CCS Homecare Services Ltd

Glenister Gardens

Inspection report

31 Glenister Gardens
Hayes
Middlesex
UB3 3FA

Tel: 02085737828

Date of inspection visit:
24 August 2017
25 August 2017

Date of publication:
24 October 2017

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 comprehensive inspection took place on 24 and 25 August 2017 and was unannounced. The last inspection took place on 19, 20 and 25 July 2016, when we identified a breach of Regulations relating to safe care and treatment because the registered person did not always assess the risks to the health and safety of service users receiving care and did not ensure the proper and safe management of medicines. We rated the service 'Requires Improvement' in three of the key questions we ask providers and overall. During the 24 and 25 August 2017 inspection, we saw improvements to the service had been made.

Glenister Gardens is a supported living service for adults with learning disabilities. The service supports people with a range of day to day tasks including personal care, medicines administration, meal preparation and accessing the community.

People had their own flats and tenancies. Paradigm Housing provided housing support and CCS Homecare Services Limited provided care and support to people using the service. At the time of the inspection there were 12 people being supported by the service, nine of whom required support with personal care.

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.

Staff we spoke with knew how to respond to safeguarding concerns. They had the relevant training and supervision to develop the necessary skills to support people using the service and there were sufficient numbers of staff on duty to meet people's needs.

People had risk assessments and management plans in place to minimise risks and any incidents and accidents were recorded appropriately.

Medicines were administered and managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's dietary requirements were met and we saw evidence that relevant health care professionals were involved to maintain people's health and wellbeing.

People, and their families where appropriate, were involved in their care plans and making day to day decisions. People told us they had developed positive relationships with staff. The service arranged regular activities for people but feedback from relatives indicated they would like more community based activities for people using the service.

People using the service, staff and most relatives said the team leader was accessible and responded to concerns.

The service had a number of systems in place to monitor, manage and improve service delivery. This included a complaints system, service audits and satisfaction surveys.

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.

Staff had up to date training on safeguarding adults and knew how to respond to safeguarding concerns.

People had individual risk assessments and management plans in place to minimise the risk of harm.

Incidents and accidents were appropriately recorded and action taken to minimise the recurrence of the incident.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Medicines were administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff had appropriate support through training and supervision to develop the skills they needed to care for people using the service.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005).

People's dietary needs were appropriately recorded and addressed.

People had support to access appropriate healthcare professionals.

Is the service caring?

Good

The service was caring.

We observed positive interaction between people using the service and staff who were kind and caring.

People's views were sought and they were supported to make

decisions about their care.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People and their families, if appropriate, were involved in planning their care and care plans were reviewed regularly.

The service had activities but relatives wanted more community based activities for people using the service.

The service had a complaints procedure and people knew how to make a complaint if they wished to, although not all stakeholders felt they had receive an appropriate response to concerns raised.

Is the service well-led?

Good

The service was well led.

People using the service, most relatives and staff said the team leader was accessible and listened to them.

There were systems in place to monitor the effectiveness of the service and ensure that people's needs were being met.

Glenister Gardens

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.

The inspection took place on 24 and 25 August 2017 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection, we received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Additionally we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We viewed the action plan the provider sent us following the last inspection and we contacted the local authority's Commissioning Team and Safeguarding Team for their feedback about the service.

During the inspection we spoke with five people using the service, one relative, one social care professional, the registered manager, team leader, senior care assistant and six care assistants.

We looked at the care plans for four people who used the service. We saw files for seven staff which included their recruitment and supervisions records and we looked at training records for all of the staff. We reviewed medicines management for four people and we also looked at records for monitoring and auditing the quality of the service.

After the inspection we spoke with two relatives. A further two relatives wrote to us and we contacted a healthcare professional to gather feedback on their experiences of the service.

Good

Is the service safe?

Our findings

At the inspection on 19, 20 and 25 July 2016, we identified a breach of regulation relating to the safe care and treatment of people. This was because the service's risk assessments in relation to people's safety were not comprehensive. Following the inspection, the provider sent us an action plan dated September 2016, which indicated how they would address the identified breach.

