

Triangular Care Services Ltd

# Triangular Care Services Limited

## Inspection report

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Date of inspection visit:  
17 April 2023  
18 April 2023

Date of publication:  
13 June 2023

## 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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Triangular Care Services Limited is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection 10 people were receiving personal care.

### People's experience of using this service and what we found

Systems to support the governance and performance management of the service continued to be ineffective. There was little evidence of learning, reflective practice and service improvement. The provider and registered manager had failed to identify improvements were needed. Audits had failed to identify poor record keeping, which included incomplete documentation. Records were not stored in an accessible and organised manner to enable effective oversight of the service.

There continued to be limited analysis of feedback provided by those using the service and their relatives, which included an analysis of questionnaires, concerns and complaints. Continued poor governance and oversight had impacted on the provider's ability to identify shortfalls and in their ability to develop plans to improve the management of the service.

People's needs were assessed. However, improvements were needed to ensure the assessment process was sufficiently recorded and assessment records completed in full. People's capacity to make informed decisions was documented. However, records had not been completed in accordance with the Mental Capacity Act (MCA), which demonstrated a lack of staff's understanding and knowledge of the MCA. We found no evidence this had impacted on people's choices.

People's care and support needs were detailed within multiple paper based documents, which made it difficult for staff to easily access information. This left people vulnerable to inconsistent care being delivered. People were aware of how to raise concerns. However, multiple paper based records and how they were stored made it difficult to determine if all concerns had been responded to.

People were supported by staff who had undergone a recruitment process. There were sufficient staff to meet people's needs. People and their family members spoke positively of the reliability and good time keeping of the staff. Systems to record the management of people's medicine had recently been transferred to an electronic monitoring system, which had improved the systems and practices of medicines management. Staff worked consistently within the provider's policy and procedure for infection prevention and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and family members contributed to the assessment process. People's health care needs were documented, and staff liaised with family members regarding people's health and wellbeing

where required. People were supported with their dietary needs. Staff had the required experience, knowledge and training to meet people's needs.

People and their relatives spoke of the kind and caring approach of staff. They told us their privacy and dignity was respected and their views were respected by staff. New staff were introduced to people and their family members before they started providing support and care.

People and family members were involved in the development and reviewing of their care needs. People were supported to take part in activities and engage in social events where support had been identified as part of their assessed package of care. People and their relatives were aware of how to raise concerns.

People and their relatives spoke positively of the management of the service, which included good communication between themselves, the registered manager and staff. Staff and an external professional were positive about the day to day management of the service, and of the commitment of the registered manager in the support of people and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe medicines management and quality monitoring of the service provided. At this inspection we found the provider remained in breach of regulation 17.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified a continued breach in relation to the leadership and governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Triangular Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 April 2023 and ended on 20 April 2023. We visited the location's office on 17 and 18 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and 4 family members or their representative about their experience of the care provided. We spoke with the registered manager when we visited the office. We spoke with 4 care assistants by telephone.

We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. This included quality monitoring tools, minutes of meetings, policies and procedures, and the staff training matrix.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Improvements were needed in recording the assessment of potential risks and the measures required to reduce risks to promote people's safety. For example, a fire risk assessment detailed a smoke alarm was fitted in a person's home. To reduce potential risk, staff were to check the alarm was working. However, there was no information as to the frequency staff should carry out the check, nor were there any records of this check being carried out. This placed the person and staff at risk of a fire going undetected due to faulty equipment not being identified.
- Potential risks associated with the use of equipment to support people with moving and mobility were not always assessed and reviewed. A person who required the use of a hoist for transfers did not have a risk assessment in place or information as to how staff were to use the equipment safely. Despite this, staff we spoke with were able to describe how they used the hoist, and had received training on its safe use. A person told us, "I have a hoist, and there is always two staff."
- Risks associated with people's health were assessed. A person's care records provided information as to how staff should position the person when assisting them to bed, which included the correct positioning of pillows. This protected the person from developing pressure areas and reduced the potential risk of them choking by ensuring they lay on their side.
- An external professional was positive about the inclusive approach of staff in enabling a person to express their wishes and views with regards to risks; and of staff's approach to ensure measures put in place to reduce risk were the least restrictive possible.

### Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to demonstrate people's medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and practices in the recording and management of people's medicine had been reviewed to support safe medicine practices. The registered manager had transferred the recording of medicine administration to an electronic monitoring system. Staff told us and records confirmed they now recorded people's medicine administration, including prescribed creams electronically.
- People told us where required that staff supported them with their medicine. A person said, "My memory

isn't so good and so they remind me to take my medicine."

- An external professional was positive about the management of a person's medicine. They told us staff had a good understanding of a person's prescriptions and medicine administration requirements.
- Staff who administered medicine undertook medicines training and their competency was assessed. Staff received training from a health care professional where they were required to administer medicine in response to specific medical conditions. For example, the administration of medicine to manage constipation.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager was aware of and had been proactive in reporting any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission (CQC).
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse, which included informing the registered manager and external organisations including the local authority and CQC
- People and relatives told us they felt safe with staff who provided their care and support. For many people this was due to the positive, friendly, and supportive relationships they had developed. A relative told us when asked if their family member felt safe, "Yes definitely. They're [staff] just all very nice people."
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives told us staff mostly arrived on time, and where staff were running late, they were kept informed. A person told us, "They're [staff] with me 3 times a day and are on time, 9 times out of 10. They might be 5 or 10 minutes late. I'm always contacted."
- Staff were recruited safely and in line with the provider's policy. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Preventing and controlling infection

- Staff had received training in infection prevention measures, and staff told us how they used hand sanitising gel, and personal protective equipment (PPE) to support people with personal care and medicine administration.
- People and their relatives told us staff wore PPE which included gloves and aprons, and where appropriate masks.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments were not always accurate or up to date. Improvements were needed to ensure the assessment of people's needs was robust and assessment documents were completed accurately. For example, a question on a person's assessment asked if they were on any medicines which could increase their risk of falling. The member of staff completing the assessment had not answered the question accurately and had answered 'stroke'. This placed the person at potential risk if the person had been taking medicine which increased their risk of falls, which had not been identified by staff. The registered manager told us the assessment documents we viewed were new, and that staff had failed to transfer the information across to the new documentation.
- People's care plans provided information about the care and support they required. Staff we spoke with had a good understanding of people's needs. People and family members told us staff provided the care and they had been involved in the development and reviewing of their care plan. A relative said, "They put all the care plans in place. I know they've had a big review of my [family member] and with the local authority recently." This showed people's needs were kept under review.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Records showed there was limited understanding of the MCA. People's records stated they had capacity to make informed decisions. However, a best interest decision had been completed for 2 people. Best interest decisions should only be completed where people have been assessed as not having capacity to make an

informed decision. This demonstrated a lack of knowledge and understanding of the MCA.

