

# Hatzfeld Care Limited

# Hatzfeld Homecare Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 1, 2, 3, 7 March 2017. Hatzfeld Homecare Services is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 152 people.

On the day of our inspection there was a registered manager in place. 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 were supported by staff who made them feel safe when they were in their home. Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were assessed and reviewed. There were enough staff to meet people's needs. People were happy with the way their medicines were managed, although we did identify some areas for improvement in relation to the recording in people medicines administration records (MAR).

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance regularly reviewed to enable them to support people effectively. Staff communicated effectively with people. Some people raised concerns that new members of staff were not always introduced to them before they first came to their home.

The principles of the Mental Capacity Act (2005) had not always been followed when decisions were made about people's care. People were supported to maintain good health in relation to their food and drink intake. People's day to day health needs were met by staff. Further guidance for staff when supporting people living with epilepsy was needed.

People found the staff to be kind, and caring; they understood their needs and listened to and acted upon their views. People felt staff treated them with respect and they enjoyed positive, friendly relationships with staff. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

The majority of people did not require support with their hobbies or interests but they did feel that staff took an interest in what was important to them. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People's care records were regularly reviewed although a small number of people told us they did not think their care needs had been recently reviewed. People were provided with the information they needed if they wished to make a complaint.

A review of current quality assurance processes was in the process of being carried out to ensure the provider's various policies and procedures were adhered to. People were happy with the quality of the

service they received overall. People spoke highly of the registered manager although some would welcome more contact with them. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. The whistleblowing procedure did not include details of how staff could report concerns to external agencies.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were supported by staff who made them feel safe when they were in their home. Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were assessed and reviewed.

There were enough staff to meet people's needs.

People were happy with the way their medicines were managed, although some areas for improvement in relation to the recording in people medicines administration records were needed.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People were supported by staff who had the skills and experiences to support them effectively. Staff performance was regularly reviewed.

Staff communicated effectively with people. Some people raised concerns that new members of staff were not always introduced to them before they first came to their home.

The principles of the Mental Capacity Act (2005) had not always been followed when decisions were made about people's care.

People were supported to maintain good health in relation to their food and drink intake.

People's day to day health needs were met by staff. Further guidance for staff when supporting people living with epilepsy was needed.

### Is the service caring?

**Good** ●

The service was caring.

People found the staff to be kind, and caring; they understood their needs and listened to and acted upon their views.

People felt staff treated them with respect and they enjoyed positive, friendly relationships with staff.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

### Is the service responsive?

Good ●

The service was responsive.

The majority of people did not require support with their hobbies or interests but they did feel that staff took an interest in what was important to them.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People's care records were regularly reviewed although a small number of people told us they did not think their care needs had been recently reviewed.

People were provided with the information they needed if they wished to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

A review of current quality assurance processes was in the process of being carried out to ensure the provider's various policies and procedures were adhered to.

People were happy with the quality of the service they received overall.

People spoke highly of the registered manager although some would welcome more contact with them.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

The whistleblowing procedure did not include details of how staff could report concerns to external agencies.

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# Hatzfeld Homecare Services

## 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 the 1, 2, 3 and 7 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and three Expert-by-Experiences (EXE). These are people who have had personal experience of using or caring for someone who uses this type of care service. The ExE spoke with a total of 20 people and seven relatives before, during and after the inspection to gain their views.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted a local authority who funded some of the support people received for their feedback about the service.

Prior to the inspection we sent questionnaires to 50 people who used the service to gain their views on the quality of the service they received. We received 25 responses, plus eight from relatives who completed the questionnaire on behalf of their family member. We also received four responses from members of the care staff and one from an external health and social care professionals.

At the provider's office we reviewed the care records for five people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with three members of the care staff, a care plan coordinator, the training manager, the registered manager and a representative of the provider.

# Is the service safe?

## Our findings

Protocols were in place that were intended to keep people safe. This included the process staff should follow if a person was not in or did not answer their door when a member of staff arrived at their home. However, before the inspection we were made aware of an incident where this protocol was not followed which placed a person's safety at risk. We were told an ongoing investigation was being carried out in relation to this incident at the time of our inspection. During the inspection we spoke with registered manager and they confirmed the provider's 'missing person's' protocol had not been followed appropriately when a person's absence was reported, on more than one occasion, by care staff to the office staff. The registered manager showed us and explained the new processes that were now in place to ensure this was now followed. However, due to the limited time they have been in place we were unable to judge whether they being implemented effectively.

