

06 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 and 20 July 2018 and was announced.

Our last inspection took place on 9 and 16 October 2017 and at that time we found the service was not meeting five of the regulations we looked at. These related to safe care and treatment, need for consent, staffing and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if improvements had been made since the last inspection and whether or not the service should be taken out of 'Special measures.'

During this inspection the provider demonstrated significant improvements had been made and the service is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of 'Special Measures.' However, while we concluded improvements had been made they needed to be fully embedded and sustained to make sure people consistently received safe, effective and responsive care and support. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

There was a registered manager in post. 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.

On the first day of inspection the registered manager was on annual leave and therefore information was provided by two directors of the company. However, the registered manager was present on the second day of inspection.

People told us they felt safe having their care and support provided by 06 Care Limited. We found staff had received training in safeguarding vulnerable people and were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and told us they were certain any concerns they raised would be taken seriously by the registered manager.

We found support plans were person centred and contained detailed information that guided staff on the level of support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's changing needs and detailed risk assessments were in place. People told us they had been consulted about their care records and felt involved in how their care was provided.

People's nutritional needs were met and people were encouraged to eat a varied and balanced diet if this formed part of their care package. People told us staff treated them with kindness and respect and

promoted their independence and right to privacy.

There were enough staff employed for operational purposes and the staff recruitment process ensured only people suitable to work in the caring profession were employed. Staff received the training, support and supervision they needed to carry out their roles effectively.

The service had an infection control policy which gave staff guidance on preventing, detecting and controlling the spread of infection. Staff had received training on infection prevention and control.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care.

We found that the registered manager and all the staff we spoke with could tell us about the people who used the service. They knew their likes and dislikes and things that were important to them.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

There was a quality assurance monitoring system in place which was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required. However, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

During our inspection we spoke with three directors of the company, one of whom was the registered manager and found them to be enthusiastic, caring and committed to providing a quality person centred service. We found they worked closely together and demonstrated they had a shared vision of the service they wished to provide.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

The service was safe overall. However, it was too early for the provider to be able demonstrate that the new processes put in place to ensure compliance could be sustained over time.

People told us they felt safe receiving care in their own home.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People were supported to receive their medicines safely.

There were environmental and individual risk assessments with up to date plans in place to reduce and manage risks to people.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good 

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were

valued.

People were treated as individuals and were involved in planning how they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement ●

The service was well-led.

The service was well-led overall but the systems in place to ensure continued compliance were still not fully embedded.

There was a registered manager in post who provided leadership and direction to the staff team.

The provider had implemented new quality assurance systems to check the quality and safety of the service. However, it was too early for the provider to be able demonstrate that the new processes were fully embedded and could be sustained over time.

06 Care Limited

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.

We visited the provider's offices on the 12 and 20 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered provider was available. The inspection was carried out by three adult social care inspectors.

We used information the provider sent us in the Provider Information Return [PIR] submission. This 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 looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the visit to the provider's office we looked at the care records for people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service. We also spoke with three directors of the company including the registered manager and business manager and two care supervisors.

As part of the inspection process we carried out telephone interviews with twelve people who used the service or their relatives and eleven care workers by telephone between the 12 and 20 July 2018. In addition, we also contacted the Local Authority Commissioning service.

Is the service safe?

Our findings

When we inspected the service in October 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always being managed safely.

On this inspection we found improvements had been made and medicines were being managed and administered safely. There were medicines risk assessments and care plans in place. These gave information about where medicines were kept, what the medicine was for and any possible side effects. We found all the care workers had received appropriate training to enable them to administer medicines safely.

We looked at a sample of medicine administration records (MARs) and found these were well completed. This showed people were receiving their medicines as prescribed. Some people were prescribed medicines, which had to be taken at a specific time. We saw there were suitable arrangements in place to enable this to happen.

People had separate MARs in place for certain topical medications such as creams and ointments. The MARs included a body map of where the cream should be applied. These MARs were completed by care workers when creams or lotions were applied. People who used the service and their relatives told us they received their medicines on time and raised no concerns about the competency of staff.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse and when and how to report any incidents. There was also a whistle blowing policy in place. The people we spoke with told us they felt safe having their care and support provided by 06 Care Limited." One person said, "I feel safe with the girls who come and help me; I have no complaints at all about the care I receive" Another person said, "They [Care workers] always check to make sure I am I have everything I need before they leave which I find reassuring. I am very pleased with the care and support I receive."