During the inspection on 24 and 25 August 2017, we saw the service had updated their risk assessments to include the risks people faced whilst they received care including access to hot water and cleaning substances, and the use of hoists. These risk assessments determined there was no risk to the people currently using the service. Additionally, risks to people's general safety and wellbeing were assessed. Risk management plans were up to date and provided guidance to staff on how to minimise risk. For example, one person's assessment noted the triggers for a person who expressed their feelings in particular way and how staff should respond. It also referred to more detailed records for guidance. Each file had a signature sheet to confirm staff had read the person's risk assessments and the house risk assessment and these were audited by the team leader.

At the inspection on 19, 20 and 25 July 2016, we also identified systems in place to ensure people received their medicines safely, were not very effective . At the inspection on 24 and 25 August 2017, we saw a number of extra checks had been implemented to address safe medicines administration. This included a schedule of each person's medicines which was updated on a weekly basis. Staff administering the medicines signed the schedule as well as the medicines administration records (MAR) chart and a second person did an audit and stock check daily to make sure people received their medicines as prescribed. This had reduced medicines errors significantly. In addition, staff's competency to manage medicines was regularly assessed. After receiving medicines training, staff had three practical assessments and a six monthly refresher medicines observation. If an error was made, the staff member concerned stopped administering medicines until they had been retrained and where deemed appropriate, disciplinary action with staff involved in the errors was carried out.

Staff ordered medicines on a 28 day cycle and each file had a staff signature sheet to identify the signatures and initials of who was administering medicines. We looked at medicines for four people using the service. The front sheet had guidelines for how to take medicines, the person's allergies and contra indicators of their medicines. There was also a medicines plan which contained further information about what support the person required with administering their medicines. We saw PRN (as required) protocols in place for five different people with a prompt sheet for when to administer medicines and step by step guidance. We checked the MAR charts for all the people using the service and saw all medicines administered had been signed for. In addition, the service had a form for when people took medicines out of the service so there was a clear record of medicines not accounted for in the service. We carried out a stock check for four people's medicines and found the stocks tallied with the numbers that had been supplied and administered. The medicines stock take sheet also recorded any returns and the expiry dates of medicines. At the time of the inspection, everyone using the service took their medicines as prescribed and no one was receiving their medicines covertly. Medicines were stored in a locked cupboard in each person's flat. Policies

and procedures for medicines management were last reviewed in May 2017. The above reassured us people received their medicines in a safe way.

People using the service said, "I feel safe here. This is my home. I would tell the team leader when I'm frightened" and a relative said, "I trust [team leader] and [senior]. I think [person] is safe."

Safeguarding and whistleblowing policies were up to date and the service had a copy of the London multi agency adult safeguarding policy and procedures. Staff we spoke with were able to identify types of abuse and knew how to respond. Comments included, "I would report to my line manager straight away" and "I would go to my line manager and if need be raise an incident report and inform the safeguarding officer in Comfort Care who would inform Hillingdon. If I couldn't speak to Comfort Care, I would call Hillingdon." In addition, each person had a folder in their room with information about safeguarding adults with contact details for external agencies such as the local authority. This helped to raise their awareness about abuse and safeguarding, and if necessary take action to protect themselves.

Staff recorded incidents and accidents. A manager then completed an investigation if required, and recorded any preventative action necessary. In the event of an incident, staff told us, "Remove anyone from harm, raise an incident report, inform our manager, inform the team, update the risk management plan and call the police if they need to be involved." A social care professional said in their experience, staff "are able to deal properly with incidents and accidents and properly inform other services and parents".

We looked at the safeguarding incidents for the service and saw for each safeguarding alert there was an incident and accident report with risk reducing actions and outcomes signed by the team leader. There was also an investigation report and supporting evidence, notifications to the local authority and the Care Quality Commission and a record of updates to the family. Where required risk assessments were updated. Reports were sent to the provider's head office where they were recorded on a database, so the provider was kept informed of any safeguarding incidents.