All of the people who responded to our questionnaire or who spoke with us told us they felt safe when staff supported them in their home. One person said, "Yes very safe. They [staff] are very careful when handling me, all are so nice." Another person told us they had no complaints about their safety and they would ring the office staff if they did. A third person said, "I have a key safe and they always shout out to me when they come in so I know who it is and that helps to make me feel safe." Relatives also felt their family members were safe. One relative said, "[My family member is] very safe. [Name of staff member] who we usually have is very good."

The majority of the people who provided feedback to us told us they knew who to contact if they had concerns about their safety. People felt able to call the office and discuss their concerns with them.

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training and understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams. Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to the Multi-Agency Safeguarding Hub (MASH) and the CQC where appropriate. A staff member said, "I can continually raise concerns with the manager or other agencies if I need to."

People's care records contained assessments of the risks to their safety. All assessments were regularly reviewed, with any changes in the level of risk resulting in amendments being made to care plans to ensure they met people's current needs. Regular assessments of when people had been involved in an accident or incident that affected their health, welfare or safety were also carried out.

Regular assessments of people's needs were carried out to ensure that the appropriate number of staff were available to support people safely. People and their relatives told us the right amount of staff were in place to support them or their family member. We asked people whether staff stayed for the agreed length of time at their home. Out of the 25 people who responded to our questionnaire, 22 stated staff always stayed for the agreed length of time.



The staff we spoke with told us they had enough time to support people in a way that met their needs and maintained their safety. One staff member said, "My calls are managed well so I have enough time with people."

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

The majority of the people who provided feedback on their experiences told us either they or their family member's managed their own medicines. Almost all of the people we spoke with who did receive support from staff told us they supported them effectively with this. One person said, "Oh they are really good. They know where my medicines are and put them all out for me when they come. They then watch me take them. I'm very happy with the way this is done and always get them on time." Another person said, "They give me my medication from the boxes and there has not been any problem so far. They sign a form." However one person did raise concerns that when staff were late, they did sometimes receive their medicine later than they would like.

We looked at the medicine administration records (MAR) for five people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. We noted these records included details of people's allergies and also how they preferred to take their medicine. However, on three of the five records we noted gaps with no explanation why. We discussed this with the registered manager and a representative of the provider. They told us a new electronic system of recording people's medicine intake had been implemented. This enabled them to identify when medicines had not been administered. However, when we checked the electronic records we again found no explanation for the omission. This meant we could not be assured that these people had received their prescribed medicines.

We also noted on three MAR staff had added handwritten entries to record new or amended prescribed medicines but this had not been signed by two members of staff. Two members of staff checking these entries reduces the risk of errors in recording, such as dosage or frequency. The registered manager told us they would review this as part of their medicines auditing process.

People were supported by staff who understood the risks associated with medicines. The staff we spoke with could explain how they supported people safely with their medicines." Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

## Is the service effective?

### Our findings

24 of the 25 people who responded to our questionnaire told us they felt they were involved with decisions about their care. People's care records supported this, with people asked for their views and care and support provided accordingly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We noted some effort had been made to ensure the principles of the MCA were used when decisions were made for people. However, the appropriate formal assessment process had not always been completed. For example, one person had been assessed as requiring assistance with personal care and their medication as they were unable to make the decision to do so for themselves. A formal assessment had not been completed and there was no record of how decisions had been made for that person. We found further examples for other people. We viewed the provider's mental capacity policy and found assessments of people's capacity had not been completed in line with this. We discussed this with the registered manager. They advised that although the majority of the people their staff supported were able to make decisions for themselves, they acknowledged there were some who were not. They told us a full review of all people's capacity would be conducted, with the most at risk prioritised. Since the inspection, we have seen examples of a new formal MCA assessment in place and have been advised further assessments will be taking place.

The majority of people we spoke with or who responded to our questionnaire told us the staff who supported them arrived on time, and if they were going to be late, were they informed. One person said, "They are normally on time but if they running a few minutes late, like 15 minutes or more, they do call us." Another person said, "Yes they've always been good on time but do call me if they are held up and running late by 15 minutes or more." However a third person said, "The timing was poor but its ok now. No they don't call me. We give them half an hour and then we phone the office." We spoke with the registered manager who told us staff informed the office if they were running late and office staff would then in turn call up people to let them know.

