AJ Community Care Limited

4225 Park Approach, Rubicon Square

Inspection report

Templar House
4225 Park Approach
Leeds
West Yorkshire
LS15 8GB

Tel: 03305552277

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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

This inspection took place between 30 April and 9 May 2018 and was announced. The provider, AJ Community Care Limited, was re-registered with the Care Quality Commission in March 2017 following a change of company name. Therefore, this was the first rated inspection of the AJ Community Care service '4225 Park Approach – Rubicon Square', since its new registration.

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the Leeds, Castleford and Wakefield areas. At the time of our inspection 107 people were using the service.

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

The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff we spoke with understood the different types of abuse and were able to explain what they would do if they had any concerns.

We found that people's needs were assessed and risk assessments were in place to reduce risks and prevent avoidable harm.

The provider had a robust system for the recruitment of staff. The provider had a system in place to ensure that care visits were scheduled in line with people's requirements but we received mixed feedback about whether staff always arrived on time. Nobody we spoke with told us that any of their care visits had been missed.

Where staff supported people with their medicines, we found that this was recorded on medication administration records. Staff had received medication training and the provider completed audits of medication records to identify any gaps and anomalies. This enabled the provider to check that people were getting their medicines as prescribed.

Staff completed a range of appropriate training to help them carry out their roles effectively and there was a schedule for refreshing this training when it was required. Staff received regular supervision and appraisal.

The provider sought consent to provide care in line with legislation and guidance. There was information in care files about people's mental capacity to make particular decisions and we found that care plans were signed by people who used the service where they had the capacity to do so. The provider did not always retain evidence where people had a lasting power of attorney with authority to make decisions in relation to

their financial affairs or health and welfare. They agreed to do this moving forward.

People were supported to maintain good health and access healthcare services. We saw evidence in care files of contact with other healthcare services, such community nurses. People's nutritional needs were assessed and support was provided with meal preparation and assisting people to eat and drink, where this was part of a person's care plan.

People and relatives told us staff were caring. Some people spoke very affectionately about particular staff who cared for them regularly. People told us they were involved in decisions about their care and their choices were respected. Staff were able to explain how they provided support to maintain people's privacy, dignity and independence.

Care plans contained information about people's care needs, routines and preferences. There was also information about any needs relating to faith, culture, disability and communication. Care plans were updated at least annually or when people's needs changed.

There was a complaints procedure in place. Records we viewed showed that complaints were investigated and responded to in line with the provider's policy.

The provider had a quality assurance system in place, which included monitoring key performance information and care records, completing spot checks of care delivery and conducting satisfaction surveys. The provider worked in partnership with other organisations. There was a positive culture within the organisation and a focus on staff development and continual improvement.

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.

There were systems in place to protect people from avoidable harm. Staff had been trained in safeguarding vulnerable adults and knew how to report any concerns.

Risks to people were appropriately assessed and managed.

Robust recruitment processes and appropriate checks were completed before staff started work. There were sufficient staff to complete care visits but continued focus was required to ensure the timeliness of all care visits.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to enable them to provide effective care to people.

The registered provider sought consent to provide care in line with legislation and guidance.

People's needs were assessed and they received support with their meals and healthcare when this was required.

Is the service caring?

Good

The service was caring.

Staff spoke about people respectfully and demonstrated knowledge of people's preferences.

People and relatives told us staff were caring and respected their choices.

Staff provided support to help to maintain people's dignity and promote their independence.

Is the service responsive?

Good

The service was responsive.

People received care which was in line with their preferences and choices.

Care plans gave staff the information they needed to care for people. These were reviewed when people's needs changed.

There was a complaints policy and procedure in place.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the management and had opportunity to comment on the development of the service.

There was an effective quality assurance system and the provider had a focus on staff development and continual improvement.

The provider worked in partnership with other organisations and stakeholders.