The service had a business continuity plan dated January 2017 that provided information on how to manage a disruption to a critical function, for example, a power cut. We saw each person's file had a personal emergency evacuation plan (PEEP) with a detailed evacuation plan from the person's flat, the communal area and the garden. A fire and safety inspection checklist was completed monthly and the service carried out quarterly fire drills. The housing provider, Paradigm, was responsible for servicing the alarms and fire panel and had a 'stay put' policy in the event of fire.

Staffing levels were guided by the number of hours each person was funded for by social services and rotas were completed three months in advance. One relative noted, "People come and go and there is an issue with consistency – but it is like that everywhere." Another said, "New staff recruitment seems to be of a higher standard." We observed there were sufficient numbers of staff to keep people safe and meet their needs. We viewed seven staff files and saw that safe recruitment practices were followed to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and criminal record checks.

Good

Is the service effective?

Our findings

At the inspection on 19, 20 and 25 July 2016, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and recommended the provider review practices where people might have been deprived of their liberty in accordance with guidance on the Mental Capacity Act (2005). This was because deprivation of liberty safeguards applications had been made to the local authority instead of to the Court of Protection as appropriate for people living in their own homes. Following the inspection, the provider sent us an action plan and we heard from a social care professional during the inspection on 24 and 25 August 2017, that they were undertaking Court of Protection applications as appropriate for people using the service.

The 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.

People using the service had their own tenancies and a social worker was currently in the process of assessing if people had the capacity to sign their own tenancies. The files we viewed had up to date capacity assessments for people to approve and sign their support packages and for the control of substances hazardous to health (COSHH) to be kept in their flats. There were also other person specific consent forms for restrictions that were in use to maintain people's safety including bedrails, chair sensors and wheelchair belts. The team leader said they worked closely with the social worker who supported them with mental capacity assessments and Court of Protection applications. MCA was discussed in team meetings and we saw 'MCA at a glance' posters on the walls.

Staff we spoke with had completed Mental Capacity Act (2005) training and understood the principles around consent to care and acting in a person's best interests. One staff member said, "Assume the person has capacity unless they are deemed not to have capacity. Promote good decision making but it is up to them to make decisions if they have capacity. Give them choice and the opportunity to make their own decisions. Individualise your care to the needs of the service user."

Staff had the required skills and knowledge to meet the needs of the people using the service. New staff had a five day classroom induction, two weeks of shadowing a more experienced colleague and further induction training over a period of 12 weeks. All staff were inducted between 2014 and 2017 and everyone had had refresher medicines and safeguarding training in the last year. A traffic light system indicated when training was next due. A relative said, "It has taken time to get things in order and for me as a relative to relax and know [person] is in good hands. I think matching up residents with carers is so important - as I said you may have the skill but not the personality. Thankfully unless short staffed this works well. I am pleased that good support is given and encouraged with my [relative] participating in adult learning, socialising, shopping and outings."

Supervision for staff was every eight weeks. Staff performance and competencies were rated during supervisions with evidence for the rating and improvement actions. As a result, there were no annual appraisals. Records we viewed indicated a discussion of policies and procedures and how they might apply, human resources information, training, management feedback, supervisee feedback and overall performance status. Staff we spoke with said they were supported by the team leader to provide care and support effectively and told us, "Supervision is a chance to speak about anything that wants improving. It's like a refresher because they ask us about things we do every day" and "I can request supervision at any time if I need to and I have done so."

Care plans included a dietary plan that included information about the person's menu, fluid intake and portion control and some people had menu plans written on the white boards in their flats. People did their own shopping and had meals of their choice. Every Wednesday there was a communal dinner and a brunch on Sunday. After the last inspection, food monitoring charts were updated to require a staff signature after each meal. Daily observation reports included a dietary section with what was eaten that day. A relative said, "No strict timings but not needed for my [relative]. Meal plans are scheduled together but not rigid (we all like changes.) I like to think healthy options are encouraged."