Both the management and care workers we spoke with had a good understanding of safeguarding matters and had received training in safeguarding vulnerable adults. Care workers told us they would not hesitate to report any concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

When we inspected the service in October 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because call times were cut short and the arrival time of care staff was too variable.

On this inspection we found improvements had been made to the rota system, sufficient care workers were employed for operational purposes and staff recruitment was on going. The care workers we spoke with told us rotas now allowed them sufficient time on each visit to carry out the level of care and support people required, which had not been the case at our last inspection. One care worker said, "It's like working for a

different company, everything is now so well organised, the rotas allow us sufficient travel time which means we are not rushed and are able to stay with people the length of time agreed in their care package. This makes such a big difference to everyone." Another care worker said, "There have been lots of improvements since you [CQC] visited and all for the better."

We looked at staff recruitment files and saw checks had been completed. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We saw detailed risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks to promote people's safety and independence. The risk assessments we looked at included the risk of falling, pressure sores, manual handling, mobility, finance, medication and the environment. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that care workers received training in infection prevention and control. People who used the service and the care workers we spoke with told us PPE was always available and used. One care worker said, "We covered infection control during the induction and all the equipment we needed is readily available. Another care worker said, "We have the equipment we need and know how to use it."

We saw there was a system in place for monitoring accidents and incidents. The registered manager told us if an accident/incident occurred an investigation was always carried out. This was to establish if any themes or trends could be identified which might result in preventative measures being put in place.

Is the service effective?

Our findings

People who used the service and their relatives told us they felt the care workers had the relevant skills and training to meet their needs. One person said, "Yes, they [Care Workers] are very well trained and are always nice and pleasant to me." Another person said, "The staff that visit me are well trained and although I don't see the same carer every time they all know what they are doing."

We spoke with the training manager who told us all new staff received comprehensive in-house induction training in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. In addition, registered manager told us all new staff shadowed a more experienced staff member before being allowed to work alone.

When we inspected the service in October 2017 we found the service was in breach of regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care workers had not received appropriate support in relation to their skills and personal development.

On this inspection we found significant improvements had been made and a structured plan put in place to ensure care workers received the training and supervision they needed to carry out their roles effectively. Through discussion with the training manager it was apparent they had restructured the training programme and care workers were now supported to achieve further qualifications in health and social care. Care workers told us the training provided by the agency was comprehensive and they confirmed they updated their training on a regular basis.

We saw individual care workers training and personal development needs were now identified during their formal one to one supervision meetings. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work-related issues, monitor their progress and identify any additional support or training needs. One care worker said, "We now have regular supervision meetings during which we can discuss any problem we have or suggestion we might have about how the service could be improved." Another care worker said, "Supervision meeting used to be a little ad hoc but now we have them on a regular basis which is much better."

When we inspected the service in October 2017 we found the service was in breach of regulation 11 [Need for consent] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because management and staff lacked understanding of the lawful processes for assessing mental capacity and determining best interest decisions and these processes had not been followed.

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 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.

In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS applications had needed to be made. The service assessed people's capacity to manage aspects of their own care which included personal care and medicines management.

On this inspection we found the registered manager and care workers we spoke with had a good understanding of MCA and could tell us how they involved people in decisions about the care they received and ensured people gave consent before care and support was provided. For example, they said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005. This demonstrated to us if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and treatment.

In addition, the registered manager was aware of the need to know people's relatives had lasting power of attorney (LPA) and the implications this may have in relation to their care and welfare. (LPA). A LPA is a legal way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA, one for health and welfare and the other for property and financial affairs.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. One person said, "The girls are very good they always ask me if I need help, they never just assume I am unable to do things for myself." The relative of another person said, "I have been around when [Name of person] has been visited by their carer and notice they always seek their consent before assisting them with personal care. [Name of person] responds to this very well as they don't like being taken for granted."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans which helped care workers be aware of people's healthcare needs. We saw care workers supported people to access other healthcare professionals if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses. Care records showed senior management shared information effectively with other healthcare professionals and involved them appropriately. For example, we saw a compliment from a district nurse thanking care workers for the excellent job they had done regarding one person's skin integrity. A relative had also complimented staff about the care and support they had provided when their partner had been unwell. Where health professionals had commissioned new equipment, the service ensured care workers were fully trained in how to use the equipment.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of their initial assessment. We saw if people required staff to assist or support them to prepare food and drink as part of their care package information was present within their support plan. The care workers we spoke with told us they always offered people a choice of meals. They explained in detail how they supported people who required assistance with meals or drinks and it was clear they had a good understanding of people's needs and were observant. For example, they had noticed one person was not drinking very much, so they took time to encourage them to drink on each visit.

