctor, they are quite good with that."

Care workers prompted some people to attend medical appointments. We saw a referral had been made to support one person who had problems sleeping. Another person was also a carer for another person in their own right and care workers worked alongside the local authority in supporting them.

Care workers supported some people to attend a local GP patient's forum meeting, so they could feedback about their experiences at the surgery or any concerns they had.

Is the service caring?

Our findings

People told us care workers were kind and supportive. One relative told us, "I think the staff are quite nice."

Care workers told us what being 'caring' meant for them. One care worker told us, "I really enjoy the work, the service users are always happy and doing stuff, we get on and I love it." Another care worker told us, "We have staff who are really kind, they want to come and do the work." Other comments included, "I think people are treated with dignity, all the staff here are pleasant and caring towards them. I think the care works well and I enjoy it."

Care workers supported people whilst maintaining their privacy and dignity. One care worker told us, "I find people need to feel comfortable if you are helping with washing them, they have their dignity, covering private areas, so they feel comfy and safe." When one person was visited by their girlfriend, care workers provided them with privacy. At times, another person was visited by a professional, and care workers gave them the option whether they wanted the care worker to be present or not for their meeting. One person could get frustrated with family relationships at times. The manager told us, "We give them some space, it helps them, if they want to reflect on this."

People were supported to increase their independence. One care worker told us, "I get [Person] to help after lunch, to take their plate and wash up, to be involved. If I take their laundry out, I get them to help to fold it." Another care worker told us, "[Person] is able to do some of their personal care, we help, but they do their hair and dress themselves. We just encourage their oral care as they can forget."

Care workers told us how they encouraged other people's independence. Several people were supported with personal care and 'prompted' to do this themselves where possible. Other people were independent, for example, in making their own drinks. Some people were supported to manage their own finances.

People were encouraged to maintain relationships with family members. One relative told us, "They come home normally on a Saturday (with staff support), we all get on really well." Care workers supported people to visit relatives. One person had support from care workers to telephone their family regularly.

People were supported with their religious needs. Care workers supported some people to go to church each Sunday.

Care workers helped some people to be involved in understanding 'wider' issues. The manager had produced an 'easy read' pictorial document in relation to the recent referendum, so that people were supported to understand what this meant.

The management team and care workers knew when to offer people additional support to help them make decisions if this was required. Some people had the services of an advocate to support them with understanding some information around their care. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. The manager

told us, "I don't feel [Person] always understands the context of what is said," and so they had arranged for an advocate to support them further.

Is the service responsive?

Our findings

People told us care worker support was centred around people's needs and preferences. One person told us, "Yes they help me with my keyworker." One relative told us, "[Person] only likes certain people and they do try to give them the staff they like."

Prior to coming to the service people were assessed by the management team to ensure the service could meet their needs. For one person, care workers had visited them to get to know them before they started at the service. In addition, the manager had liaised with several other professionals who were involved in the person's care to gather further information.

The manager ensured that people received care from consistent care workers who they had a relationship with. One care worker told us, "We do rotational rotas; we don't have the same people all the time, but about three or four times a week. Some people do prefer certain staff because they know them." They told us care workers knew people well and how to support them.

Care workers supported people in the ways they preferred. One person in particular responded well to structure, and care workers organised their week so the person knew what to expect each day. One care worker told us how they supported another person with their routine and in managing their weekly budget. Another care worker told us about one person they supported, "They are quite positive, quite verbal about their needs, they need a little bit of encouragement and guidance to help push them in the right direction. They are a leader and a doer." They told us they had a good relationship with them.

If people preferred care workers of a certain gender, this was arranged. One care worker told us, "[Person] prefers females, they always get a female." Another person preferred only male care workers and this was arranged for them.

Care records were 'person centred' and contained information about people's backgrounds, routines and preferences, so care workers knew how to best support them. They were updated by the manager when people's needs changed. Care workers told us if there were changes to people's care needs these were communicated to the manager, "I would ring the manager and say, this is happening, it needs to be incorporated." They told us that if a person's behaviour changed, this would be documented, so all care workers knew to monitor this.

One person was new to the service and the manager told us, "We are working together to understand their needs and doing the support plan together." They went on to say the care support had been working well and, "The support plan is developing, as we get to know person's behaviours." Support plans were called 'My life, my way'.

Care workers also updated care records kept in people's own home each day. One care worker told us, "I complete a support log book, a communication book and a finance sheet. I also complete MAR sheets and meal charts. If required I would complete an incident form."

New 'streamlined' care records were being introduced. The manager told us these were 'more robust,' and they had arranged to meet with people and their relatives to do this. They were using this as an opportunity to review the care provided at the same time. We saw some meeting dates had been arranged to do this.

People and their families were involved in reviews of care along with any other professionals who were involved in supporting the person, for example, learning disabilities specialist nurses and psychologists. The manager told us, "Either I will initiate this contact or the GP." Reviews were held every six months or as people's needs changed. Review meetings were documented on people's care records.