Some people raised concerns with us that they did not always receive the staff member they were expecting and they were not always notified of any changes. People told us they received a weekly rota to show who would be coming and when, but this often changed. Five of the 25 people who responded to our questionnaire told us they were not introduced to new members of staff before they received support from them. Three of the four staff who responded to our questionnaire also told us they were not introduced to people before they started to provide care and support for them. A person we spoke with told us they generally received the same person in the morning but any member of staff could turn up in the evening. They went on to say, "I normally get a list, but no phone call if a different person turns up." Another person said, "I have lots of different girls coming but it's not too much of a problem as they are all kind, but I do

think they are very hard worked and short handed."

We received positive comments from other people including, "Only once did a new person arrive, I have had the same one for over a year now." And, "There are about five or six staff and they're all lovely." The registered manager told us people were provided with as consistent a staffing team as possible, but occasionally changes had to be made, which could be at short notice due to sickness.

People's care records contained guidance for staff to enable them to communicate effectively with people. Although the majority of people were able to communicate verbally and effectively, a small number required further assistance. For example, some people were living with the early stages of dementia. Staff had undertaken dementia training and a staff member we spoke with told us they felt equipped to communicate with and provide care for all the people they supported. A relative said, "There are a range of staff, we are happy with that and it lets [my family member] practice talking."

The majority of people and the relatives we spoke with felt the staff were well trained, understood their needs and were provided with the support they needed. One person said, "The staff seem well trained. I am very impressed with this company." Another person said, "They are so good in everything they do for me. They always ask if I need anything else I am very pleased with them and the service I get." A third person said, "I have every confidence in them and would recommend them. They do what I ask them to do." However a fourth person said, "I feel well supported, especially by morning staff. However, the evening staff can be a little more challenging."

One relative described the staff as "brilliant" and another said, "Yes they are good, yes. They know exactly what to do" A third relative said, "Yes [name of staff] is very good. Knows what [my family member] likes and they get on well."

Staff received an induction when they first started working at the service and regular training thereafter, to provide them with the skills needed to support people effectively. The staff we spoke with and the four staff members who responded to our questionnaire with felt well trained. They told us they felt supported by the management team and they received regular supervision of their work. Records viewed confirmed induction, training and supervision had taken place. Undertaking external professionally recognised qualifications such as diplomas (previously National Vocational Qualifications, NVQ's) in adult social care was encouraged. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

Many of the people we spoke with were able to manage their own meals or received support from relatives. Those who did receive support from staff were happy with the support they received. One person said, "Yes they do my breakfast and drinks, I had egg this morning it was lovely." Another person said, "They heat up my meals for me and I have cups of tea and a big jar of water which they fill every morning for me." Where risks had been identified in relation to people nutritional and dietary needs, plans were in place to support them. This included supporting people with a diabetic diet.

People's day to day health needs were monitored by the staff and any changes to people's health were recorded in their care records. If referrals to external professionals were needed these were done with people's consent. People told us they did not need the assistance of staff to attend appointments with external professionals.

Guidance was in place to assist staff with supporting people with specific health needs. However, we did note more detailed guidance was needed on how to support people living with epilepsy. The registered

manager told us this would be reviewed and added to the people's records.

## Is the service caring?

### Our findings

Almost all of the people who responded to our questionnaire and the people and relatives who we spoke with told us the staff were kind and caring towards them or their family members. One person said, "Oh yes. We are like friends. They are so good in everything they do." Another person said, "The girls are lovely." A third person said, "We laugh a lot. They all have different good bits. I didn't want carers as I can manage a lot myself but I have to say they are very good." A relative said, "They are very good. They are gentle with [my family member] and always talk nicely to us." Another relative said, "They are excellent. Very kind and polite, I am very happy with all of them."

People told us that staff took the time to listen to people and had built positive relationships with them. People told us they enjoyed the visits. One person said, "They [staff] make me a coffee, fetch my newspaper and we have a chat. They do help me with other little jobs for example this morning my radio wasn't working and the young girl who came sorted it out for me." Another person said, "[Staff member] will talk to me about my hamsters and the telly as they know I like these." Staff told us they enjoyed their job and liked supporting people.