4225 Park Approach, Rubicon Square

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 between 30 April and 9 May 2018 and was announced. We gave the service 2 days' notice of the first site visit on 30 April 2018 because we needed to be sure someone would be available in the office to assist us with the inspection and organise for us to visit some people in their homes. We visited two people on 30 April 2018. We made telephone calls to staff and people who used the service between the 1 and 4 May 2018 and returned for a second site visit to the office on 9 May 2018.

The inspection was conducted by an adult social care inspector and an assistant inspector. Telephone calls to people who used the service were also made by two additional adult social care inspectors.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications that had been sent to us. We contacted two local authorities for their feedback about the provider.

We visited the provider's office and spoke with the registered manager, deputy manager and two care co-ordinators. We looked at six people's care records, medication records, four staff recruitment and training files and a selection of records used to monitor the quality of the service. We spoke with 10 care staff in the office or over the telephone. We visited two people in their own homes and observed care staff interacting with them, and spoke with a further 15 people who used the service over the telephone. We spoke with six relatives of people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff that visited and the care they provided. One person commented about how staff made them feel safe when being supported using a hoist; they said staff always made sure the sling was fitted correctly and they were comfortable. A relative told us, "I feel safe around them. Even though they come for [my relative] they make me feel safe as well."

There were systems in place to manage safeguarding concerns and protect people from avoidable harm and abuse. The provider had safeguarding policies and procedures in place and staff received training in this area. Staff showed awareness of the different types of abuse that could occur and knew what to do if they had any concerns. Records were retained in relation to safeguarding referrals made to the local authority. There was also a whistleblowing policy so staff could raise concerns in confidence.

The provider developed risk assessments according to people's individual needs. These included assessments in relation to the home environment, medication, manual handling and finances. Risk assessments were regularly reviewed and provided staff with information about how to respond and minimise these risks. Accidents and incidents were recorded, so the registered manager had opportunity to learn from incidents to prevent recurrence. For example, we saw that when a person had slipped getting out of the bath, their care plan and personal profile was updated to advise all staff to place a bath mat in the bath when showering the person and to ensure the person used the grab rail to stabilise themselves.

The provider followed robust procedures for the recruitment of staff. Appropriate checks were completed before staff started work, including references, proof of identification and a check with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. The deputy manager also explained how they used a values based assessment to ensure candidates had appropriate values for care work. Records we viewed showed the provider was taking appropriate steps to ensure the suitability of workers.

We talked to the registered manager and care co-ordinators about how they ensured there were sufficient staff to meet people's needs and attend care visits at scheduled times. The registered provider completed an initial assessment of people's needs, prior to providing support to them or where someone was funded by the Local Authority the service received information about the person's needs from their Social Care Assessment, which enabled the co-ordinators to plan the staffing required. Staff rotas were planned around care packages organised in 'runs' on a geographical basis. Where there was any sickness or unplanned absences other care staff were asked to stand in. We viewed the computer program used to plan the care visits times. The majority of staff told us they were generally able to get to all their care visits on time. However, two staff felt there was insufficient flexibility in the planned schedules to allow for peak time traffic and unexpected events.

Of the 17 people we spoke with who used the service, six people commented that sometimes staff were late arriving. Other people that used the service said that care staff usually arrived on time and told us that staff stayed the right length of time. Nobody we spoke with had experienced staff failing to arrive.

The provider had an electronic call monitoring system, which allowed the provider to monitor planned care visit times against the actual time of each visit. One of the Local Authorities that contracted with the provider told us that in the month prior to our inspection the service had dropped slightly below their contract target of 75% of all care visits being delivered within 30 minutes of the planned time. They told us this was the first time this had happened and they were confident the provider would rectify this and meet their target again the following month. The registered manager confirmed they were on track to achieve their target again and that the increase in late visits had arisen due to a number of staff leaving and other staff having to cover extra visits whilst new staff were being inducted. They told us they had worked hard to recruit new staff over the previous six months, and that due to a new induction and support programme they had been successful in retaining their new staff, so anticipated this would give them more consistency moving forward.