Is the service caring?

Our findings

People were very positive about the standard of care they received from the care workers employed by 06 Care Limited. They said care workers were kind and friendly and treated them well. One person said, "I could not be happier with my support, they are very good and caring." Another person said, "I like to have some banter with them, they are like friends. All the people that come are friendly; don't think I could find a better service."

People told us they were treated with dignity and care workers respected their privacy and choices. One person said, "They always close the curtains and explain what they are going to do. Another person said, "When they first started they ask how I like things to be done."

People told us care records were kept at their home which care workers checked when they arrive, even though it was usually the care workers on every visit. One person said, "I have the same people come to me, unless there are holidays or sickness." Another person said, "I have the same people; I don't like it when they change, they know that in the office and manage it very well."

People told us staff help them to maintain their independence. One person said, "They always help me with a wash and they help me wash my back, I can do the rest. They help me get dressed which is good. They also make me something to eat when they are here."

The support plans we looked at contained good evidence of promoting people's independence and information about the tasks that people could carry out themselves. There was detail of how care workers should use specialist equipment to keep people independent and there was advice written into support plans from other healthcare professionals.

Care workers staff told us they understood that it was important to support people to maintain their independence. One care worker said, "We here are a big believer's in supporting people to live their lives as they want. We don't rush care here. It's all about listening to people and finding out about their past lives, the work they did, their families and what they want to do now." Another care worker said, "I feel like I can make a difference and really look forward to seeing the people I care for. They become like family, but I know my professional boundaries as well."

Relatives told us they were involved with planning the care of their family members and were kept informed of any changes. One relative said, "I know they'll be in touch with me if they need me." Another relative said, "The standard of care is good; we have a good relationship with the care workers and staff in the office. I think they are friendly and respect [Name of person] privacy and dignity. I read your last inspection report which said they were not a good service but I have never had any problem with them."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussions with senior management, care workers, people who used the service and their

relatives demonstrated that discrimination was not a feature of the service.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. In addition, the registered manager was aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information

Care workers told us they understood and respected people's right to confidentiality and confirmed that maintaining confidentiality always was an important part of establishing a trusting relationship with the people they supported. People we spoke with and their relatives told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

There were robust arrangements for the management and storage of data and documents. Records and reports relating to people's care and welfare were stored securely and data was password protected and could be accessed only by authorised staff.

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. One person told us, "I was involved in the care plan. I went through it with my relative. It contains everything the care workers need to do and how I like it done. I am very pleased with the care and support I receive." People said their support was planned to meet their preferences and told us that if they requested changes to their plan these were agreed where possible.

Relatives also felt the service was responsive, one telling us, "My [relative's] care plan is very good; I was involved in all the planning." Another relative said, "I find the agency is very responsive in the way they plan and people's care. They go the extra mile to make sure people receive the care they need at the time they need it and let me know about any changes straight away." All the people we spoke with reported no problems when contacting the office to arrange changes to their care package and always found the office staff very polite and helpful.

Prior to receiving care from the agency an assessment was undertaken to ensure that the agency could meet the person's needs. We saw that a review of care planning and assessments had been undertaken by the service. The registered manager told us the agency had undergone a complete overhaul since the last inspection and had looked at all the documentation in place to ensure it was appropriate and fit for purpose.

We looked at four support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually or sooner if there was a significant change in the care and support they required. This helped to ensure people received care that was responsive to their needs and personalised to their wishes and preferences.

Everyone we spoke with told us there was a care plan in their home in which staff recorded details of the support they had provided during each visit. Care workers told us the support plans were well organised, accurate, up to date and full of useful information. Their comments included, "They are all good, quite well laid out. It is easy to find the information you need", "The care plans are very detailed" and "People's care plans are always updated".

People's end of life care needs were planned for. At the time of our visit one person was receiving end of life care and staff were working closely with a specialist team of nurses to ensure their needs were being met.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw information about the service was available in different languages and plans were in place to have information available in Braille. In addition, where people needed support with communication, support plans provided care workers with detailed

guidance on the persons preferred methods of communication and how to share information with the person.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. People were given the complaints procedure when their care package started. The registered manager told us all complaints were taken seriously, fully investigated and measures put in place to help ensure lessons were learnt. We saw a low number of complaints had been received by the service.

