

Yes Care Limited

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Yes Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection one person was using the service.

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

We were not able to make a judgement about how the person receiving a service or their family felt about Yes Care Limited. We were also unable to obtain feedback from care workers about their experiences.

The provider did not have records to show that some of the staff deployed to provide care were suitably recruited or had the training and skills needed to provide effective care. There were no records to show staff had inductions or that some members of staff had their competency assessed.

The provider did not effectively operate systems to make sure people received their medicines safely. There was no record to show that some of the staff administering medicines were trained or competent to do so and records did not always clearly describe who had administered medicines.

The provider's systems for monitoring and improving the quality of the service and mitigating risks had not always been operated effectively because they had not made enough improvements to meet the required standards. Whilst there were some improvements these were mostly to the systems and processes which would be followed in different scenarios. These had not been tested because there was only one person using the service with a package of care which had reduced over the last few months.

The care plans and risk assessments for the person had improved. These had been developed by a clinical lead who was no longer employed by the provider. Therefore, we were not assured that future care plans and risk assessments would be of a similar quality.

There had been improvements in the way some staff were supported and supervised. These included individual and team meetings and spot checks where a senior member of staff observed how the care worker conducted themselves.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The rating at the last inspection was inadequate (Published 5 June 2019). We identified breaches relating to nine of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in connection with

person-centred care, dignity and respect, consent to care and treatment, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance, staffing and fit and proper persons employed. We also identified a breach of the Health and Social Care Act 2008 (Registration) Regulations 2009 relating to notifications.

We have taken action against the provider. 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.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified breaches of four Regulations in relation to safe care, recruiting staff, training and supporting staff and management 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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are continuing to place the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Yes Care 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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had also recruited a second manager who had applied to be an additional registered manager. We have referred to this person as the new manager and the registered manager as the registered manager in this report.

Notice of inspection

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.

We visited the office location on 18 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We looked at all the information we held about the service including the last inspection report, the provider's action plan, feedback from commissioners and minutes from meetings we had held with the provider since the last inspection. We had also had regular feedback from the commissioning authority who had commissioned services from this provider.

We used all of this information to plan our inspection.

During the inspection

We looked at the care file for the person using the service. We looked at recruitment, training and supervision files for two members of staff and records of checks on staff sourced from an agency. We looked at meeting minutes, the provider's quality monitoring of the service for the person and other records used by the provider to manage the service. We met the registered manager and the new manager who was in the process of applying to be registered with CQC.

After the inspection

We attempted to make contact with the relatives of the person using the service and the one active care worker. Unfortunately, we were unable to obtain their feedback about their experiences.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Staffing and recruitment

At the last inspection, we found the provider did not ensure that staff were suitable because they did not follow their own recruitment procedures and did not make checks on staff suitability. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider was still in breach of Regulation 19.

- The provider had not always checked that staff were suitable to work with people using the service. They had sourced staff from a recruitment agency to provide care to the person using the service. They had obtained profiles for some but not all of these staff. Where no profiles were in place the provider did not have records to demonstrate the staff were suitable.

Failure to make the necessary checks on staff employed or sourced to work at the service means the provider cannot be assured staff are suitable. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was only one care worker providing personal care to the person using the service at the time of our inspection. Recruitment checks for this member of staff had not been completed at the time of their employment in November 2018 but had been completed by the registered manager in June 2019.

At the last inspection, we found there were not enough suitable staff deployed to meet the needs of people using the service. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of Regulation 18.

- The provider could not evidence that all staff who provided care were suitable. The provider was not able to deploy enough of their own staff to meet the needs of the person using the service. Therefore, they had sourced staff from a recruitment agency. They were not able to demonstrate these staff were suitably qualified, competent, skilled or experienced to provide safe and effective care because they had not carried out checks in respect of this.

There was no evidence the person had come to harm however, the staff were providing care to meet complex needs, including the use of equipment to help the person eat, drink, breathe and move and there was no record they were suitable to provide this care. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection, we found the provider was not ensuring the safe and proper management of medicines. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of Regulation 12.

- The provider did not always ensure people received their medicines in a safe way. Records of care provided by a number of different staff included reference to medicines being administered via the person's Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a device used to provide nutrition, hydration and medicines directly to a person's stomach where the person has difficulty swallowing or cannot take food orally. The staff had also administered other medicines such as pain relieving patches and eye drops. There were no records to show at least four of these staff had been trained in the safe management of medicines or PEG safety. Some logs did not include the names of staff so we were unable to assess whether the provider had checked staff were competent in these areas. The new manager confirmed staff had administered medicines. This meant the provider had not ensured these staff were competent to administer medicines safely.

There was no evidence that the person had been harmed. However, failure to ensure the staff were trained and competent to administer medicines meant there was a risk the person may be harmed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risks to the person using the service were somewhat mitigated because their family members provided additional care and support to the person and usually administered all of the medicines to the person. Staff employed directly by the provider had undertaken training regarding medicines management and the provider had assessed their skills and competencies in this area.
- The provider had created medicines administration charts which they had asked the family and staff to complete. They collected these each month, so they could be checked and audited. The new manager explained the family were good at keeping the service updated with any changes in prescribed medicines.
- We were unable to make further judgement about this because there was only one person using the service.