- The MCA requires best interest decisions to be decision specific to a particular aspect of a person's treatment or care. The best interest decisions we viewed were not decision specific. This further demonstrated lack of knowledge and understanding of the MCA.
- People told us they were involved in decisions about their care. We found no evidence to support people's choices about the care and support they received were not listened to or respected.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills. Staff undertook training in key areas to promote people's health and well-being, which enabled them to meet people's needs. However, staff responsible for assessing people's capacity to make informed decisions had not understood the principles of the Mental Capacity Act.
- People and their relatives told us staff were well trained and appeared to have the skills and knowledge to support them or their family member. A relative said, "They're [staff] very well trained and they're very good with [family member]. I have no worries at all." A second relative said, "The staff we have at the moment are all pretty experienced. There isn't a high turnover of staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People and their relatives confirmed staff supported them with their food and drinks where required. A person told us, "Staff cook my meals. In the morning when the staff come, we'll get out a bit of meat from the freezer, whatever I want. They do me a lovely dinner every day. They leave me with a bottle of water in reach." A relative said, "Staff make sure my [family member] has proper vegetables. They eat all sorts now. They have a really healthy diet, and it's all freshly cooked."
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient to drink and eat. For example, a person's care records stated staff were to leave flasks of hot drinks in close proximity to a person so they could serve themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records provided information on people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on a person's day to day life so staff could provide the appropriate support and care. A staff member told us they asked a person each day the level of support they required, as a fluctuating health condition affected the person's ability to perform tasks independently.
- Staff were responsive and took timely action where they had concerns regarding people's immediate health. A family member told us, "Recently, 1 of the staff came into me and said my [spouse] was complaining of shortness of breath and chest pains, they phoned an ambulance straight away."
- People and relatives spoke positively of the support staff provided them with for their health conditions, which included liaising with health care professionals. A person told us, "If ever I've an appointment there is always staff with me, I need them with me because there's lot of things I would forget to tell the doctors."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion and by staff who had a good understanding of their needs. A family member told us, "I think they're all very good at their job. They're particularly caring. Most of the staff have been with us a while. I can't really say enough good about them. Triangle have been the best service we've had."
- An external professional told us staff had consistently demonstrated kindness, caring and empathy towards a person they were involved with. They told us staff were aware of the person's sense of humour, which had enabled positive relationships to be developed. The positive relationships meant staff were able to provide reassurance when the person became anxious.
- People's care records provided information as to what was important to them, which included family members and their role in supporting with personal care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about their care. A person spoke of the positive impact of the service on their life. They said, "Before I had Triangular Care I was in a bit of state. I was really, really struggling. They've just put my whole world back together. I've always got somebody with me. Nothing's a problem. Everything is catered for."
- An external professional told us how staff supported a person to attend all health and social care appointments, and actively encouraged the person to be involved in decisions about their care.
- People were informed when new staff joined the care team and would be visiting them at their home. A person told us. "I'll be told that they'll [new staff] be coming and they'll be shadowing somebody. I'll meet them a few times and if they're going to be caring for me, I'll be told that."
- Relative's told us they were kept informed of any changes relating to their family members health and care. A relative said. "If they're [staff] worried about [family member] they'll message me first thing in the morning."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We asked people if staff were respectful of their privacy and dignity. One person told us. "Absolutely. I have a bad memory. I just start to get undressed and the curtains are open. Staff will come and pull the curtains closed, as I've forgotten, but they haven't."
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff, and where support was required, clear instructions guided staff as to the support needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans provided information about the care and support they required. However, there were multiple care records detailing people's needs. This meant staff did not have access to concise information as to people's needs. The registered manager informed us all care records were in the process of being transferred onto the electronic monitoring system. Once transferred, records would be easily accessible and would include clear tasks for staff to complete.
- People were supported by staff who knew them well. Staff we spoke with had a good understanding of people's needs, with many staff having supported people since they started receiving care and support from Triangular Care Limited.
- People and family members told us staff provided the care and they had been involved in the development and reviewing of their care plan. A person referred to their care plan and its importance. "I can read my care plan anytime I want. I've got such complex medical problems, it's needed."
- People spoke positively about the information recorded in their care records, and the impact this had on the care they received. A person spoke about their care plans, and said, "The next person it's handed onto is going to know more or less what my needs are. It really puts my mind at rest. It really puts me at peace that somebody knows me so well."
- An external professional told us staff's familiarity and understanding meant they were very familiar with a person's personality, likes, dislikes, routines and communications. This provided the person with a consistent approach, which was of great importance to them.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. Records included acknowledgement of people's concerns, and the action taken. However, records relating to concerns were stored in multiple files within the office, which made it difficult to determine the outcome of some of the concerns raised. This had the potential to impact on the provider's ability to monitor concerns and take action to prevent similar issues arising.
- Many people we spoke with had not raised a concern. However, for people who had raised a concern, their views as to how it was responded to were mixed. One person told us their concern had not been acknowledged, whilst another person told us their concern had been sorted out and the issue resolved.
- People told us they would have no hesitation in raising a concern. Some people referred to information they had within their file on how to make a complaint. A person told us, "If there was any complaints, I'd consult the file, and if I couldn't find what I was after I would just give them a ring directly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed within their care records, which included information to support people's understanding such as the wearing of glasses or hearing aids.
- A member of staff provided a clear account of a communication system used by a person they supported. The system was pre-programmed with information so the person could express their wishes and needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where people were supported to take part in activities, these were recorded within their care records. A staff member spoke of the activities and recreational pursuits they supported a person to attend, which included country walks and trips to the cinema.
- A family member spoke of the activities staff supported their relative to enjoy. They told us, "Shopping, they go all over. They love the cinema, and they are out every day. They have a great life."
- The registered manager was responsive to people's needs, which included providing additional staff to support a person to travel greater distances so they could participate in activities of their choosing, which included going on holiday.