This showed us that the provider had a system in place for ensuring there were sufficient numbers of staff to meet peoples' needs, but continued focus was required to improve the timeliness of care visits.

People and relatives we spoke with were satisfied with the support they received with their medicines. One person confirmed, "They give [my medication] to me. They're smashing." Staff received training to help them understand how to administer medicines safely and they were periodically observed to check their competence. A staff member showed us how they completed medication administration records (MARs) to show that they had given people their medicines in line with instructions on the prescription. MARs were returned to the office monthly so that co-ordinators could check for any gaps or anomalies. We saw that where any gaps or recording errors were identified the staff member who had made the error was retrained. If they then made further mistakes, there was an escalating system to address this, including individual supervision meetings and formal performance management. We noted that the provider had reported a high number of medication errors in the PIR but we found that these figures included all recording errors and anomalies and the provider was vigilant in identifying these.

We found an issue with one person's medicines. The spacing between their visits was not sufficient to enable them to take their prescribed pain relief medicine on their late afternoon visit, should they want it. The person confirmed to us they did not want their pain relief at this time and were happy with their arrangements. However, we discussed this issue with the deputy manager who agreed to arrange a review meeting with the person. The review would offer them the option of changing their visit time or discussing with the GP if the medicine was still needed at this time. Staff we spoke with had a good understanding of the importance of ensuring there was sufficient time between doses.

Staff were given regular training and reminders about the importance of infection prevention and control. They had access to personal protective equipment, such as disposable gloves.

Good

Is the service effective?

Our findings

Most people spoke positively about the staff who supported them and told us they had the skills and knowledge to support them effectively. Their comments included, "It's really good. The care is brilliant because I'm able to have the assistance I need to get up and going in the morning," "They are good" and "Yes, the regular ones do (have the skills and knowledge) but when new ones start they are not very good but everyone has to learn the job."

We found that all staff completed an induction when they started in post. The provider had recently introduced additional support and opportunity to shadow other staff as part of the induction. The provider told us this new induction process had improved the retention of new starters. Induction training included the requirements of the Care Certificate. The Care Certificate is a set of standards that social care and health workers work to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff completed knowledge based refresher training three yearly, plus competency based refresher training annually, including topics such as moving and assisting, basic life support, fluids nutrition and well-being and infection prevention and control. The registered provider was able to monitor when staff were due to complete refresher training, as records were held electronically.

Staff received individual supervision three monthly, where they had opportunity to discuss any issues or training needs. We saw the majority of staff were up to date with their supervision, and where some staff were overdue the registered manager was already aware and had plans to complete these. Staff appraisals were conducted annually. Staff had opportunity to attend team meetings; one was held for each of the three geographical areas the service covered. The provider also electronically distributed a monthly staff newsletter called 'In the know', which contained useful updates, reminders and training information. The provider was able to monitor that this had been received and opened by staff. This all showed us that people received care from staff that had the knowledge and support they needed to carry out their roles.

The provider conducted a detailed assessment of people's needs and choices prior to them receiving a service. We saw this assessment covered their physical, mental and social needs and demonstrated knowledge of best practice. For instance, any specialist equipment that may be required. The provider also worked with other agencies, such as the local authority where applicable, in planning people's care.

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. Where people lack mental capacity to make 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 provider was working within the principles of the MCA. We saw evidence that

people had been involved in decisions about their care and had signed consent to their care plan, where they had the capacity to do so. People's capacity to consent to aspects of their care, including personal care, support with nutritional needs, finances and support in the community were assessed and recorded. The provider did not always retain evidence where people had a Lasting Power of Attorney (LPA), to show where someone had the authority to make decisions on the person's behalf for financial matters and/or health and welfare. The deputy manager agreed to address this.