Assessing risk, safety monitoring and management

At the last inspection, we found the provider had not adequately assessed the risks to the health and safety of people using the service. Where risk assessments were in place, these sometimes contained information which was inaccurate and would lead to harm if the staff followed these, for example giving people food and drink when they were at risk of consuming this. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of Regulation 12.

- There were assessments of risks and plans to reduce and mitigate these for the person using the service. These had been developed by a clinical lead the provider had employed. The assessments included information about risks relating to the person's health, wellbeing and their home environment. The management plans were sufficiently detailed to enable staff to understand the risks and provide safe care.
- We were unable to make further judgement about this because there was only one person using the service.

Learning lessons when things go wrong

At the last inspection, we found the provider had not always investigated accidents and injuries. This meant they were not able to identify what had gone wrong and learn from this and had not safeguarded the people they were caring for. This was a further breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were not able to make a judgement about whether improvements had been made because there had not been any accidents or incidents since the last inspection.

- The new manager had set up systems and processes to record and respond to any accidents and incidents if these occurred.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, we found the provider had not investigated allegations made by people using the service or evidence of abuse. The staff had not been trained in respect of safeguarding adults and did not demonstrate an understanding about what they should do if they suspected abuse. This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- There were systems designed to safeguard people from abuse. The new manager had set up a process to record and track any safeguarding alerts. There had been an incident where they were concerned about abuse and they had followed procedures to report, record and had worked with the local authority to investigate this. The staff employed by the agency had received training in safeguarding adults since the last inspection.

Preventing and controlling infection

- There were systems designed to prevent and control the spread of infection. These included supplying the staff with protective clothing such as gloves and aprons.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, we found staff did not receive the training or support they needed to understand and meet people's needs. Their skills and competencies had not been assessed and the provider did not carry out any regular supervision or monitoring to make sure staff were providing effective care. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider was still in breach of Regulation 18.

- Not all staff providing care had received an induction, training or had the right experience to provide effective care. One person was using the service and they had complex needs including the use of a Percutaneous endoscopic gastrostomy (PEG) tube (equipment used to help people with nutrition and hydration) and tracheostomy (equipment used to help people to breathe). Staff who had worked with the person in July, August and September 2019 included staff who been sourced from a recruitment agency. The provider had records to show that three of these members of staff had been appropriately trained. But there were no records for four of these staff to show whether they had received training or not. The records for one other member of staff included a list of training which showed they had not received training in using items of equipment.
- The new manager at the service told us that the family of the person were usually responsible for providing care with this equipment. However, records of care provided showed the staff had also been involved in using this equipment when caring for the person.
- There were no records to show that the staff sourced from the recruitment agency had received an induction or to show the provider had observed, supervised or assessed their skills to provide effective care. This meant they could not assure themselves the staff were always adequately trained and skilled to care for the person.

There was no indication the person was harmed, but failure to provide sufficient supervision, training and information for staff placed the person at risk of harm. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved the way they supervised and supported full time employees. One member of staff was providing care to the person at the time of our inspection. They had received supervision where they discussed their work with a manager. There were also records to show the provider had carried out

checks where they observed how the member of staff worked.

- The provider arranged regular meetings which the care worker and other care workers, who were employed but not working, were invited to. The new manager told us they sent copies of meeting minutes to the staff so they could view these even if they did not attend. Meeting minutes indicated there were discussions about key procedures and processes to keep the staff informed about these and how they applied to their work.

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

At the last inspection, we found the provider's care plans relating to nutrition and hydration were not always accurate. Some people required staff to support them with nutritional intake using a Percutaneous endoscopic gastrostomy (PEG) tube. The staff had not been trained to do this safely and care plans in respect of this were not always accurate. This was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made with regards to staff training. Although there was no indication that the person did not have enough to eat or drink and we have judged the service was no longer in breach of this part of Regulation 9.

- The person's care plan included clear guidance about their nutritional needs. At the time of the inspection, the person's family had taken over responsibility for this aspect of their care.
- We were unable to make further judgement about this because there was only one person using the service.

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

At the last inspection, we found the provider had not always assessed people's needs. This meant they did not have information to develop care plans. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvements had been made and the provider was no longer in breach of this part of Regulation 9.

- There was a detailed assessment of need which had been developed by a clinical lead who had worked for the provider. They had liaised with the person's family when developing this. The assessment was used to create a plan of care.
- We were unable to make further judgement about this because there was only one person using the service.

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

At the last inspection, we found there was no or limited information about people's healthcare conditions and how they should be supported to meet these. This was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- There was clear information about the person's healthcare needs and how they should be supported to meet these. The care plan included details of key healthcare professionals and there were records to show

they had regular access to these professionals and saw a doctor when they became ill.

- We were unable to make further judgement about this because there was only one person using the service.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

At the last inspection, we found the provider had inconsistent information about people's capacity and therefore had not ensured that consent was always provided by the relevant person. This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer breaching Regulation 11.