People told us they had no complaints and knew how to complain if they wished to. They told us they would be confident to raise any concerns with the management or care workers if they needed to. One care worker told us, "Yes complaints are encouraged. When we go to people's homes, family's feedback and we have family meetings." The manager told us, "Even if someone calls about something like the rota or care workers I record this." No complaints had been received in 2016. A complaints policy was available and had been given to people at the service in an 'easy read' pictorial format to make this easier for people to understand. There had been five complaints in 2015. One had been around a missed medicine and also in relation to food. We saw these had been responded to by the manager in line with the complaints policy and to people's satisfaction.

Is the service well-led?

Our findings

People told us they were happy with the management of Real Life Options. We asked one person if they felt anything could be improved and they told us, "It is hard to say what could be done," as they found the service to be good. They went on to say, "The manager and I have quite a positive bond."

One relative told us, "It is getting a lot better now." They said that there had been some issues in the past, but felt the new manager was addressing these now, and the service had not been as managed well.

Care workers told us they considered the management to be approachable and available. One care worker told us, "I feel the service users love the manager, I do feel they are a good manager, they are at the end of the phone, they are brilliant and listen to what you say and approachable." Another care worker told us, "The job is interesting and yes it is a good care service. I think [Manager] is a good boss and they know the business, they are very thorough with the clients and the staff."

Care workers told us they felt the service was managed well. The manager told us they had daily contact with care workers and covered an 'out of hours' service. They were also supported by another service manager. One care worker told us, "The manager is supportive, they are involved." Another care worker told us, "I will ring them when I get a problem, I can talk over the phone."

The management team consisted of the manager and the provider. The manager was supported by administrative staff who also supported another one of the provider's services.

Care workers told us they felt supported by the management team with 'supervision' meetings every three months. One care worker told us, "If I have any issues I phone up." Another care worker told us, "I've had supervisions. They are open and they make recommendations."

One care worker told us there had previously been some disagreements in relation to how one person was supported, however the manager had addressed this. The manager told us they had arranged a meeting with the relevant care workers, the person and their family. They had looked at the person's needs and what was important to them. They said this had helped sort out the problem, and encouraged care workers to work more as a team.

Staff meetings were every held three months and gave care workers the opportunity to raise any issues or concerns. One care worker told us, "We do have meetings, I feel supported, they are every few months and we do talk." We saw a meeting was held in February and one topic of discussion had been around the care worker role and professional boundaries.

Appraisals were being arranged and these gave care workers the opportunity to talk about their development and goals. The manager told us, "These should have been done, but they never really lifted off, it was not clear when, how and the purpose of them." They told us the provider was reviewing the appraisal process to make it more effective in the development of care workers.

The provider told us about their plans for the service, "We are looking at opportunities to develop in Coventry, some potential clients such as housing providers." They told us to ensure care workers understood policies and procedures they were planning to devise some quizzes for care workers to test their knowledge and help them understand these further.

The manager told us what they were proud of at the service. "There are a number of care workers who are very competent, they know the service users." They told us care workers were flexible, stable and consistent. In the past agency workers had been used, but they had now recruited more permanent care workers and had not had to rely on agency workers since September 2015. They went on to say their goal was, "Supporting service users to become more independent and skilled, so they are empowered to make decisions, and live more positive lives."

The provider told us some challenges they faced. There had been no area manager until January 2016, so before then they had only informal management support. However, now an area manager was in place to support them if they required advice.

People were given opportunities to feedback about the service. 'Focus groups' meetings were held for people using the service, so they could feed back any issues or concerns. One person was supported by care workers to lead the meetings. The manager told us, "We empower [Person] and support them to do that. The whole idea of Real Life Options group is to empower people."

Surveys had been produced for people in an 'easy read' pictorial format so people could understand these more easily. Some questions included, 'Did people feel involved in choosing staff', 'Know who was coming each day', and 'Feel that they had been matched with their care workers.' Most of the responses were positive. The manager told us they personally followed up any feedback or concerns. They told us, "For those people that raised concerns in the survey I went out to visit them on an individual basis. Most things were easy to fix."

A newsletter was produced for both people who used the service, and staff. This contained information about the provider, news and success stories. We saw one story related to a person using the service and celebrated how they had become more independent.

The manager attended a local meeting with other care providers for support and to gain any useful information about changes in care. They told us, "There is a provider forum I attend on a regular basis, it is quarterly." They told us they found this useful. They also accessed a website of a national care training provider, "I access the registered managers forums, I read about updates, questions and practices and link into this."

The local authority commissioning service had visited in February 2016. The manager told us they visited quite regularly and had been happy with the service.

The provider used a range of quality checks to make sure the service was meeting people's needs. The manager completed some observed practices of care workers and unannounced visits (spot checks) to people to review the quality of the service. The manager told us, "I make sure I do spot checks and audits, I am not confident unless I have done checks." Audits had been completed of medicines and in relation to people's finances.

The manager understood the responsibilities and the requirements of the provider's registration. They were able to tell us which information they were required to tell us, such as changes in management,

safeguarding concerns and death of a person using the service. This meant we were made aware of any important information about the service. We found we had received the required notifications from them.