Each person had a health action plan and daily observation records, which were up to date. If required, staff would arrange medical appointments for people and supported them with tasks such as ordering their prescriptions. We saw people using the service received input from the chiropodist, doctor, dentist, dietician and occupational therapist.

A person using the service told us, "Staff take me to the doctors, nurses, hospitals and dieticians" and relatives said, "When there is a medical issue, I am confident they deal with it" and "Medication is well managed. They're pretty good at getting [person] to the GP. They take them."

Good

Is the service caring?

Our findings

People using the service had built up positive relationships with staff and said, "I like it here. I'm happy. I like all the staff", "The staff are very nice to me. They give support to me. I go out with them", "When I get upset, I go to them [staff]. They speak to me. It makes me feel better" and "[Team leader] knows about me and what I like." Relatives said, "I see them interacting with [person] and they're physically well cared for and they seem happy" and "I think generally the staff have empathy and are gentle, nice people who enjoy working with people with learning disabilities."

One staff member said, "We have a really open door policy. We are all working in the service user's home. Everything confidential and hazardous is locked away and it means the service user can always come and get someone (in the office). There is an underlying sense of we're all equal." Another staff member said, "Here everyone is treated as an individual and the care is centred on the person and I think the service users enjoy the time together and we build up good relationships with the service users."

We saw evidence of people being involved in decisions made in the service. For example, one person was involved in the recruitment process and sat on interview panels and another person was the editor of the service's newsletter. People could request male or female support and one person told us, "Female staff do my medicines." Residents' meetings held monthly gave people the opportunity to give their opinion on how the service was run.

Care plans we viewed indicated how people would like their care to be delivered and what was important to them, including their likes and dislikes. People, and where appropriate, relatives were involved in care planning. One person showed us their copy of their care plan and said staff spoke with them about it. They also showed us their health passport, 'My life' file and risk assessments and said they were involved in creating the documents. The file also contained a number of 'Service user achievement awards' which indicated the person's achievements and had photos of them doing it. For example, a person who wished to do administration in the office with staff, was able to build skills in this area. The service accommodated this by providing the person with a desk and appropriate administrative tasks to complete.

People's files provided guidance to staff on the ways in which people communicated including where people could not verbally communicate how to give people a yes or no choice, observing body language and using objects of reference. The service used a number of communication methods including widgets (communication symbols), easy read literature and pictures. We saw one person had a pictorial menu planner, so they could choose what they wanted to eat at each meal. We also saw pictorial schedules in some people's flats to indicate what staff were supporting them each day and the fire evacuation plan was in an easy read format.

People's independence was promoted and staff told us they offered people choices. Staff comments included "Try to do things alongside people instead of for them and over time lessen your input and have consistency through the team so what you're doing with people is consistent with other staff" , "I ask them first and make sure they are covered and try to do their normal routine. I talk and like to get permission

before I do anything" and "Follow their personal care plan and routine so you know what they like. Get their consent. Maintain their dignity. Get training for the hoist and things."

Good

Is the service responsive?

Our findings

People using the service, and where appropriate their family, were involved in planning their care. Most relatives were happy with the service. Their comments included, "The manager has started a three month review meeting so the care plan can be discussed and we find that very useful. [Person's] care plan is centred on their needs and includes how staff should deal with behaviours", "I am pleased that we are involved. I hope it stays that way" and "[Person] eats well and the flat is spotless and they take very good care of [person] but now they need to be more proactive." A relative gave an example such as staff noticing when the person needed new clothes instead of the relative raising it, or arranging theatre outings. Another relative noted that staff were "not using the care plan - staff walk around with it, however on my observation, they have no depth of knowledge of what's in there".

Several staff we spoke with said that they did read people's care plans and got to know people's needs through working with them. One of them told us, "Some people tell us what they want. We get information from families and places where people previously lived and put it in their support plan. Things change and when you've worked with people for a while, you observe and get to know what they like."