- The provider had assessed the person's mental capacity and this was recorded along with their care plan. The person's representatives had been consulted about their care and had agreed to the care being provided.
- We were unable to make further judgement about this because there was only one person using the service.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection, we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 10.

- We were not able to obtain feedback from the person using the service or their family. However, a representative from the commissioning authority told us they were happy with the current care worker who provided care.
- Notwithstanding this, there were aspects of the service which were not caring. For example, the provider had not demonstrated they understood the importance of ensuring staff had skills to provide safe care or to meet people's needs.
- The person's care plan included information about their culture and the people and lifestyle important to them. This meant the staff had information available to help them provide personalised care and support.
- We were unable to make further judgement about this because there was only one person using the service.

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

- The person being cared for was not able to express their views or be involved in making decisions. However, their family were consulted regarding the planning and delivery of their care.
- We were unable to make further judgement about this because there was only one person using the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At the last inspection, we found the provider had not always responded to or investigated complaints. This was a breach of Regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were unable to judge whether improvements had been made because there had not been any formal complaints.

- The new manager told us they regularly spoke with the family of the person using the service and addressed any concerns with them.
- We were unable to make further judgement about this because there was only one person using the service.

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

At the last inspection we found that the provider had not always planned how people should be cared for. People's needs were not always being met. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of Regulation 9. However, Yes Care Limited was only providing a small amount of care to one person, so we were unable to judge whether they could continue to meet this Regulation if they were providing care to others.

- There was a detailed care plan regarding the person using the service. The majority of care was provided by the person's family with support from care workers employed by Yes Care Limited. The person's family helped to make decisions and plan care to make sure it reflected the person's needs and preferences.
- However, this had not always been the case since our previous inspection. During July, August and September 2019 care workers were providing a higher level of support including care during the day and night. The provider had not always ensured the staff had the skills to do this safely and appropriately. The provider had not been able to recruit and retain enough suitable staff to provide the care needed for this person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information about the person's communication and sensory needs recorded in their care plan.
- We were unable to make further judgement about this because there was only one person using the service.

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.

- The person was being supported by their family members and the staff worked with the family to make sure the person was not isolated and had the social interactions they needed.
- We were unable to make further judgement about this because there was only one person using the service.

End of life care and support

- The person's care plan included detailed information which staff could refer to regarding their wishes if they became unwell or needed end of life care. The person was supported by a team of healthcare professionals who visited regularly.
- We were unable to make further judgement about this because there was only one person using the service.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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 the last inspection, we found the provider did not effectively operate systems and processes to assess, monitor and mitigate risks or assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of Regulation 17.

- The provider had not always effectively operated systems and processes to mitigate risks to the health and wellbeing of people who used the service. We identified they had deployed staff who they had not assessed as competent, nor had they gained assurances and information about how they were recruited or their training achievements. The staff were responsible for using equipment for which they have not always had training and assessed as competent to use. Despite the provider's quality monitoring systems they had not identified or rectified this.
- Following the last inspection of the service, the commissioning authority have moved the care of most people who received care from Yes Care to other care providers and there was only one person using the service.
 - There was only one person using the service at the time of our inspection with a reduced amount of care provided by the agency. Therefore, the provider was not able to demonstrate that sufficient improvements had been made and could be sustained if they started providing a service to more people.
- The improvements to care plans and risk assessments were made by a clinical lead who no longer worked at the service. We were not assured that the registered manager was able to sustain or make further improvements.
- The provider had undertaken audits of care logs, but these were not conducted in a timely manner and therefore errors within and concerns about the information recorded had not been identified or addressed as needed.
- Information about medicines administration and who had completed this was not always clear because logs of care visits stated some staff had administered medicines whilst medicines administration records had mostly been signed by the person's family. The provider's systems had not identified or acted on discrepancies in recording. This meant there was a risk the person had not received medicines as prescribed.

Failure to effectively operate systems to monitor and improve the quality of the service and assess, monitor and mitigate risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager had implemented a number of systems and processes designed to improve how quality was monitored. These included filing systems, additional supervision and checks on the staff, meetings for staff and requesting feedback from the family of the person using the service. These improvements had not had time to fully embed or be tested at the time of our inspection.

At the last inspection, we found the provider had not always notified the Care Quality Commission of events affecting the service. This was a breach of Regulation 18 (notifications) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At this inspection we found that improvements had been made and the provider was no longer in breach of Regulation 18 (Registration) Regulations 2009.

- The provider had made one notification to CQC since the last inspection and this had been appropriate and sent in a timely manner. Furthermore, the new manager contacted CQC to discuss the notification which was a safeguarding alert.

Working in partnership with others

- We were not able to make a judgement regarding this because there was only one person using the service. However, the provider was working in partnership with the person's family.

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.

- We were not able to make a judgement about this aspect of the service as there was not enough evidence in respect of the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were not able to make a judgement regarding this because there was only one person using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were not able to make a judgement regarding this because there was only one person using the service.