Staff completed training in relation to the MCA as part of their induction. We saw from care files that staff were reminded that if they had concerns about a person's understanding or ability to consent to care at any time, they should ring the office for advice. Staff we spoke with were able to demonstrate an understanding of the importance of offering choice and gaining consent before providing care to someone. People and relatives confirmed that their choices were respected and one person told us, "Yes, they definitely respect my wishes and ask for consent." This showed us that staff sought consent to provide care in line with legislation and guidance.

We looked at the support people received with their nutritional needs. Care plans contained information about whether people required assistance with food shopping, meal preparation or support to eat and drink. There was also information about any special dietary needs. People we spoke with were happy with the support they received in this area. We observed staff preparing one person's evening meal, and the person confirmed to us that staff knew the food they liked and always gave them what they wanted. Staff also ensured the person had the adapted cutlery they required. We spoke with one relative who told us that the provider had recently arranged additional care visits for their relation, in order to provide support with eating. They said, "Hot meals are delivered and they sit and encourage [Name]. It's only been two days but they do seem to be eating a little more."

People were supported to maintain good health and access healthcare services. There was information in people's care files about their medical history and contact details for any professionals involved, such as GPs and community nurses. People and relatives gave us examples of how care staff had assisted them when they needed to access healthcare services. One person told us, "One of them saved my life" and explained how staff had found them one morning after they had fallen out of bed and been unable to reach for their emergency pendant. Upon finding the person the staff member had called an ambulance immediately. The person told us, "They were ever so good to me. They were remarkably good when that happened." A relative told us, "[Staff] phoned me yesterday to say [my relative] has a blood blister on their leg and they think [my relative] needs the doctor. They will call the doctor and request a visit and then let me know." This showed us staff responded to any changes or concerns about people's health and responded appropriately. We saw that the provider was also proactive in encouraging people with their health and well-being. In a recent newsletter for people who used the service, there was an article about the health benefits of gentle exercise and illustrations of some chair and bed exercises.

Good

Is the service caring?

Our findings

In the main, people who used the service told us the staff who supported them were very caring. Their comments included, "They are lovely," "They are all smashing, no complaints. I have banter with them" and "They have time to chat and have a drink with me. They respect me." Others told us, "The carers are very nice" and "They are good at respecting my choices." Two people also spoke very affectionately about their "favourite" care staff.

Comments from relatives included, "They are kind and chatty," "Very caring" and "The staff are all kind and pleasant. We have been with them six years. There has been the odd one we didn't like but not many." One person and one relative told us they had asked for particular care staff not to come again and this was respected.

Staff spoke warmly and respectfully about people they cared for. It was evident that staff were very knowledgeable about the people they supported regularly. Staff also told us that if they had to cover care visits for other people in the event of staff sickness for example, they had opportunity to read the person's care plan and speak to them about the support they wanted.

Staff were able to give us examples of how they maintained people's privacy and dignity. One told us, "When we're washing someone, we make sure they are covered with a towel. Once someone is safe on the toilet or commode we move out to give them a bit of time and space. We also ensure curtains are closed to ensure their neighbours cannot look in." Another (female) staff member said, "We always make sure people are covered up when we're washing them for instance; we cover one half then the next. If I was with a male carer, they would leave the room if I was washing a female." People we spoke with confirmed they felt comfortable with staff and told us staff "Always" and "Definitely" respected their privacy and dignity. Relatives also confirmed people were given space and privacy when receiving personal care. Staff also encouraged people to do some tasks for themselves where they were able to, in order to promote and maintain their independence.

People told us staff involved them in decisions, asked for their consent and respected their choices. There was information in care files about what was important to people, including detail about people's friends and family. People and relatives were generally happy with how care staff communicated with them and felt they got information in a format that met their needs. One relative told us they would prefer the weekly rota sending in email rather than in paper format, and another commented that they were not always informed if care staff were running late. Care files contained information about people's communication skills, including any sensory impairment. We observed one person did not speak English so staff were unable to communicate verbally with them and relied on non-verbal cues and the person's family to interpret when required. We discussed this with the deputy manager and they agreed to consider ways to further enhance and promote staff's communication with the person, such as including in the person's care file some basic greetings and key words in the person's language, for staff to use.