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the registered manager told us they ensured all staff we made aware.

People told us they felt able to make decisions about their care and support needs and staff respected their wishes 23 of the 25 people who responded to our questionnaire told us they felt involved with decisions. People we spoke with agreed. One person said, "Yes I talk to them and discuss things and make any changes if any needed." Another person said, "They know when they [staff] come I have told them I sometimes don't need as much help but they always listen and do what I ask." A third person said, "We always talk to them about anything."

Detailed information about people's life history and their likes and dislikes was recorded in their care records. This information was included in regular reviews to ensure the staff who visited were made aware of any changes. People told us they felt the staff knew them well and were interested in what they had to say.

Information was made available for people if they wished to contact an independent advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. One person's care records showed an advocate had been used when a particular decision about their health needs needed to be made.

All 25 of the people who responded to our questionnaire, and all of the people who we spoke with told us they felt staff treated them dignity and respect. One person said, "They are most respectful, and cover me up [during personal care]." Another person said, "They always check that I am willing and ready to be assisted before they start [staff providing personal care]." A third person said, "They are very gentle when they wash me. I have to keep telling them that I won't break." A relative said, "They are very respectful. [My family

member] is very frail but their brain is sharp. Some people talk to [my family member] like as though they have dementia but the carers never do that."

People were supported to remain as independent as they wanted to be. Care records contained guidance for staff on what people were able to do for themselves and where they needed support. All 25 of the people who responded to our questionnaire told us staff encouraged their independence, others we spoke with agreed. One person told us they found the staff encouraging and also said, "I didn't think I could get up this morning but then thought I had better. Staff said to me, 'Good for you!'" Another person said, "They encourage me to continue to do what I can for myself such as when I am getting dressed and they always check that I am happy for them to help me." A third person said, "They always see if they can help me do things for myself."

Staff spoken with talked respectfully and knowledgably about the people they supported. One staff member said "I make sure people are covered with a towel to cover their modesty and I am respectful of all people."

People's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

## Is the service responsive?

### Our findings

People's care records were person centred and contained detailed information about their daily routines, their personal preferences and the things that were important to them, such as their choice of male or female care staff. One person said, "They [staff] do as I want and I find them quite supportive of my wishes." Another person said, "When they started they asked if I would mind having a male carer and I said I didn't want a man helping me and they have always respected that."

The staff we spoke with could explain in detail how they supported people and ensured they did so in line with each person's personal preferences. One staff member said, "If people are able to tell me what they want then I help them to make a choice, such as their personal care needs. Otherwise I would use the care plans to guide me."

People told us they found the staff who supported them approachable, and felt they responded to any requests they made. One person said, "Yes they are very comfortable and very approachable. They talk to me nicely and we discuss anything that may need to be changed." Another person said, "Certainly do. I have every confidence in them. I can talk to them about anything." A third person said, "Very much so. They are all approachable and very good."

Prior to people using the service a detailed pre-assessment was carried out to ensure their needs could be met. This involved a trained staff member visiting people and discussing their care and support needs and agreeing what support would be provided by staff. People told us they felt involved with this process. One person said, "I told them I needed this, that and the other." A relative told us they felt that support was in place to help them be involved in decisions about their family member's care. They also told us a care plan was in place and it was completed with a member of staff.

In each of the six care plans that we looked at we noted they had been reviewed with people and where appropriate their family members were involved in the process. We asked people if they felt able to include other people in their reviews. 16 of the 25 people told us they did, however nine either did not know or felt unable to. We also noted that a small number of people we spoke with said they had not received a review during the past year.

The majority of the people supported by the service did not receive assistance with their hobbies or interests as part of their care package. However many of the people we spoke with told us staff took an interest in what was important to them and made an effort to discuss this with them. One person said, "They are interested in me and know what programmes I enjoy on TV and will say 'look out for this programme tonight' and will let me know the time. They are very good." Another person said, "[Name] will talk to me about my hamsters and the telly as they know I like these."

The registered manager told us some people did receive support with their hobbies and interests as part of their care package. They told us some people were supported with 'social inclusion' which included going shopping, visiting local amenities such as cafes and restaurants or for walks to the local park. A relative we

spoke with said, "They take [my family member] out when they can with the weather."