End of life care and support

- At the time of the inspection no one using the service was in receipt of end-of-life care. The registered manager was aware of the need to respect people's end-of-life preferences, including religious and cultural wishes and to document these within people's care records.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes worked effectively that assessed, monitored and improved the quality and safety of the service they provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to monitor and improve the service continued to be ineffective. The provider and registered manager had not identified the shortfalls highlighted throughout the inspection. The provider and registered manager meeting minutes of March 2023, recorded, 'Performance of company working well over past year. No action required.' This showed a lack of effective governance and oversight of the service.
- The provider could not assure themselves as to the safety and quality of people's care. Information gathered through quality monitoring, including audits, complaints and concerns, staff supervisions, meetings, and people's and family views were not robustly analysed. Therefore, action plans had not been developed to drive improvement. The previous inspection had identified shortfalls in the analysis of information and lack of planning to drive improvement. This showed the provider and registered manager had not taken effective action.
- Multiple paper records stored within different files made it difficult for the registered manager to locate information throughout the inspection. Record storage systems at the office made it difficult for the registered manager to identify up to date, accurate and consistent information in relation to people's needs and the day-to-day management of the service. This impacted on the provider and registered manager's ability to effectively manage the service. The previous inspection had identified shortfalls in record keeping. This showed the provider and registered manager had not taken effective action.
- The provider's and registered manager's lack of effective oversight and governance meant they could not be confident of the quality of the records detailing people's care. Audits had not identified care records had not been completed accurately. For example, best interest decision documents had been completed where people's records showed they had capacity to make informed decisions.
- The registered manager was not aware of the shortfalls in people's care records prior to the inspection. They told us they had been informed by staff who had undertaken the audits that all records were good in order. This showed the registered manager lacked effective oversight and leadership of staff where they

were responsible for performing delegated tasks.

- Audits had insufficient guidance as to how they were to be completed, or the criteria to determine whether improvements were required. For example, an audit question was, 'Have risk assessments been checked?' There was no information for what they were being checked for. Such as whether they were accurate, had been reviewed, or were signed and dated. The previous inspection had found the audit record did not identify which care records had been reviewed and found audits were not robust. This showed the provider and registered manager had failed to take effective action to bring about improvement.
- Audits of medication administration records and daily records were scheduled to be undertaken monthly, and where actions were noted a query sheet was generated outlining the issue and the action to be taken. However, audits of these records had not taken place since February 2023. This meant there were potential missed opportunities to address any shortfalls or concerns.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had updated their electronic monitoring system, and the registered manager told us information currently held within paper records would be transferred onto the system.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority and were a member of the skills for care registered managers forum.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- An external professional was positive about the commitment of the registered manager in understanding the needs of a person, and reflected upon the primary focus of the registered manager in upholding the standards of care the staff team provided. They recognised the registered manager themselves provided care and worked alongside staff.
- People and their relatives spoke positively about the service they received and told us they would recommend the service to others. A person said, "I can't say thank you enough. From the bottom of my heart, I appreciate and respect everything they do for me. They're a team. They all work together. They make me feel part of that team. They treat me with love, respect and kindness." A second person said, "I think they're just very good. I describe them as angels without wings."
- Staff spoke positively of the support provided by the registered manager and the positive impact on them. A staff member told us, "Registered manager is always available and very supportive. I couldn't ask for a better manager." A second staff member said, "I'm really happy working, and enjoy my work. I have a really good manager, who is always there to help with service users. They have given me their fully support which has given me confidence."

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager liaised with local commissioners where required with regards to people's care and support, this was confirmed by an external professional who provided positive feedback about the registered manager and their proactive involvement in a person's care.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.