Staff showed awareness of the importance of confidentiality and people's rights. Information about people

was stored securely at the office and the provider was aware of, and preparing for, new data protection laws that were coming into force around the time of our inspection.

Staff usually worked on the same 'round' of care visits, where possible, which gave them opportunity to build relationships with people and get to know them. Staff had a good understanding of the needs of people they supported regularly, including a basic knowledge of where people had protected characteristics under the Equality Act 2010, such as age, disability, sexual orientation or race. Staff gave examples of how they provided support to meet people's diverse needs. One member of staff told us about how they had worked closely with a family to understand and provide personal care in a way that responded to the person's cultural beliefs and individual preference. Care files contained information about people's religion, ethnic origin, language and sexuality.

Good

Is the service responsive?

Our findings

People and relatives told us that the service was responsive to their needs and felt they had choice and control of the support they received. Some people were less satisfied with the timeliness of their care visits and did not always feel this met their preference. The registered manager said they always tried to accommodate people's requests, but sometimes if people's preferred timeslot was not available straightaway, the person and family would be offered a different time until the preferred timeslot was available.

Each person had a care plan, outlining their needs in a variety of key areas, such as medication, nutrition and hydration, mobility and personal care, along with a summary profile of the key information staff needed to know. This included the time of the care visits and the support to be provided. It was evident that people and their relatives had been involved in writing the care plan. Plans were also checked to ensure they reflected any requirements from the person's local authority social care assessment. We saw care files contained details about people's likes and dislikes, information about the person's life history and a section entitled 'what is important to me and my family'. This helped staff understand how to provide person centred care and meet the person's needs. Staff we spoke with felt that care files contained all the information they needed. We found one file we viewed lacked detail about how to interpret the person's body language and non-verbal communication; the deputy manager agreed to add this. Other files we viewed contained some good examples of personalised detail.

Staff recorded the support they provided at each care visit, and these records were returned to the office. This enabled the provider to monitor that the care provided was in line with the person's care plan. A visit record we viewed was consistent with the care we observed being delivered.

Care plans were reviewed, involving the person and their family where appropriate. Updates were made to people's care plans when required, to reflect their changing needs and any new risks identified.

People were given a copy of the provider's 'service user guide', safeguarding policy, equality and diversity statement and electric call monitoring leaflet. They also had access to the provider's complaints policy and procedure, which outlined how people could expect any concerns or complaints to be investigated and responded to. Seven formal complaints had been made over the year prior to our inspection and the records we viewed showed that action had been taken, or was currently underway, to investigate and address concerns raised.

Some people and relatives we spoke with told us they were not sure how to raise a complaint or who to raise this with, but we saw information about this was available within people's care files in their homes. One relative told us they were happy with how the provider had dealt with an issue they had previously raised, and said, "I have confidence the managers would deal with a complaint." Another relative told us the provider had been, "Very good" at addressing a concern they had raised and told us they would feel comfortable raising any other issues they had. One relative we spoke with had an outstanding concern about the timeliness and consistency of care visits and was awaiting this being addressed to their

satisfaction.

The provider maintained records of compliments about the service, including feedback gathered in satisfaction surveys and review meetings. Recent comments from people included, "All the staff have been very good and helpful to me over the years and have helped me through hard times" and "Carers do their jobs fantastically." One relative commented, "Every member of staff we have worked with over the past year have been so willing to provide every part of [relative]'s care in the ways that we like it to be done. They are so person centred it is amazing. My [relative] is happy, healthy and thriving because of the wonderful care which enables them to stay in their own home."

Good

Is the service well-led?