All the people using the service were referred by the local authority. A manager from the service undertook an initial assessment and was mindful of the new person being compatible with the other people using the service. Once admitted to the service, staff developed support plans for people based on their needs and goals, likes and dislikes and preferences.

The support plans provided information on people's routines, how they liked to be supported and were designed to meet individual needs. For example one plan stated, 'This positive behaviour support plan is designed to help you to identify how the person may be feeling or what they may need by observing specific communication and behaviour.' There was a colour coded plan that described a behaviour and the required support and clear guidance for staff with examples of behaviour that might challenge the service and how they might respond. Another person's support plan indicated they had personal care needs and we saw they had been referred to the occupational therapist for new equipment and an external organisation for support with learning new skills to help meet their specific needs.

Files were person centred and provided information on people's likes and dislikes. One person's file recorded they had a good sense of humour and noted what kinds of things made them laugh. People had 'My person centred plan' in an easy read format with photos, which included information about the person's family, likes/dislikes, mobility and communication and important things.

Not everyone was able to sign their care plan and the service had begun taking photos of people reading their care plan with staff and adding this in as evidence of people's involvement with their care plan. Care plans were signed off by the team leader once the team leader had read them and a review date was put in the diary.

People had a summary support plan that included the person's support needs as agreed by them and the

care team, the support required from staff to meet their needs, including by whom and when, the desired outcome and the next review date. The summary support plan provided guidance to staff and indicated people's individual abilities. For example one file noted, 'I have a limited understanding of money and can tell the difference between coins and notes. However I may not always understand the value of money which can increase the risk of financial abuse.' Each file also had a 'My file' easy read version of the person's support plan which staff went through with people.

People's support plans were reviewed six monthly. Staff told us, "Care plans and individual risk assessment are updated. If there is a change we are informed via email or team meeting and we have to sign a document to say we've read it."

In addition, we viewed records of daily logs and weekly and monthly reports written up by people's key worker, which contributed to the care plan. These included staff comments, any action required and who was responsible for the action. It also had a traffic light system to alert staff to any deterioration in areas such as mental health, safeguarding or behaviour.

The service had regular weekly group activities and most people attended an external activity such as a day service or college. Organised activities included Sunday brunch, social evenings, tea and coffee mornings, bingo and going to a social club every Thursday. People told us, "I have my chart that tells me who is coming and what I do" and "Sunday I go to the temple with my keyworker or staff go with me and on Saturday I go to my [relative's] house."

One relative told us the provider had said they would support events people took part in outside of the service, for example dramas, but felt this was not the case and people using the service were not supported to attend external activities such as the theatre. There also appeared to be a problem in consistently having staff able to provide support for a specific activity the person enjoyed in the community. Other relatives said, "They have gotten better with entertainment. They lay on a very good party but not much going on in the evenings - but not all residents want to go", "[Person] does a bit of gardening on a regular basis and gets great enjoyment from that" and "A big improvement is that there are more communal activities in the communal room. Further improvement could be more external activities."

Each person had a folder in their room with an easy read satisfaction survey, a compliments and complaints feedback form with an addressed and stamped envelope and a complaints procedure with contact information. The complaints form was in an easy read format and people could also raise a complaint through the satisfaction form. People and their families knew how to raise concerns and one person told us, "I have a form for [senior] or the manager." Relatives said, "I know there is a proper pathway for complaints. I will always put it in writing and cc [team leader's] boss in. I finally feel I would be listened to and they have an open door policy" and "I have no problem contacting the managers or staff should I be concerned about anything or wish to complain."

The families of people using the service had set up a group call Friends of Glenister Gardens. The group met monthly and staff attended every three months. This gave families the opportunity to provide feedback and for the service to address any concerns.

Good

Is the service well-led?

Our findings

When we asked people and their families if the management team was available and listened to them, people told us, "[The senior] is very nice. He helps me and I help him with shredding. He makes me laugh. If something is upsetting me I tell him", "[Team leader] is nice. She is always smiling and doing her work and she does medication" and "When there's a problem, staff deal with it."