People who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "We had a problem in the early stages about the time care staff arrived but I had a word with the manager and it sorted out." Another person said, "I have never had to use the complaints procedure but know what to do and would have no hesitation in making a complaint if things were not right. I am sure the office staff would want to know about it anyway."

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. One person said, "I have every confidence in the management and staff at 06 Care, I think they do a great job." Another person said, "I know if I phone the office with a problem they will sort it out, what more could you ask for."

There was a registered manager in place and a clear management structure. The registered manager and other senior staff had clear areas of responsibility and care workers knew who their line manager was and how to contact them. During our inspection we spoke with three directors of the company one of whom was the registered manager and found them to be enthusiastic, caring and committed to providing a good quality person centred service. We found they worked closely together within the company and clearly demonstrated they had a shared vision for the future of the service.

When we inspected the service in October 2017 we found the service was in breach of regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance arrangements were not robust and the provider was not effectively assessing and monitoring the quality of service delivery. Nor appropriately mitigating risks to people.

On this inspection we found significant improvements had been made and the provider had introduced a service improvement which highlighted any shortfalls in service delivery and the action to be taken to them. We found effective processes were now in place to monitor the quality of the service and the registered manager recognised the importance of this. For example, daily records were returned to the office monthly and reviewed by senior management. They checked these records to ensure staff were staying the correct amount of time, the consistency of the staff attending the calls and choices were being offered for food and drink.

Medicines audits checked the MARs were being correctly completed, medicines were being given at the correct times and medication profiles were up to date. Monthly occurrence audits looked at any cancelled calls, complaints, health concerns, compliments, medication, missed calls, delayed calls, call times and safeguarding. It was clear from speaking with the provider these audits provided them with good oversight of the service. The registered manager confirmed audit results were analysed for themes and trends which might lead to changes in established procedures or work practices. We concluded these systems were appropriate as we found a consistently high performing service across all the areas we looked at.

The registered manager told us as part of the quality assurance monitoring process people were contacted by telephone and senior staff also carried out random spot checks on care workers as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

The relatives we spoke with confirmed were contacted by the registered manager or care supervisor on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully

involved in people's care and support. The registered manager told us feedback from people who used the service and their relatives was an integral part of the quality assurance monitoring process and their views and opinions were always valued and acted on. For example, we saw from the results of the March 2018 survey there were issues raised regarding staff within one of the teams and the registered manager had appropriate action to resolve the issues raised. The July 2018 surveys had been sent out and were not due to be returned until 27 July 2018. However, we saw four surveys had been completed by people using the service and five from relatives. These indicated a high level of satisfaction with the service. One person had made the following comment, "This company has progressed quite a lot over the time we have been with it, thank you."

Care workers told us they were kept informed of any changes to policies and procedures and general information about the service through regular staff meetings. We also saw care workers were asked to complete survey questionnaires to ensure they were satisfied with the training and support they received and their overall engagement with the company. Nine of the July 2018 staff survey questionnaires had been returned at the time of our inspection. In these staff had said they enjoyed coming to work and said the provider took their feedback seriously.

We saw in the July 2018 survey care workers had been asked to describe the service in three words. These were the words they had chosen; well-led, calm, responsive, hardworking, caring, honest, professional, efficient, effective, motivational, helpful, fair, reliable, flexible and transparent. One care worker had commented, "I feel we all work very well as a team. Everyone helps each other and we all muck in together. The managers and directors recognise good work and good feedback. They praise staff which makes you feel appreciated. The rotas are good, there is ample time to complete calls and time for breaks in between." Another care worker said, "I enjoy working for 06 Care, my rota is always right and the directors look after me. I have gained a lot of respect here at 06 Care. I enjoy working with the elderly." A third staff member had commented, "I enjoy working for 06 Care. I have settled well here, happy with my weekly rota all OK."

The provider kept up to date with best practice and safety advice. For example, they had used the National institute for Clinical Excellence (NICE) base line assessment tool for managing medicines for adults receiving social care in the community. This ensured they were working in line with best practice guidance. Following a safety alert regarding paraffin based creams posing a fire risk because dressings and clothing are easily ignited with a naked flame or a cigarette. The provider had completed risk assessments for each person who was using paraffin based products. Where a risk had been identified they had visited those people to give them the relevant advice.

The provider had been working in partnership with Bradford local authority commissioners and a private care sector consultant to bring about improvements in the service. The commissioners had been sent an improvement plan and weekly updates by the provider to show how they were progressing.

All services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager confirmed they were aware of the need to notify the CQC of all significant events which affected people's care and support in line with their legal responsibilities.

We concluded the service was now being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