Our findings

There was a registered manager for the service and they were also the nominated individual for the provider. The registered manager was supported by a deputy manager and two area co-ordinators. The provider was also recruiting an additional care co-ordinator, so there would be a co-ordinator for each geographical area and enable the deputy manager to focus on management responsibilities. People who used the service and most relatives we spoke with were satisfied with the management of the service, although not everyone could recall the name of the registered manager. People said they could ring the office if they needed anything. Some people also told us they spoke to the deputy manager or care co-ordinators if they needed to discuss anything.

Staff we spoke with were positive about the support they received. Their comments about management included, "Brilliant. They're very supportive, always there if you need them. They ring back if they're not available; all really good" and "I get along with the lot of them. If I have a problem, they're easy to talk to. If I couldn't resolve something with [my area co-ordinator] I could go to [Name of registered manager]." Another told us, "[Management] are good. They're caring. They've supported me with anything. They are running a business but they have a caring side about them. They understand it's people's lives we're talking about. I get a good feeling about them." One staff member told us the management were "Great" and said that things like getting recognition for length of service, in the form of a certificate and flowers, made staff feel valued. One staff member commented that not all office staff were as approachable. When we discussed this with the registered manager they were aware of similar feedback and were addressing the issue.

The registered manager explained to us they had introduced a model called the FISH philosophy to help drive individual and service improvement and a positive culture within the organisation. This included focus on having a positive attitude. We found the provider had a strong focus on staff development and saw that the staff supervision and review process was used to identify performance issues and set actions for individual development. Feedback and data was gathered in preparation for care staff and care co-ordinator supervisions, to inform discussions and targets.

The provider had an overall business plan, which informed shorter term action plans, including weekly plans and 'Daily Directional Meetings' which were held each morning for the office based staff. This enabled them to communicate, allocate tasks and plan the day. Care staff were sent a daily email communication with key information they needed to know for the following day, including any changes or updates in relation to people they supported. For more urgent communicates, staff were contacted by telephone or text message.

Staff meetings had been held during the previous year for each of the three geographical areas. We saw from minutes of these meetings that they were used as an opportunity to recognise staff for good practice and long service, to update staff about organisational changes and new staff, and to discuss the findings of 'on the pulse' staff surveys. Staff had opportunity to provide feedback about any issues they had and make suggestions for improvements or new initiatives. At the end of 2017 the registered manager had conducted listening sessions with staff, and a number of themes and suggested initiatives had emerged. In the February

2018 staff meetings, staff were then asked to vote for which of the suggested initiatives was most important to them. This enabled the provider to prioritise which of the changes to make. As a result of this, the provider had introduced changes to pay slips so it was easier for staff to identify their pay for travel time between care visits. The other priority identified was a change to weekend working patterns. The registered manager told us this would take longer to introduce, as they would need to recruit additional staff to make this viable, but work was underway to introduce these plans in due course.

In the PIR, the provider told us they kept up to date with best practice by working with other social care professionals, attending national conferences and local events. They had also set up a 'linked in' on-line group for social care professionals which had over 1000 members, to share news and good practice. The provider also hosted webinars for other social care professionals, such as one in the year prior to our inspection on the updated CQC key lines of enquiry.

The provider had a quality assurance process in place to monitor the quality of the service. This included a system to check that care plans and risk assessments were fully completed and reviewed at least annually, plus checks of the daily care logs and medication records. The provider also reviewed other performance information such as care visit times, staff retention, refresher training and competency checks. Action plans were developed to rectify issues identified. 'Area champions' carried out spot checks of the care provided. They observed staff to make sure they were providing care in line with required standards, such as treating people with dignity and respect, wearing the correct uniform and following proper moving and handling procedures. Staff told us they had spot checks regularly.

People were invited to complete an annual survey to provide feedback on the quality of care they received and the results of this were analysed and action taken where required. We received positive feedback from the local authorities who commissioned care from the provider. One told us, 'We find the management very responsive to any requests and have positive feedback from our care management teams.'

We identified an issue in relation to the timely submission of notifications to CQC about certain events relating to the service and have addressed this outside the inspection process.