Relatives' comments were mixed. One relative said, "Although the door is normally open for concerns, complaints sometimes are dependent on who you are speaking to - they either do not listen properly or fail to act on it. It is always extremely difficult to get through on the one phone line. There is a hands free mobile, however this is usually just an answering service." The team leader told us that any complaint passed to themselves or to the senior, was investigated, responded to in writing and then monitored. The team manager also advised us they were aware of the concerns regarding the phone and they planned to have a new phone in place by October 2017. Other comments included, "[Team leader] gets on with things and communication is very good. They are good managers and empathic to the service users" and "I will speak to the key worker, leads or management team. [Concerns] are listened to and resolved."

A social care professional we spoke with said, "When there is a problem, they involve me and I can see they follow through. They are organised and understand how supported living should work. If I point out something, they really work on improving this."

There was a registered manager in post who was also the area manager for a number of services. A team leader and senior, who had both been employed since the last inspection, managed the day to day running of the service. Relatives told us, "Things have improved since the last inspection, notably an extra senior staff member has made a significant difference", "Things they say they will do, they do", "On a day to day basis, everything is going pretty well" and "Between [team leader] and [senior] they have got on with it. I am quite impressed with the [team leader]."

We saw from the files and professionals we spoke with, that the service had links with the community. The provider has a number of arrangements to help staff keep up to date with developments in their field of work. The team leader received Skills for Care and Care Quality Commission emails with updates on social care practice and the information was disseminated to staff in supervision and team meetings. Someone from head office attended a local authority forum for people with learning disabilities and the provider's newsletter was attached to staff pay slips, so they received this. We saw people using the service were encouraged to provide monthly feedback and families and staff were asked to complete annual surveys.

There was good communication with families and we saw a number of complimentary emails from families sent to the service. There was also evidence of the service meeting with families to discuss support plan concerns. Most stakeholders felt the team leader was available and responsive. Staff told us, "I go to whoever is available in the office, [senior] or [team leader]. They listen to concerns", "A lot of changes have happened and they are progressing to a better way of practice" and "I get on really well with [team leader]. I talk to her about whatever. She's always available to speak to. She's very helpful." A social care professional

said, "How the team manager communicates is very useful. All the parents I meet have been very positive about the team manager."

Changes and updates were communicated through regular team meetings. Staff told us, "We have team meetings every few months. We talk about things we're concerned about. We all get to have our input" and "Very consultative. Everyone is respectful of what others have to offer. I find them helpful." In addition, they told us, "We always have a shift leader and anything I need to know I ask the shift leader and they help me" and "After each shift, we have a half hour handover."

The provider had a number of audits and checks carried out by the team leader and the head office to monitor the quality of the service and improve service delivery. The team leader audited support plans and head office audited staff files. The team leader completed a weekly Operation Data Verification Project with information on all care plans, dietary needs, weight monitoring, communication, medicines plans and PEEPs to ensure files contained the required documentation. The registered manager signed and emailed it to head office. Daily checks of the service included medicines records, blood sugar, daily reports and fridge / freezer temperatures.

A health and safety check was undertaken for each flat and communal room once a week. We saw medicines audits for the last three months and that a medicine error was identified and reported in March 2017 appropriately. MAR charts were also being reviewed monthly. A self-inspection report of the service in March and July 2017 covered service users' files, staff communication records, environment and fire safety and included the tasks carried out, any findings and the action to be taken to address any identified areas for improvement. All audits and checks were recorded and the provider had action plans where necessary to improve the quality of the service.

The provider had relevant policies and procedures in place which had been reviewed in the last year to keep these up to date with developments in this sector. The provider also had Standard Operating Procedures that provided staff with information and processes to follow for care delivery, which they referenced when speaking with us. The provider fulfilled their obligations and notified the Care Quality Commission (CQC) of significant events and incidents that they were required to keep us informed of.