People and their relatives were provided with the information they needed if they wished to make a complaint. In each person's service user guide we saw the complaints process explained who they could speak with if they had any concerns about the care that was provided. We also saw details for the CQC were included if they wished to report their concerns to us. We spoke with the registered manager about the need to include the details of the local ombudsman who investigate complaints for people who are not happy with the quality of the care and support they receive from adult social care services. The registered manager told us they would ensure the provider's policy was updated.

People felt able to raise a complaint with staff if they needed to. 19 of the 25 people who responded to our questionnaire told us they knew how to make a complaint if they needed to, with 18 people feeling their complaints were responded to well. All of the people we spoke with told us they knew how to make a complaint and the majority felt complaints were acted on appropriately, although some felt it did sometimes take longer than they would like. One person said, "It got sorted out eventually but it did take a bit of time to do." Another person said, "I just phoned the office up and they sorted it out straight away." A third person said, "I would complain if necessary and do know that they have a complaints procedure but have never used it." Staff were able to explain how they would respond to a complaint if a person raised an issue with them.

We looked at the service's record of complaints and saw processes were in place to ensure they dealt with in line with the provider's complaints policy.



## Is the service well-led?

### Our findings

Quality monitoring and assurance processes were in place. The registered manager told us these processes included; regular spot checks of staff performance in areas such as infection control, medicines, personal care and staff appearance, as well regular competency checks on staff knowledge of key policies and procedures. However, other quality assurance processes were not always effective. The registered manager had not ensured that the process of responding to calls when a person was not present had been followed by their office staff. This resulted in a series of missed calls for a person without the registered manager's knowledge. This placed that person's safety at risk. The registered manager, upon being made aware of this, immediately amended their quality assurance processes and has implemented a daily office handover where they are now updated on any calls that have not been made. This now ensured the provider's 'missing person's protocol was followed. The registered manager assured us these immediate changes will reduce the risk of this incident occurring again.

Additionally, the auditing process for the review of people's medicines administration records was not always effective. These had been signed by a member of the office staff stating the records had been 'audited'; however, they did not highlight the gaps where staff should complete the record to show if a person has or has not received their medicine. We raised this with the registered manager and the representative of the provider who told us they would review the auditing processes to ensure these omissions and other errors were highlighted and investigated.

A whistleblowing process was in place. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or social care setting. The staff we spoke with felt able to report any concerns they had to the registered manager of the provider. We did note a procedure for reporting concerns to external agencies such as the CQC or the local authority was not included on the policy. The registered manager assured us this would be amended to reflect this.

People were able to give their views on the development and improvement of the service. We viewed the results of the annual survey for 2016. Out of a total of 97 surveys that were sent out to people, 53 responded. Of those 53, 100% of people felt safe when staff supported them, 98% felt staff communicated with them well and 94% felt they knew who to contact if they had any concerns. These positive results showed that the people who completed the survey were satisfied with the service provided. The results for the people who completed the CQC's questionnaire also reflected that the majority of people were satisfied.

22 of the 25 people who responded to our questionnaire told us they would recommend this service to a friend with all 25 people also telling us they were happy with the overall service they received. This was also reflected in the majority of the responses we received when we spoke people.

The staff we spoke with and the four staff who responded to our questionnaire felt the registered manager welcomed and valued their opinions on the way the service was run and for areas which could be improved. One staff member said, "If I think there is an issue I will get onto the manager straightaway, she is on the ball." Another staff member said, "I can definitely raise any concerns I have with the manager." Staff were

also able to contribute their views via regular team meetings.

People told us they had a positive experience when representatives of the provider, either a member of management or office staff came to visit them in their homes or they spoke with them on the phone. One person said, "I speak to the office and they sort things out. I can also approach the team of carers as I know them all." Another person said, "I speak to the carer or the office. They do listen and act if any changes are to be made." A relative said, "I speak to the duty manager and they listen." Another relative said, "I haven't had to [speak with anyone] but would speak to the manager in the office."

A small number of people told us they would welcome more contact from the registered manager; however those who had met her spoke highly of her. One person said, "The managers were warm and polite and responded to requests." Another person said, "She's all right with us. She helps us." A third person said, "I can talk to her, she is excellent."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary and when action was taken to address these events, the CQC were regularly updated.